Melissa Cheyney: 30:36
We're going to now hear from Tanya, who you've already been introduced to, to say a little bit about the second domain, which is research.

Tanya Khemet Taiwo: 30:48
All right, thank you. Next slide, please. So this is, I. This is such a critical domain and, and it's, and it's so important that, that it, that it be led by this, this, this initiative. You know, midwifery and birth justice focused research asks very different questions than the physician led system. It's not solely about what interventions or technology will keep babies and their parents alive, but what do we actually need for optimum outcomes, optimal wellness throughout the life course. We have a very fractured data system in this country that actually reflects our fractured health care system. We know too that there are so many midwives who have held this so dear and work so hard. Both the midwifery researchers as well as the individual midwives who know how critical it is to have the evidence basis for practice, but also to, to leverage, to leverage our profession within the field and leverage our integration into the field. Next slide, please. And there are opportunities, right? There are data collection tools that are specifically designed to collect data about midwifery care in community settings and that in and of itself is something that we should be celebrating. EHRs and electronic health records and birth certificates do provide some opportunity. It's not perfect and they do give us some information about the provider type within hospitals, but less so for community birth. We have, in the era of big data, we have growing data sets that are becoming a bit more usable, although there's still an incredible amount of work, very rigorous work to begin to sort out the problems that are inherent in using these massive data sets. However, progress is happening and it's happening because the community birth community recognizes that this is critical to our success. And the other side, Next slide please. The other side of opportunities are the challenges. We are in an era where science is not respected. Right. And particularly any science that is going to unearth or shine a light on disparities for any community. Very large data sets that we have relied upon have been shuttered. We also know that research requires coordinated systems. It's not the, we're not in the era of the scientists by themselves working at a bench, but rather teams of folks who are working together sharing data across systems. And, and this can make it hard to build the data sets that have the kinds of variables that we need in order to, in order to build a basis for quality improvement that Silke mentioned, as well as build the basis for the upscaling of our model. We also have the issue of we have a market based system with capitalism at its roots and the data systems that capitalism creates, a lot of times are focused, are using billing data, right? Not necessarily going into the patient record to know exactly what happened for that particular birthing person. And so we have these disparate for profit systems that were created in silos. We also know that midwives are busy and they are not well supported. It's really rare in health care in this country that any care provider is actually entering their own data, right? And we have midwives that are catching the babies and then coming home and spending the time to upload their data. And without any support for both the work of the data entry as well as being able to access the research for professional development and. Yeah, and lastly, I just want to say that it's, it's really hard to ask the doers to also do the research. And certainly many folks we know are in that, in that position, right? Trying to meet grant deadlines, trying to meet submission deadlines and also responding to, responding to their pager, not pager anymore, but

responding to the clients that depend on them to be available. And so I think I'm done. And so I'll turn things back over to our moderator.

Melissa Cheyney: 36:54
Thank you so much, Tanya.