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**Asking Different Questions: A Call to Action for Research to Improve the Quality of Care  
for Every Woman, Every Child <sup>1</sup>**

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Despite decades of considerable economic investment in improving the health of families and newborns world-wide, aspirations for maternal and newborn health have yet to be attained in many regions (1). This may be explained in part by the fact that only an estimated 7% of these funds have been invested in women and girls (2). The global turn towards recognizing the importance of prevention and positive experiences of pregnancy, intrapartum, postnatal care, and care in the first weeks of life, while continuing to work to minimize adverse outcomes, signals what we see as a critical change in the maternal and newborn health care conversation and research prioritization.

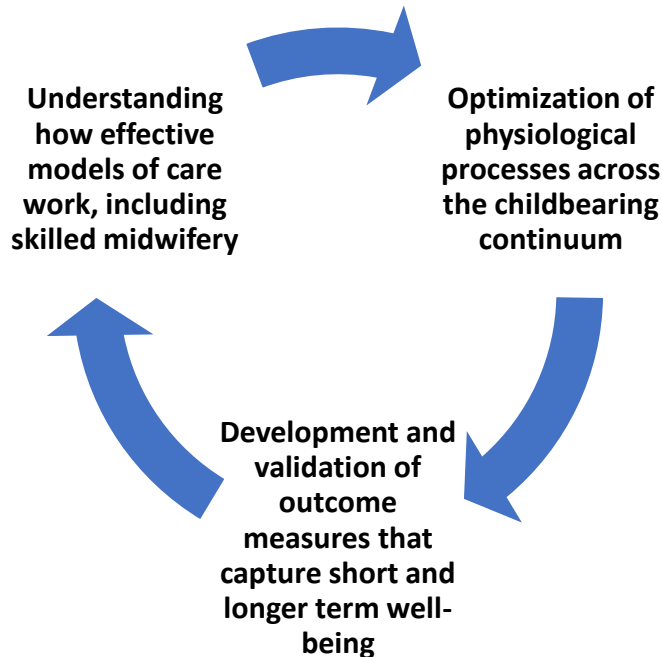
Our aim is to improve and expand the knowledge base to support the United Nations and World Health Organization ‘survive, thrive, and transform” agenda (3). The promotion of sustainable, context-specific, high-quality care holds potential for optimal physical, psychological, and social well-being for women, newborn infants, and families in both the short and longer term. This short commentary is drawn from a concept paper published by Kennedy and colleagues<sup>1</sup> and presents “different research questions” drawn from the evidence presented in the 2014 Lancet Series on Midwifery (4-7) and a research prioritization study conducted with the World

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<sup>1</sup> This commentary is a shortened version of a longer paper published in BIRTH (add reference as of 6/22/2018).

Health Organization (8), These are conceptualized as interconnected in Figure 1 as a means to address global maternal and newborn health in different ways.

Figure 1. Interconnection of the future research priorities to improve the quality of care for every woman, every child



The research priorities for future focus are:

- A. *Evaluate the effectiveness of midwifery care as defined by the Quality Maternal and Newborn Care Framework (QMNC) and the contribution of its components, when compared to other models of care across various settings, particularly on rates of maternal/fetal/infant death, preterm birth, and low birth weight; and on access to and acceptability of family planning services.*
- B. *Identify and describe aspects of care that optimize, and those that disturb, the biological/physiological processes for healthy childbearing women and fetus/newborn infants and for those who experience complications.*

43 C. *Determine which indicators, measures, and benchmarks are most valuable in assessing*  
44 *quality maternal and newborn care across settings, including the views of women; and*  
45 *develop new ones to address identified gaps.*

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47 We argue future research investment in maternal and newborn health should be focused on  
48 'right care' - that is, care which is tailored to individuals, weighs benefits and harms, is person-  
49 centered, works across the whole continuum of care, is committed to advancing equity, and is  
50 informed by evidence, including cost-effectiveness (9). Future programs of research should  
51 include physiologic, psychosocial, economic, and life course approaches across all care  
52 settings. Along with using well established research methods, we also need to evolve new,  
53 transformative approaches that take into account the underlying social and political-economic  
54 mechanisms that function to enhance or constrain the well-being of women, newborns, families  
55 and societies within a complex global network of maternity and newborn care heavily marked by  
56 resource inequity. We call for an investment in research capacity and capability building across  
57 all settings, but especially in those countries that bear the greatest burden of poor outcomes.  
58 We believe this call to action for investment in the three research priorities identified has the  
59 potential to achieve these benefits and to realize the ambitions of Sustainable Development  
60 Goal Three of good health and well-being for all (10).

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