

**Challenges to EIP**

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Reviewing the articles for this assignment assisted in my understanding of evidence-informed practice (EIP.) As an IBCLC I learned the evidence-based practice model and found it helpful in supporting breastfeeding practices and communicating the “why” to the hospital practitioners with confidence. EIP operates simultaneously with the individualized/client-centered care provided by midwives exercising the MMOC. In defining evidence-informed practice there are three key aspects for application. First, the best available research evidence should be obtained and utilized. Greenhaugh (2014) describes ranking the hierarchy of evidence, noting systemic review being the highest ranked choice identified. Second, the clinical expertise of the practitioner plays an important role in integration of the applicable evidence. The third key area recommends the practitioner completes a thorough client assessment, identifying and considering their client’s individual needs, values and preferences (Mazurek & Newhouse, 2014).

Several challenges relate to health professionals implementing these practices. Some midwives may object to implementing EIP with birth practices they have been utilizing for years. They may be set in their ways. An example was a midwife at an NRP training who stated she will continue to use bulb suction with her babies, stating, “that is the way I have always done it.” I recall wondering how her clients might feel if they objected. There is definitely an important intersection of the three key aspects of EIP. Jones (2021) identified it as a “sweet spot.” We could also consider the image of a three-legged stool - in order for that stool to stay level, the three legs/keys must contribute. The skill sets of self-appraisal and teachability are critical in a midwifery practice.

Another challenge midwives may have with the time amount of time required to obtain and translate quality evidence to teaching material. Operating a community based midwifery practice is time consuming. Investing in ensuring education materials are readily available can help alleviate this obstacle.

Finally, midwives may have the challenge of practicing differently than their peers by implementing or not implementing EIP. The midwifery circles in some communities are very small. The practices of one midwife who is not utilizing EIP can impair professional relationships; however, Greenhalgh (2014) stressed the importance of identifying an opinion leader. The opinion leader is a respected peer who has the power to influence others if they change their practices. In our community, this type of interpersonal influence would be a well respected grand midwife. Peer reviews are scheduled regularly and all the midwives have an opportunity for honest communication.

In conclusion, this paper defined EIP and addressed three challenges our profession faces with integrating the use of EIP. Sharpening our skills for identifying the best quality evidence available will ensure we are developing and growing evidence-informed practices.

### **References**

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