Ratings and Rankings

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ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* describes ranking systems for scholarly journals. The editor also describes the contents of this issue, which offer a broad range of resources, research, and inspiration for childbirth educators in their efforts to promote natural, safe, and healthy birth.

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Editor

One can hardly ever pick up a newspaper or magazine today without seeing a rating or ranking of some sort. On their Web site, Nielsen, a global leader in measurement and consumer research information, lists the “top 10s” and trends in consumer media and marketing behavior in categories including television, movies, books, and sports, to name a few. *Consumer Reports* rates and provides reviews for every product imaginable. *U.S. News and World Report* is well known for its annual ranking of universities and colleges. These college rankings are often consulted by prospective students and their parents in the college admission process. Although some university officials criticize and question the validity of such rankings (de Vise, 2010), the dissemination and reliance of these systems are pervasive. A recent study confirmed that the rankings in the United States have significantly affected colleges’ applications and admissions (Bowman & Bastedo, 2009). It seems like everyone wants to be included near or in the top tier of their respective ranking system. Scholarly journals are no exception.

Although publication in quality journals has long been an indicator of academic performance, there is disagreement in how to define and measure “journal quality.” For some time, the primary tools for assessing journal quality have been the Institute for Scientific Information’s (ISI’s) *Journal Citation Reports*, which uses journal impact factors (Cameron, 2005). A journal impact factor is a measure reflecting the average number of citations to articles published in science and social science journals. Some argue that journal rankings should measure quality, not just quantity of citations; thus, ranking systems based upon ISI impact factors alone are less appropriate for some practice disciplines (Crookes, Reis, & Jones, 2010). Crookes et al. describe the development of a tool, the Journal Evaluation Tool (JET), which combines both objective and subjective methods to produce a ranking system specifically relevant to practice disciplines, such as nursing, midwifery, and childbirth education.

Although *The Journal of Perinatal Education* was not included in the initial round of JET testing, since the initial round, two further rounds of calling for

We invite readers to respond to the contents of this issue or share comments on other topics related to promoting natural, safe, and healthy birth. Responses will be published as a letter to the editor. Please send comments to Wendy Budin, Editor-in-Chief (wendy.budin@nyu.edu).

For an entire listing of JET rankings of nursing and midwifery journals (as of July 9, 2009) see <http://www.cdnm.edu.au/pdfs/JETLISTSEPT2009.pdf>

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submissions and subsequent ranking of journals have taken place. These subsequent rankings included re-calculating JET scores based on changes in ISI journal impact factors. The number of journals formally assessed and ranked has risen to 158. We are proud to note that in the most recent ranking, *The Journal of Perinatal Education* received a score of 70, placing it at the top of the second tier or quality band. As the number of submissions of high quality manuscripts to *The Journal of Perinatal Education* from an impressive cadre of authors continues to climb, we look forward to continue our rise in the rankings and be recognized among the top 10 journals that “normal-birth advocates” read, talk about, and submit manuscripts to for publication.

IN THIS ISSUE

Continuing the practice of advancing the Lamaze International mission to promote, support, and protect natural, safe, and healthy birth by sharing birth stories, this issue’s “Celebrate Birth!” column features a story by Lauren A. Mueller, a first-time mother who is also a nurse. She tells the story of her empowering, drug-free birth of daughter Naomi at a free-standing birth center and some of the challenges she faced.

In this issue’s guest editorial, Kathleen Kendall-Tackett, a clinical associate professor of pediatrics at Texas Tech University School of Medicine, and the editor-in-chief of *Clinical Lactation*, the official journal of the United States Lactation Consultant Association, discusses how research by health psychologists is changing what we know about perinatal depression. Kendall-Tackett examines depression in pregnant and breastfeeding women in light of this recent research and describes four major findings that are influencing how we think about depression in new mothers.

Because of the significant increase of high quality submissions to *The Journal of Perinatal Education*, we are excited to share four feature articles in this issue. In their article, “Self-Efficacy and Postpartum Depression Teaching Behaviors of Hospital-Based Perinatal Nurses,” Logsdon, Foltz, Scheetz, and Myers

examine the relationship between self-efficacy, self-efficacy-related variables, and postpartum depression teaching behaviors of hospital-based perinatal nurses. Findings revealed that teaching new mothers about postpartum depression is related to a perinatal nurse’s self-efficacy in postpartum-depression teaching, self-esteem, and a number of self-efficacy-related variables. Teaching new mothers about postpartum depression can assist mothers in overcoming barriers to depression treatment. The authors highlight how nurse educators and managers play an important role in encouraging postpartum depression education for perinatal nurses.

In their article, “Evaluation of a Practice-Development Initiative to Improve Breastfeeding Rates,” Barnes, Cox, Doyle, and Reed discuss the benefits of breastfeeding for infant, mother, family, and community and how increasing breastfeeding rates is considered an important health-promotion strategy. The practice-development initiative described in this article aimed to improve hospital-based breastfeeding rates through the implementation of “The Ten Steps to Successful Breastfeeding.” The initiative included the development, implementation, and evaluation of an education program aimed at changing and improving breastfeeding practices.

In their article, “‘Going Beyond the Call of Doula’: A Grounded Theory Analysis of the Diverse Roles Community-Based Doulas Play in the Lives of Pregnant and Parenting Adolescent Mothers,” Gentry, Nolte, Gonzalez, Pearson, and Ivey present some of the most salient qualitative results from a larger program evaluation of pregnant and parenting adolescents. The ethnographic interviews were conducted to provide a deeper understanding of the outcomes evaluation data that measured prenatal, labor, birth, and postpartum indicators of program effectiveness among pregnant and parenting adolescents. The findings have implications for the roles of community-based doulas assigned to low-income adolescents of color as they seek to overcome obstacles and attain better educational and economic opportunities.

In this issue’s continuing education module, “Midwifery Care: Reflections of Midwifery Clients,” Mary Ellen Doherty describes the lived experience of midwifery clients throughout the life span. Her qualitative study using a phenomenological approach included in-depth interviews with 12 midwifery clients to determine their experience with midwifery care. Five themes emerged from the data:

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1) decision to seek midwifery care; 2) working together in a therapeutic alliance; 3) formulating a birth plan; 4) childbirth education; and 5) nurse-midwives as primary health-care providers throughout the life span.

In her column, “Science & Sensibility – Safe and Healthy Birth: The Importance of Data,” popular columnist Amy Romano reprises recent selections from the Lamaze International research blog, *Science & Sensibility*. Each selection discusses the mismatch between data commonly collected at the time of birth and the data needed to measure optimal care for physiologic birth. Selections include the importance of documenting duration of skin-to-skin contact after birth, the role of qualitative research in improving care in the second stage of labor, and pitfalls of meta-analyzing data on the safety of planned home birth.

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