



Core Document

Philosophy and Model of Midwifery Care

Background

Throughout the world midwifery has been practiced for centuries and has features and characteristics that have evolved differently according to local or regional cultural and social traditions and knowledge. This document provides a universal, description of the philosophy and model of midwifery care, without compromising local or regional characteristics of midwifery care.

According to the ICM definition of the midwife¹:

“A midwife is a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery.”

Research² indicates that midwife-led continuity models of care are associated with benefits for mothers and newborns, such as reduction in the use of epidural anaesthesia, fewer episiotomies and instrumental births, and increased spontaneous vaginal births and increased breastfeeding. Women were less likely to experience preterm birth or lose the baby before 24 weeks gestation. The chances of being cared for in labour and birth by a midwife she had got to know increased.

ICM recognises midwives as the professionals of choice for childbearing women in all areas of the world. This universal standard is based on initial and ongoing midwifery education that is competency based. ICM promotes the midwifery model of care based on respect for human dignity, compassion and the promotion of human rights for all persons.

ICM believes that midwives offer care based on a philosophy, which influences the model of midwifery care.

¹ ICM Core Document. International Definition of the Midwife.

² Sandall J., Soltani H, Gates S, Shennan A, Devane D. Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews. 2013, Issue 8. Art. No.: CD004667. DOI: 10.1002/14651858.CD004667.pub3.



ICM Philosophy of Midwifery Care

- Pregnancy and childbearing are usually normal physiological processes.
- Pregnancy and childbearing is a profound experience, which carries significant meaning to the woman, her family, and the community.
- Midwives are the most appropriate care providers to attend childbearing women.
- Midwifery care promotes, protects and supports women's human, reproductive and sexual health and rights, and respects ethnic and cultural diversity. It is based on the ethical principles of justice, equity, and respect for human dignity.
- Midwifery care is holistic and continuous in nature, grounded in an understanding of the social, emotional, cultural, spiritual, psychological and physical experiences of women.
- Midwifery care is emancipatory as it protects and enhances the health and social status of women and builds women's self confidence in their ability to cope with childbirth.
- Midwifery care takes place in partnership with women, recognising the right to self determination, and is respectful, personalised, continuous and non-authoritarian.
- Ethical and competent midwifery care is informed and guided by formal and continuous education, scientific research and application of evidence.

ICM Model of Midwifery Care

- Midwives promote and protect women's and newborns' health and rights.
- Midwives respect and have confidence in women and in their capabilities in childbirth.
- Midwives promote and advocate for non-intervention in normal childbirth.
- Midwives provide women with appropriate information and advice in a way that promotes participation and enhances informed decision-making.
- Midwives offer respectful, anticipatory and flexible care, which encompasses the needs of the woman, her newborn, family and community, and begins with primary attention to the nature of the relationship between the woman seeking midwifery care and the midwife.
- Midwives empower women to assume responsibility for their health and for the health of their families.
- Midwives practice in collaboration and consultation with other health professionals to serve the needs of the woman, her newborn, family and community.
- Midwives maintain their competence and ensure their practice is evidence-based.
- Midwives use technology appropriately and effect referral in a timely manner when problems arise.
- Midwives are individually and collectively responsible for the development of midwifery care, educating the new generation of midwives and colleagues in the concept of lifelong learning

Recommendations

Member Associations are recommended to:

- Use this document as a guide in the education of midwives, the organisation of midwifery care, and evaluation of midwifery care.
- Use this document to guide the relationship between the midwife and the woman and her family, and the midwife and other health professionals.



- Share this statement with other health professions and governments during the development of regulations and legislation of midwifery practice.

ICM Documents

ICM Core Document. Definition of the midwife

ICM Core Document. Bill of rights for Women and Midwives (Amended 2014)

ICM Position Statement. Midwifery led care, the first choice for all women

ICM Position Statement. Midwives, women and human rights

ICM Position Statement. The midwife is the first choice health professional for childbearing women

ICM Position Statement. Partnership between women and midwives

ICM Position Statement. Professional accountability of the midwife

ICM Core Document. International Code of Ethics for Midwives

Other Relevant Documents

Hatem M, Sandall J, Devane D, Soltani H, Gates S. 2008. Midwife-led versus other models of care for childbearing women. Cochrane Database of Systematic Reviews. Issue 4. Art. No.: CD004667.

Maassen MS, Hendrix MJC, Van Vugt HC, Veersema S, Smits F, Nijhuis JG. 2008. Operative deliveries in low-risk pregnancies in The Netherlands: primary versus secondary care. Birth. 35:4 December 2008, 277-82

Thompson J.B. 2004. A human rights framework for midwifery care. Journal of Midwifery & Women's Health. Vol. 9 No. 3. Art. No. 1526-9523/04. *As defined by the ICM International Definition of the Midwife. 2011 ** The term childbirth encompasses pregnancy, birth and postnatal period

Adopted at Brisbane Council meeting, 2005

Revised and adopted at Prague Council meeting, 2014

Due for next review 2020