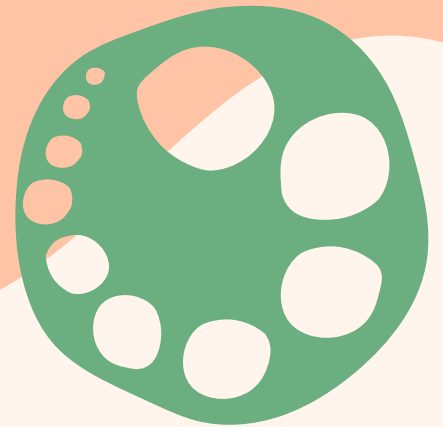
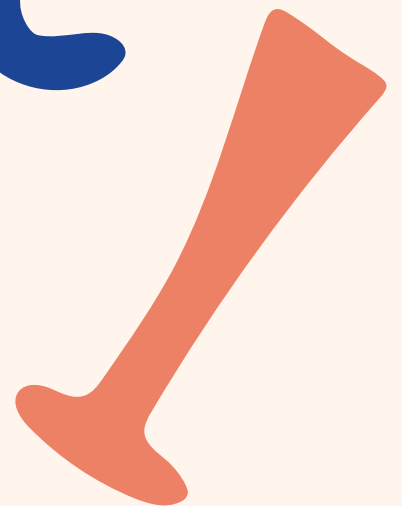


*Core Document*

# International Code of Ethics for Midwives

2026



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## **Gender inclusivity statement**

At ICM we centre the experiences of women and girls in our work, while also recognising that gender diverse people, including trans and non-binary people, also need access to a midwife for sexual, reproductive, maternal, newborn and adolescent health care.

### **Adopted at Vancouver Council Meeting, 1993**

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**Due for next review 2031**

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# Introduction

This Code sets out the ethical foundations that guides the profession of midwifery and midwives in all areas of practice across the [ICM Professional Framework for Midwifery](#). It is designed to be used alongside the [ICM's Bill of Rights for Women and Midwives](#).

This Code applies to all midwives globally and provides ethical guidance that is relevant across diverse contexts, cultures, and health systems. It is grounded in the [ICM's Philosophy and Model of Midwifery Care](#) and supports midwives to practise autonomously, independently and, in accordance with the [ICM's International Definition and Scope of Practice of the Midwife](#).

This Code guides midwives, midwifery leaders and midwives' associations in their practice, helping them navigate complex situations, advocate for reproductive justice, and advance midwifery as a profession. The Code supports midwives to act in rights-based ways, ensuring that midwifery practice across the sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH) life course contributes to the health, dignity, and emancipation of women, girls, gender-diverse people, their newborns, and communities.

## Development of the Code

This Code was updated in 2025-2026 by an ICM working group of international midwifery ethicists, educators, researchers, and midwives with a specialist interest in ethics. Through several rounds of global consultation, feedback was received and integrated, and the final Code was approved by the ICM Council in June 2026.

## Use of the Code

This Code may be used or adapted as a national or local Code of Ethics for midwives and serves at the ethical foundation on which a Code of Conduct is built. Further guidance on the development and implementation of Codes of Ethics and Codes of Conduct is available in the [ICM's Global Standards for Midwifery Regulation Companion Guide](#).

**Code of Conduct** A document that sets out the specific, enforceable standards and rules that professional behaviour should align with. Behaviour that falls short of a code of conduct is considered unprofessional conduct and in severe cases, professional misconduct (1).

**Code of Ethics** A document that sets out the principles and values that guide professional behaviour. It provides the moral and professional foundation on which a Code of Conduct is built (1).

*From the ICM Midwifery Regulation Glossary of Terms*

## Structure of the Code

The Code is organised into four domains, with Midwifery Relationships intentionally positioned first to reflect the foundational importance of relationships, particularly those between women and gender-diverse people and their midwives, in shaping the ethical foundations of the profession:

### 1 Midwifery Relationships

Statements that describe how midwives relate to others, including women and their newborns, as well as midwife colleagues, other healthcare professionals, students and, themselves.

### 2 Midwifery Practice

Statements that describe midwives' responsibilities for maintaining competence and safeguard human rights.

### 3 Midwifery Knowledge

Statements that describe how midwives generate, maintain, contribute, and share midwifery knowledge.

### 4 Midwifery Leadership

Statements that describe the responsibilities of midwives at all levels of leadership in representing and advancing the profession, and in advocating for the rights of women and marginalised communities.

# Domain 1:

## Midwifery Relationships

- a. Midwives' relationships with women, girls, gender-diverse people and families are respectful, trust-based partnerships. Midwives' relationships prioritise sustained connection and continuity, which foster safety, dignity, and empowerment (1-19).
- b. Midwives care holistically by providing responsive, non-judgmental, trauma-informed, compassionate, and inclusive care that aligns with each woman's values and context (1-3,9,14-18,20-22).
- c. Midwives support women's agency, autonomy, bodily self-determination, and advocate for their right to make informed decisions. This includes co-creating dynamic, individualised care plans and supporting women in taking responsibility for their decisions (1,2,3,9,14,15,16,17,21-33).
- d. Midwives recognise human interdependence, acknowledge inherent power differences and seek to resolve conflicts, in ways that foster safe care (1-4,6,9,13,14,16,21,23,25,30,32,34-36).
- e. Midwives foster collaborative, respectful relationships with other midwives and with midwifery students, providing support to colleagues that sustains their professional roles and addresses moral distress (1,4-6,14,22,25,27,29,35-42).
- f. Midwives practise interprofessional collaboration that is grounded in mutual respect and supports timely consultation and referral, when the need for care exceeds the scope of practice of the midwife (1,4,12,27,36).
- g. Midwives have a responsibility to preserve their own integrity and wellbeing, engaging in self-reflection by examining their own abilities and limitations, values, and biases to sustain safe, ethical, and compassionate care (13,22,25,28,41).

# Domain 2:

## Midwifery Practice

- a. Midwives are accountable for their practice, and it is their responsibility to maintain competence (1,6,11,18,23,24,37,38).
- b. Midwives must prioritise the woman's right to self-determination by ensuring timely access to essential SRMNAH care, including comprehensive abortion services. Where a State permits conscientious objection, this must not be a barrier for women to access comprehensive abortion care (11,19,23,30,33,40,43-45).
- c. Midwives practise reflexively, acknowledging their values and biases, and commit to reducing the impact of these on practice (1,7,10,25,28,29,44).
- d. Midwives uphold the fundamental principles of safety and dignity in healthcare and reproductive justice by: (1,2,6,9,10,12,13,17,19,24,25,32,33,35,44-47).
  - i. Advocating for human rights and actively working to ensure no person seeking SRMNAH is harmed by that care, or by lack of access to it (47).
  - ii. Advocating and acting for the elimination of all harmful practices (such as female genital mutilation) that endanger health or violate human rights (47).
  - iii. Actively opposing and taking actions to safeguard individuals against systemic inequities, including institutional discrimination, racism, and all forms of gender-based violence, including obstetric violence (1,6-8, 11,13,37,41,46,47).
- e. Midwives advocate for workforce policies that safeguard against moral distress, workplace violence, and unfair or unsafe working conditions. This includes ensuring protection from persecution or punitive actions related to the lawful and ethical provision of health services (6,24,25,31,39,40,44).
- f. Midwives safeguard women's information and uphold their right to privacy, actively protecting personal data and data integrity; advocating for the ethical use of existing and emerging communication and digital health technologies, such as artificial intelligence (5,28,31).
- g. Midwives consider the environmental impact of their practice, promoting midwifery models of care that sustain planetary health (37).

# Domain 3:

## Midwifery Knowledge

- a. Midwives generate, advance, review, and openly disseminate their distinct body of knowledge through research, practice, and education, while also valuing and integrating experiential forms of knowledge (1,5,18,21,34,35,47,48).
- b. Midwives support women's self-determination and agency by sharing this knowledge, and providing honest, unbiased, and evidence-based information that enables informed decision making and informed consent (1,2,3,11,18,19,21,22,26,30,34,38,42,49).
- c. Midwives contribute to the health and wellbeing of communities through education and co-designed research, supporting community-led advocacy that reflects local needs and contexts (1,17,18,47).
- d. Midwives critically examine the ethics and impacts of research, acknowledging historical and ongoing harms experienced by women, particularly those from marginalised communities, and commit to trauma-informed, feminist, anti-racist and inclusive knowledge practices (3,16,30,44,49).
- e. Midwives engage in lifelong learning and professional development, using reflective practice to integrate new knowledge and skills, thereby deepening their capacity to provide ethical, safe and quality care (1,13,18,25,48).
- f. Midwives' knowledge sharing, mentorship and role modelling contribute to the education of midwifery students and the continuing professional development of midwives locally, including through broader national and global learning networks (5,18,29,34-36,38,48,50).
- g. Midwives recognise, respect and learn from the knowledge, cultures and safe traditional practices of Indigenous and marginalised communities, acknowledging the impacts of colonial and patriarchal structures. Midwives commit to culturally safe, respectful, and collaborative care that upholds self-determination, and strengthens community-led health (20).

# Domain 4:

## Midwifery Leadership

- a.** Midwives actively uphold and sustain a shared professional philosophy, values, and ethical principles across all domains of leadership, including practice, education and research and in all interactions with stakeholders (1,2,3,7,8,11,13,23,39,49,50).
- b.** Midwives demonstrate leadership by advocating for ethical standards across clinical care, education, regulation, research, and workplace culture, ensuring accountability and integrity throughout the profession (1,5,16,29,31,50).
- c.** Midwives are committed to identifying and dismantling unethical and harmful systems and practices, and to promoting equity and justice in all aspects of care (1,2,16,19,21,25,30,32,44,46).
- d.** Midwifery leaders advocate for the profession and for the conditions that enable midwives to work autonomously to their full scope of practice, advancing equitable access to continuity of midwifery models of care (1,3,12,13,16,18,23).
- e.** Midwives and midwives' associations advocate for meaningful representation in all areas of SRMNAH policy development, leading local, regional, and global initiatives that recognise midwives as essential contributors to achieving global sustainable development agendas (13).
- f.** Midwives advocate for climate justice and promote environmental sustainability, and planetary health, recognising the importance of care by midwives to women and communities in rural, remote or crisis-affected areas (51).
- g.** Midwives are aware of the implications of sponsorship and commercial interests in practice and research and ensure that the health of women and newborns is always prioritised (52).

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