

Establishing the Position of a National Chief Midwife

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Background

A national Chief Midwife, also known in some contexts as a Chief Midwifery Officer, is the most senior professional authority for midwifery within a Ministry of Health or national health system. Chief Midwife positions may also exist within subnational health authorities and midwives' associations.

Midwives provide the majority of sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH) services globally. However, in many countries, midwifery expertise is not represented at senior policy, governance, and financing levels. As a result, maternal and newborn strategies may be developed without sufficient integration of workforce realities, regulatory requirements and public facing service delivery.

The presence of a Chief Nurse does not remove the need for a Chief Midwife; these roles have distinct and complementary mandates. Midwifery requires dedicated leadership to address SRMNAH-specific policy, regulation, education and workforce issues that cannot be fully represented within nursing leadership structures.

The Chief Midwife provides strategic leadership and technical expertise to strengthen the availability, quality, safety and effectiveness of midwifery across SRMNAH services. The Chief Midwife ensures that midwifery policy, regulation, education and workforce planning are coherent, evidence-informed and aligned with national health priorities

and international commitments (1). The role links national health strategy with clinical service delivery, ensuring that reforms are realistic, appropriately resourced and responsive to the needs of midwives and the communities they serve.

Countries with strong institutional midwifery leadership are better equipped to:

- Reduce preventable maternal and newborn mortality and morbidity and improve health outcomes (1,2,3).
- Strengthen primary health care, improve system efficiency, and advance universal health coverage (1,2,4,5).
- Promote equity, rights and respectful maternity care (2).
- Build, support and retain a sustainable midwifery workforce, including during crises.

In addition to professional leadership, the Chief Midwife contributes to financial and strategic planning. This includes advising on investment in midwifery education and workforce development, supporting decisions on workforce deployment and expansion, and contributing to budgeting and resource allocation discussions. The role also helps shape the conditions that enable midwives to practice safely and effectively. Ensuring that financial decisions reflect evidence on cost-effectiveness and system impact strengthens accountability and supports improved maternal and newborn outcomes (1).

The World Health Organization recognises the importance of senior midwifery leadership within governments and recommends the establishment of a national Chief Midwife, or equivalent post to provide strategic direction, technical advice, and policy oversight for midwifery services as part of broader efforts to strengthen health systems and advance efficient and sustainable universal health coverage (1,4,5).

This position is further supported by ICM's Policy Brief, *Establishing a National Chief Midwife: A Patient Safety Imperative for Maternal and Newborn Health and Health Systems*, which outlines the safety and governance rationale for formalising the role.

Position

Establishing a Chief Midwife role is not an added layer of bureaucracy; it is a strategic and cost-effective investment. ICM advocates for every country to establish a Chief Midwife, or equivalent senior midwifery leadership role, within the national Ministry of Health and/or health authority.

The absence of a Chief Midwife creates a governance gap that weakens policy coherence, undermines workforce sustainability and limits accountability for maternal and newborn health outcomes.

Quality SRMNAH services require dedicated and accountable midwifery leadership at the highest level of decision making. A Chief Midwife ensures that midwifery expertise informs national policy, financing and system reform, while modelling professional leadership, standards and accountability across the health system.

Establishing a Chief Midwife is not symbolic. It is an essential governance safeguard to secure coherent leadership, workforce sustainability, system performance, accountability, responsible investment and sustained progress in improving SRMNAH outcomes for women, gender diverse people and newborns. The Chief Midwife also serves as a key link across international, national, governmental, non-governmental and private stakeholders, ensuring alignment between policy, financing and service delivery.

Recommendations

ICM urges health authorities and policymakers to:

1. Establish a Chief Midwife within the Ministry of Health or equivalent authority as a statutory, senior-level post with a defined mandate across national strategy, policy, education, workforce planning and deployment, regulation, and budget processes, ensuring formal decision-making authority, financing oversight, and clear accountability, consistent with WHO and ICM guidance.
2. Define the role's mandate, authority, and reporting lines to ensure effective policy influence and alignment with population need and service capacity.
3. Position the Chief Midwife within executive governance and senior decision-making forums to ensure direct access to leadership, cross-sector coordination and oversight of implementation across SRMNAH services, including across all sectors such as UN agencies and public and private partners.

4. Provide adequate and sustainable resourcing for the Chief Midwife role and midwifery leadership development pathways, alongside sustained investment in midwifery services and education.
5. Promote collaboration between the Chief Midwife, midwives' associations, regulators and education providers.
6. Strengthen leadership development pathways to build a pipeline for national midwifery leadership.

ICM urges midwives' associations to:

1. Advocate for the establishment of a Chief Midwife within national governance structures, such as the Ministry of Health, ensuring that midwifery leadership informs health policy and strengthens SRMNAH services.
2. Engage with Ministries of Health, parliamentarians and senior health system leaders to present the strategic case for the role, highlighting its contribution to workforce development, quality improvement and implementation of national SRMNAH policies.
3. Establish or strengthen Chief Midwife positions within their own organisational structures to reinforce professional leadership and representation.
4. Work collaboratively with the national Chief Midwife to promote coordinated leadership that advances the health of women, newborns and families and strengthens the midwifery profession.
5. Support the development of midwifery leadership pipelines and competencies aligned with ICM's Global Competencies for Midwifery Leadership.
6. Engage in constructive dialogue with governments and partners to ensure the Chief Midwife role reflects the needs of midwives and the communities they serve.

ICM urges midwife leaders to:

1. Engage in national and regional policy dialogue to support the establishment and strengthening of the Chief Midwife role.
2. Contribute to leadership development pathways through mentorship, professional engagement and participation in governance processes.

3. Generate and share evidence demonstrating the impact of midwifery leadership on SRMNAH outcomes, including documenting gaps in leadership, workforce planning and policy representation.
4. Use professional networks, forums and conferences to raise awareness of the importance of national midwifery leadership and support the establishment of a Chief Midwife role.

References

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