

FIGO-ICM Joint Statement on Comprehensive Abortion Care

March 2026

Executive summary

The International Confederation of Midwives (ICM) and the International Federation of Gynaecology and Obstetrics (FIGO) affirm that Comprehensive Abortion Care (CAC) is an essential health service and a core element of Universal Health Coverage (UHC).

Building on previous commitments from both organisations, this joint statement unites the guiding principles, strategic aims, policy requirements, professional standards and service actions required to ensure quality, equitable and rights-based CAC. This joint statement supports midwives and obstetrician-gynaecologists (OBGYNs) to practise within competency-based scopes, strengthens interprofessional collaboration, and protects women and girls' autonomy and dignity.

Background

Universal access to sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) information and services are essential for the realisation of human rights and individual and community health. Comprehensive abortion care (CAC) ensures women's ability to make informed choices about their bodies and pregnancies.

CAC refers to the provision of information, abortion management (including induced abortion and care related to pregnancy loss)¹ and post-abortion care. CAC is an essential health service that must be delivered within a rights-based, non-discriminatory framework that protects confidentiality and informed choice. Quality CAC is effective, safe, accessible, equitable, efficient and person-centred.^{2,3}

WHO's Abortion Care Guideline, second edition¹, emphasises that CAC should be provided within an evidence-based, rights-based and person-centred framework, and highlights the central role of competent health-care professionals in counselling, clinical care, information provision and follow-up. Effective operationalisation of the WHO Guideline requires health workforce optimisation, ensuring that abortion care is provided by competent healthcare workers, while also enabling self-care options, including self-managed abortion, with access to accurate information, support and referral when needed or desired^{4,5}.

ICM and FIGO are aligned that CAC is a critical element of UHC and increasing access requires effective interprofessional collaboration and health workforce optimisation.

Joint FIGO-ICM CAC strategic priorities

The International Federation of Gynecology and Obstetrics (FIGO) and the International Confederation of Midwives (ICM) urgently call upon OBGYNs and midwives at all levels of practice, in hospitals and communities – whether in government (public), non-profit or private

sectors – to prioritise and actively engage in the following ways to ensure the provision of comprehensive abortion care (CAC) for all:

1. Prioritise policies, education and regulatory frameworks that enable midwives and OBGYNs to provide CAC within their full scope of practice, aligned to global evidence and recommendations.
2. Establish and strengthen effective mechanisms for mutual consultation and referral, including digital solutions, when care falls outside an individual provider's scope of practice.
3. Ensure alignment of all CAC interventions with WHO recommendations, including self-management approaches for abortion and post-abortion contraception.
4. Promote and uphold respectful, rights-based care by actively addressing stigma and discrimination among healthcare professionals, within institutions and across communities.
5. Advocate for the decriminalisation of abortion and the implementation of policies that protect health-care providers and ensure equitable access to CAC.

The joint strategic priorities for CAC are underpinned by the aligned core principles and commitments of:

- rights-based care,
- evidence-based practice,
- person-centred care,
- health systems integration,
- workforce optimisation,
- equity and access,
- quality and accountability.

ICM and FIGO assert to advance CAC as an integral part of essential healthcare through:

Workforce optimisation

Workforce optimisation is an essential and ongoing requirement for the effective provision and integration of CAC within UHC. Enabling competent healthcare professionals to provide CAC within their scope of practice, utilising OBGYNs and midwives' complementary competencies, improves access and equity, particularly in underserved areas and hard-to-reach settings, reducing duplication and inefficient usage of time and resources. In doing so, workforce optimisation supports the delivery of cost-effective, responsive and women-centred CAC services.

Effective workforce optimisation requires coherent health system support, including competency-based education, clear regulatory and policy frameworks, mentorship and supervision, well-functioning consultation and referral pathways and enabling practice environments. This also includes the integration of telehealth and self-managed care options within the wider health system, designed to complement, rather than replace, provider-based care, and to support continuity, quality and access to additional care when needed or desired.

Interprofessional collaboration

Effective collaboration between midwives, OBGYNs and other health care professionals is vital to ensuring safe, timely and high-quality CAC. Beyond service delivery, OBGYNs and midwives have a shared leadership responsibility to advocate for wider access to CAC, using their clinical expertise and professional authority as one voice to engage decision-makers to promote enabling legal, regulatory and health system environments.

Both professions play critical roles in the provision of CAC services, supporting access, consistency and continuity of care for women and girls. Working within their respective scopes of practice, interprofessional collaboration between midwives and OBGYNs expands equitable access to quality care. Interprofessional collaboration ensures specialist expertise is available when needed, reduces duplication, and enhances seamless referral and care pathways across levels of the health system.

Collaboration can be further strengthened through reciprocal mentorship, joint training, shared clinical guidance, and collective quality improvement strategies. Together, OBGYNs and midwives can ensure access to accurate information, optional counselling and informed decision-making, creating integrated pathways of care that improve outcomes and uphold human rights.

Service delivery models and effective referral pathways

The integration of CAC within SRMNAH services enhances quality and continuity of care. Women and girls should be able to access the right healthcare professional, at the right time and in the right setting, without unnecessary barriers or delays.

Embedding CAC within primary and community-based care improves access, positions abortion as an essential component of SRMNAH services and supports woman-centred, coordinated care pathways across the health system. Within an enabling service delivery model, midwives and OBGYNs play essential and complementary roles in the provision of CAC, while ensuring that women seeking CAC are empowered to make informed decisions about how and where they access abortion services, including self-managed abortion where appropriate.

When care falls beyond the scope of a given health professional, efficient referral and consultation pathways are critical to ensure timely access to appropriate quality CAC. Effective referral systems should be supported by both digital tools and real-time consultation mechanisms, strengthening continuity of care, clinical decision-making and collaboration across levels of the health system.

Strategic advocacy for effective commodities, supply chains and financing

Health systems must ensure integrated, resilient supply chains that include medicines and other life-saving commodities required for CAC within national essential medicines lists and medicines regulatory systems and have effective procurement systems reaching all settings to enable last-mile delivery.

Reliable access to quality assured essential medicines and other lifesaving commodities, supported by effective supply chain systems, is essential to the provision of CAC. Health systems must ensure adequate, equitable and uninterrupted availability of essential quality assured medicines and other lifesaving commodities with resources consistently and fairly distributed, supported by appropriate procurement, storage, distribution and rational use. CAC services should be financed in ways that avoid point-of-care barriers and integrated as part of UHC.

Quality, human rights-based and respectful care

Integrating CAC into UHC and prioritising inclusive, woman-centred service delivery strengthens the realisation of human rights, reproductive justice and reduces disparities for marginalised and underserved communities^{2,3}. Adolescents, women living in rural or low resource settings, migrants, survivors of gender-based violence, women living in poverty and gender-diverse people often face heightened and intersecting barriers to CAC, and require targeted, responsive approaches.

CAC services must be youth-friendly, culturally sensitive, affordable and provided confidentially without discrimination or stigma. Care should be provided in environments that are respectful and non-judgemental, and without the threat of criminal prosecution or punitive measures, protecting women and girls from the physical and psychological harm associated with unsafe abortion and safeguarding health care professionals from prosecution, harassment or societal stigma.

Adopting a gender-transformative approach to CAC can address structural discrimination and challenge harmful gender norms which restrict women's autonomy and agency. CAC services should empower women and girls to know their rights, make informed choices and access a range of care options to manage their reproductive lives. Collaboration with civil society, advocacy networks and community leaders is essential to build trust, counter misinformation and ensure accurate, rights-based information reaches those most in need.

Actions for OBGYN societies and midwives' associations

FIGO and ICM commit to promoting and advocating for universal access to CAC as a critical means of upholding human rights, reproductive justice and efforts to reduce preventable maternal morbidity and mortality worldwide. Together, our organisations call attention to the following key opportunities for midwives and OBGYNs to work collaboratively, comprehensively and holistically, increasing the quality, availability and accessibility to CAC.

- **Educate and build capacity**
Strengthen pre-service education and in-service training on CAC across professional cadres. Prioritise workforce optimisation, regulatory reforms and service design that enable the full range of WHO-recommended CAC interventions in practice, including self-managed abortion where appropriate. Promote gender-transformative, person-centred care, supported by community engagement and digital learning and service-delivery solutions.
- **Align policy and disseminate evidence**
Update, align and promote clinical care protocols and professional standards with the latest WHO evidence and guidelines. Facilitate ongoing knowledge exchange, learning and dissemination through professional associations, interprofessional networks and communities of practice.
- **Advocate for legal and policy reforms**
Collectively demand the decriminalisation of abortion and the elimination of laws, policies and administrative barriers that restrict access to CAC. Promote legal and policy environments that protect women seeking abortion care and safeguard health workers providing lawful, evidence-based care.
- **Leverage digital ecosystems**
Promote and integrate telehealth, e-referrals, and platforms to strengthen coordination and enable timely, equitable access.
- **Amplify accurate, rights-based information**
Counter misinformation, stigma and discrimination by disseminating rights-based, evidence-driven CAC information and resources. Engage communities, civil society organisation and advocacy networks to support holistic services and ensure that the needs of marginalised and underserved communities are met.
- **Mutual accountability, monitoring and evaluation**
Strengthen collaboration between professional associations by establishing joint strategic and accountability mechanisms, monitoring and evaluating processes, and sharing data and learnings to advance access and quality of CAC.

This statement has been developed jointly by FIGO and ICM, in technical partnership with the UN Special Programme of Research, Development and Research Training in Human Reproduction (HRP).

References

1. World Health Organization. (2025). Abortion care guideline, 2nd ed. Geneva: WHO. <https://www.who.int/publications/i/item/9789240104204>
2. OHCHR. Human Rights Committee adopts General Comment on the Right to Life [press release]. 30 October 2018. Available from: <https://www.ohchr.org/en/press-releases/2018/10/human-rights-committee-adopts-general-comment-right-life>
3. United Nations Office of the High Commissioner for Human Rights (OHCHR). (2021, September 28). Abortion is essential healthcare and women's health must be prioritized. Retrieved from <https://www.ohchr.org/en/statements-and-speeches/2021/09/abortion-essential-healthcare-and-womens-health-must-be-prioritized>
4. Cresswell JA, Alexander M, Chong MYC, Link HM, Pejchinovska M, Gazeley U, Ahmed SMA, Chou D, Moller AB, Simpson D, Alkema L, Villanueva G, Sguassero Y, Tunçalp Ö, Long Q, Xiao S, Say L. Global and regional causes of maternal deaths 2009-20: a WHO systematic analysis. *Lancet Glob Health*. 2025 Mar 7:S2214-109X(24)00560-6. doi: 10.1016/S2214 109X(24)00560-6. Epub ahead of print. PMID: 40064189.
5. Haddad LB, Nour NM. Unsafe abortion: unnecessary maternal mortality. *Rev Obstet Gynecol*. 2009 Spring;2(2):122-6. PMID: 19609407; PMCID: PMC2709326.

Referencing this statement

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