

Joint Statements

FIGO-ICM Joint Statement on Interprofessional Collaboration between Midwives and Obstetrician-Gynaecologists for Woman-Centred Care

Executive summary

The International Federation of Gynaecology and Obstetrics (FIGO) and the International Confederation of Midwives (ICM) call on health professionals, professional associations, policymakers and health system leaders to adopt structured interprofessional collaboration between midwives and obstetrician gynaecologists (obgyns) as a standard of practice to ensure safe, quality, women centred, rights-based sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) care.

Interprofessional collaboration must enable both ob-gyns and midwives to work with autonomy to their full scope of practice.

This statement sets out principles, measurable policy asks, strategic priorities and concrete implementation actions for interprofessional collaboration.

Introduction

This joint statement represents the first unified global call by ICM and FIGO on how ob-gyns and midwives should implement interprofessional collaboration throughout SRMNAH care.

Building on a shared commitment to strengthen SRMNAH this statement sets out agreed interprofessional collaboration principles and provides practical guidance to strengthen collaboration across all settings. The statement reflects the outcomes of discussions on interprofessional collaboration between midwives and ob-gyns with input from other key stakeholders, during an *International Stakeholder Meeting* in Nairobi in September 2025 as part of the *Collaborate for Women (C4W): Abortion and Contraception Care Together (ACCT)* initiative.

Looking ahead, *Collaborate for Women (C4W)* is intended to serve as a global platform for collaboration between ICM and FIGO across all areas of SRMNAH.

Position statement

FIGO and ICM endorse interprofessional collaboration between midwives and ob-gyns as essential to quality, woman-centred sexual, reproductive, maternal, newborn and adolescent health care (SRMNAH). Both professional cadres must be resourced and supported to initiate evidence-based interventions within their scope of practice, and make independent clinical decisions without unnecessary administrative or hierarchical constraints. Central to interprofessional collaboration is the recognition that collaboration thrives when women's voices guide care. Clear referral and consultation systems must be in place: health systems must recognize the complementary roles of midwives and ob-gyns and a shared responsibility for outcomes.

While this statement focuses on collaboration between ob-gyns and midwives, FIGO and ICM also recognise the essential contributions of other health professions in providing comprehensive SRMNAH services.

Background

Interprofessional collaboration in healthcare is defined as an active partnership between professionals from diverse backgrounds and professions, working together to benefit healthcare users (1). Although definitions and perceptions of interprofessional collaboration vary across professions, midwives and ob-gyns agree that teamwork and understanding each other's role and perspectives is essential for identifying barriers and developing solutions for improved interprofessional collaboration (2).

Interprofessional collaboration between ob-gyns and midwives is a cornerstone of universal health coverage (UHC) and is critical to achieving Sustainable Development Goal 3: Ensure healthy lives and promote wellbeing for all at all ages (3). The WHO Global Competency Framework explicitly identifies collaboration across all health workers as a core competency domain (4). This reflects the evidence that strong, respectful collaboration across professions improves the quality and safety of care and health outcomes for women, newborns and adolescents, while maximising the efficient use of health system resources.

In SRMNAH care, effective interprofessional collaboration depends on clear communication, mutual trust, defined roles, and structured opportunities for interaction (1, 2). It is strengthened in environments that foster open discussion, respect, and cohesive team identities, supported by shared understanding of each profession's scope of practice (1, 2,5,6). Effective interprofessional collaboration requires a supportive institutional environment that models leadership, a safe learning environment and reduces perceived hierarchies (6).

When implemented well, interprofessional collaboration among ob-gyns, midwives, and other professionals improves client outcomes through timely referrals, effective handovers, and coordinated, respectful, and dignified care (5,7 8,9). It also enhances workforce satisfaction, reduces burnout, optimises resources, and strengthens organisational cohesion, contributing to more integrated, efficient, and responsive health systems (4,8, 9).

An Integrated Framework for Interprofessional Collaboration

Effective interprofessional collaboration begins with a shared commitment to the goal of improving physical and psychological health outcomes in SRMNAH care.

Women, girls, adolescents, and gender diverse people's views and perspectives on their health and care form the foundations of effective health care provision. They must be engaged not only as recipients of care but as the bearers of perspectives that are crucial when shaping policies, service design, and clinical practice. Partnerships with civil society and community organisations anchor care in local realities and amplify the perspectives of those historically excluded from decision-making.

Well-functioning interprofessional collaboration requires clear, competency-based professional autonomy and an enabling environment. Midwives and ob-gyns must be able to fulfil their different but complementary roles by working to their full, authorised scope of practice, making evidence-based collaborative decisions and sharing responsibility for outcomes. Professional autonomy means that authorised providers can initiate and manage defined interventions without unnecessary administrative sign-offs, supported by legal protections and institutional policies.

Roles and responsibilities should be clearly defined, with each profession working to its full respective scope of practice, based on international and/or national standards. Together, both professions support high-quality, safe SRMNAH care. Ob-gyns and midwives provide comprehensive SRMNAH care, identify potential complications early, and initiate appropriate management, consultation and referral when needed. Ob-gyns also provide additional advanced medical and surgical expertise in the management of complex cases.

Collaboration and referral are the cornerstone of IPC. Effective interprofessional collaboration depends on clear communication, well-defined consultation pathways and timely referral mechanisms. Healthcare systems should facilitate coordinated care, by supporting consultation when clinical needs extend beyond a health professional's authorised scope of practice. This may include reciprocal referral processes between professionals to ensure appropriate and comprehensive care.

Workforce optimisation ensures the right health care personnel, with the right competencies are available, authorised, resourced and supported to provide care where and when they are needed. To meet global health needs, professions must be enabled to work to their full competency-based scopes, which reduces inefficiencies and duplication. Redistribution of responsibilities according to scope of practice strengthens health systems, removes structural inequities, and improves access to care.

Interprofessional Education (IPE) promotes collaboration, mutual respect, and effective communication among health professionals. These elements are key attributes that support collaboration and should be cultivated during pre-service education to prepare students for practice within multidisciplinary healthcare environments and maintained post-graduation. IPE enables students and graduates from midwifery, ob-gyn, and other health disciplines to learn with, from, and about each other strengthening teamwork to improve the quality of care for women, newborns, adolescents and families. There are multiple opportunities in pre-service and post graduate training and education to bring together professional groups for joint modules and simulation activities to strengthen a collaborative approach to SRMNAH services (4).

Leadership and professional development is critical for sustaining collaboration. Development and leadership opportunities for both ob-gyns and midwives ensure balanced representation in decision-making and a more resilient, equitable SRMNAH workforce capable of providing high-quality, woman-centred care in diverse settings.

Regulation and mechanisms for accountability are essential for the provision of evidence and rights-based care. Health professionals, facilities, and national health systems must adopt mechanisms that foster professional trust and support shared practice environments, thereby ensuring respectful and dignified care for women and communities.

Joint Recommendations

For midwives and ob-gyns:

- **Centre autonomy and dignity:** Provide rights-based, inclusive and respectful care that protects autonomy, confidentiality and informed choice for women, girls, adolescents, and gender diverse people.
- **Address gender and workplace equity:** Actively challenge gendered assumptions and stigma that undermine equitable interprofessional relationships and care delivery.
- **Reduce hierarchy and build trust:** Intentionally work to reduce hierarchical structures, cultivate trust, and create safe learning environments that foster mutual respect, kindness and empathy.
- **Communicate and decide together:** Commit to early and transparent communication, inclusive discussions and shared clinical decision making, responsibility and accountability.
- **Mutual learning and joint quality improvement:** Engage in opportunities for mutual learning to better understand each other's roles and perspectives.
- **Collaborative research and evidence:** Invest and engage in collaborative research to strengthen SRMNAH practice.

For regional and national societies and associations:

- **Champion collaboration and equity:** Promote joint ob-gyn and midwife collaboration as complementary professions and publicly challenge gendered assumptions and stigma in professional relationships and care delivery.
- **Advocate jointly for evidence-based priorities:** Coordinate public positions and policy advocacy on SRMNAH priorities, guidelines and resource need
- **Embed interprofessional practice in standards:** Integrate interprofessional collaboration, shared responsibility, and competency-based redistribution of responsibilities into curricula, training, accreditation criteria and regulatory guidance.

- **Support workforce development and retention:** Advocate for strategic workforce planning, equitable remuneration protected career pathways and leadership opportunities for both professions.

For policymakers and health system leaders:

- **Fund joint education and mentorship:** Invest in interprofessional pre-and in-service education, simulation-based learning, routine debriefings, reciprocal mentorship and work shadowing.
- **Co-create policy and leadership pathways:** Support collaborative policy development, leadership training and health workforce optimisation that enable competency-based practice across professions.
- **Operationalise effective referral systems:** Establish robust referral and consultation mechanisms, including technology-enabled platforms which support seamless, reciprocal transitions between primary and higher-level care and increase women's access to care, especially in underserved communities.
- **Use data to optimise services:** Apply evidence-based, data-driven models to plan, optimise workforce deployment, improve retention, and organise midwifery and ob-gyn services, prioritising underserved areas.
- **Finance collaborative models of care within UHC:** Include midwife and collaborative models of care in UHC benefit packages and allocate dedicated budget for mutual training, supervision and essential commodities.

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