Transitioning to Midwifery Models of Care

International Confederation of Midwives

Three Key Technical Guidances

Definitions
Guiding principles
Evidence Base

Global Position Paper

Definition and evidence base

Midwifery Models of Care

Phases of transition step by step guidance

Implementation Guidance

How to implement

Midwifery Accelerator

Amplifiying implementation

Commit - Invest - Educate
Deploy - Retain
Advocate - Empower
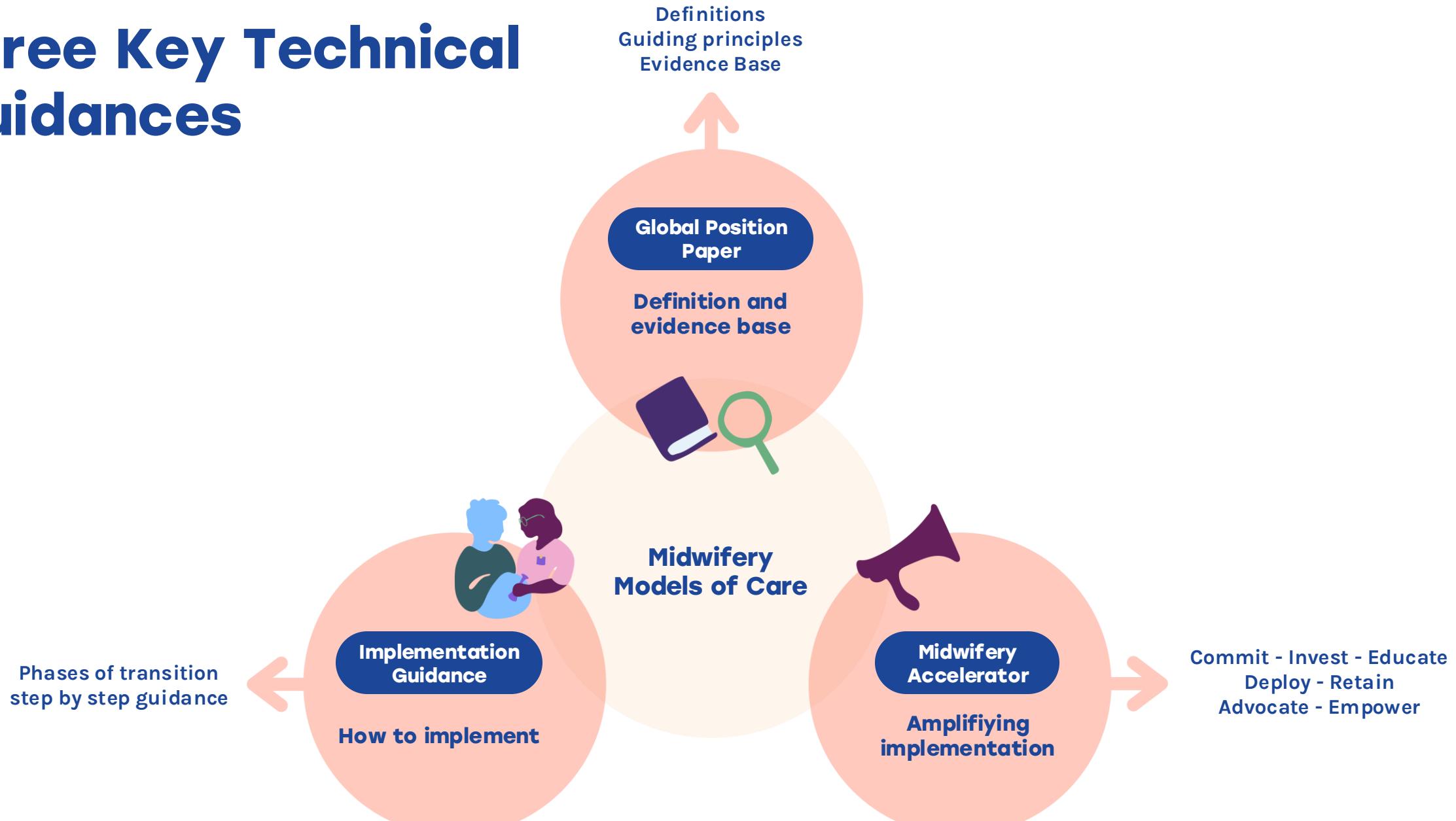
Why a global position paper on midwifery models of care?

UN MMEIG 2023; UN IGME, 2023; UN IGME, 2023; Vogel et al., 2024; Kruk et al., 2018; Miller et al., 2016; Graham et al. 2016

1

High maternal and newborn mortality & morbidity

and stillbirths, with life-long impacts on women, newborns and communities

2

Poor quality of care

limited resources available, disrespectful care, overmedicalization

3

Transitioning to midwifery models of care

*Cost-effective strategy to improve women & newborns health outcomes*

4

No common understanding

of the concept of "midwifery models of care"

Global Position Paper

Transitioning to midwifery
models of care

Global position paper

World Health Organization
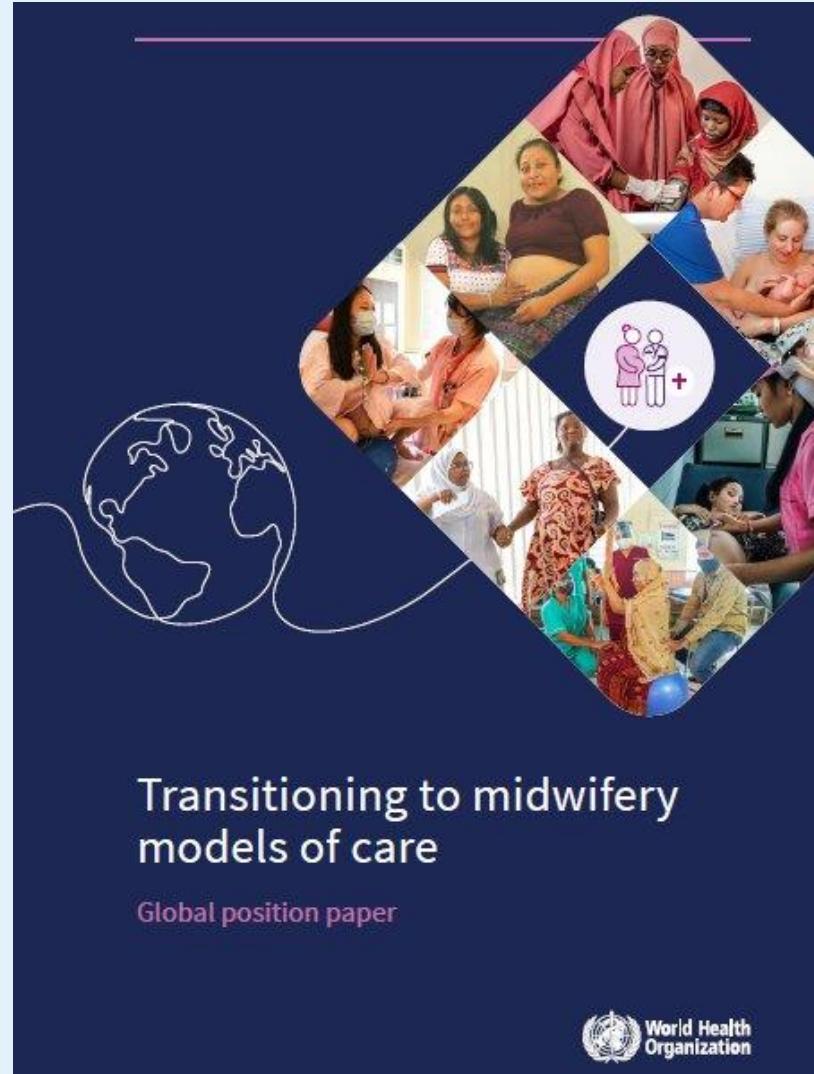
Aim

Provide policymakers and healthcare leaders with comprehensive information about midwifery models of care

-including evidence base, agreed definition, and guiding principles-

to strengthen the quality of maternal and newborn care and ultimately contribute to improved outcomes for women and newborns

Global Position Paper

Transitioning to midwifery models of care

Global position paper

World Health Organization
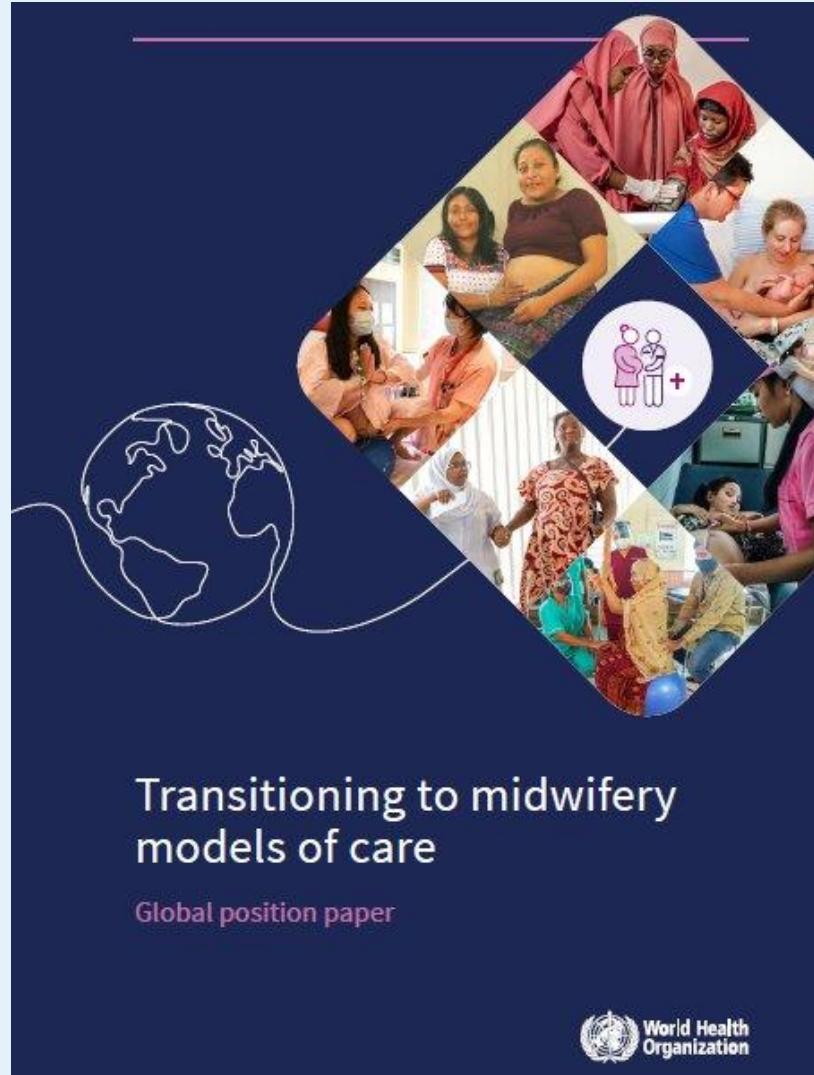
Collaborative process

Authored and published by WHO
Aligned with WHO documents & strategies

Contribution of 90+ individuals and partners
*Aligned with WHO documents & strategies*

Supported by WHO STAGE :
*Strategic Technical Advisory Group of Experts for Maternal, Newborn, Child and Adolescent Health & Nutrition*

Global Position Paper

Transitioning to midwifery models of care

Global position paper

World Health Organization

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The case for midwifery models of care
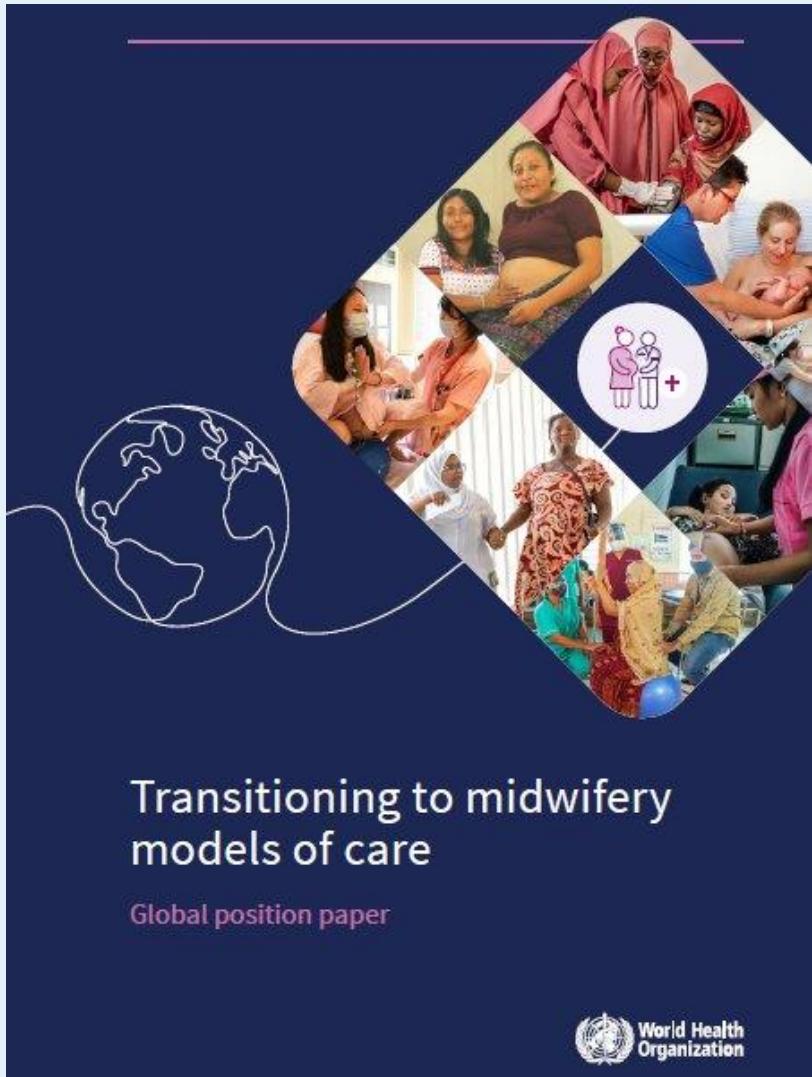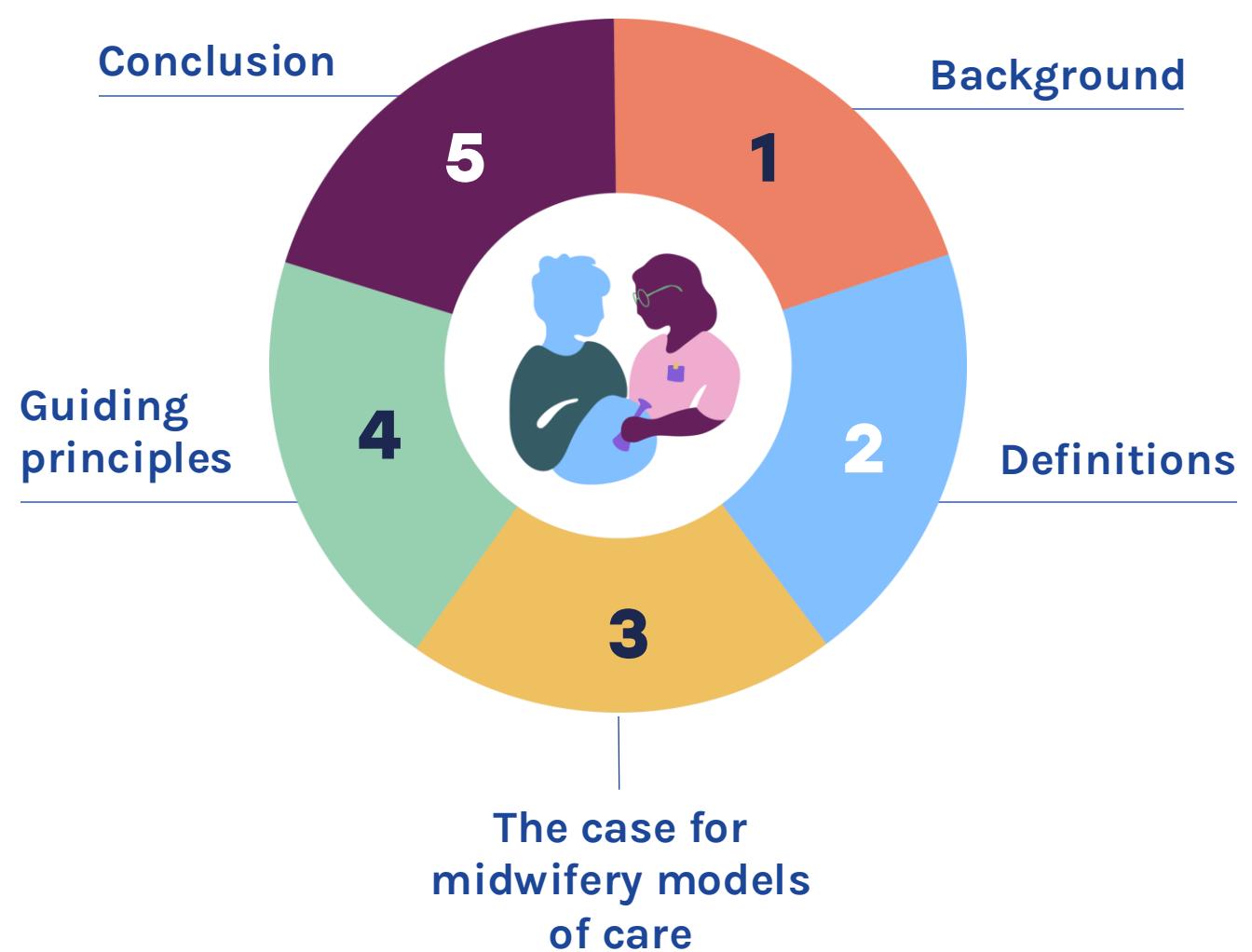
The Midwife: Definition and Scope of Practice

Midwifery professionals plan, manage, provide and evaluate midwifery care services before, during and after pregnancy and childbirth. They provide delivery care for reducing health risks to women and newborn children according to the practice and standards of modern midwifery, working autonomously or in teams with other health care providers. They may conduct research on midwifery practices and procedures and implement midwifery education activities in clinical and community settings.

Midwives have a broad scope of practice, including

- providing health education and information (health promotion) for women, partners and families;
- assessing the health and well-being status and needs of women and babies;
- screening for risk factors and at-risk behaviour;
- leading care planning in collaboration with women;
- promoting physiological pregnancy, labour, childbirth and postnatal period;
- providing essential newborn care and some special newborn care interventions;
- prescribing, dispensing and administering medicines or products; and
- ordering, performing and interpreting laboratory and/or imaging screening tests.

The Case for Midwifery Models of Care

Transitioning to midwifery models of care

Global position paper

World Health Organization
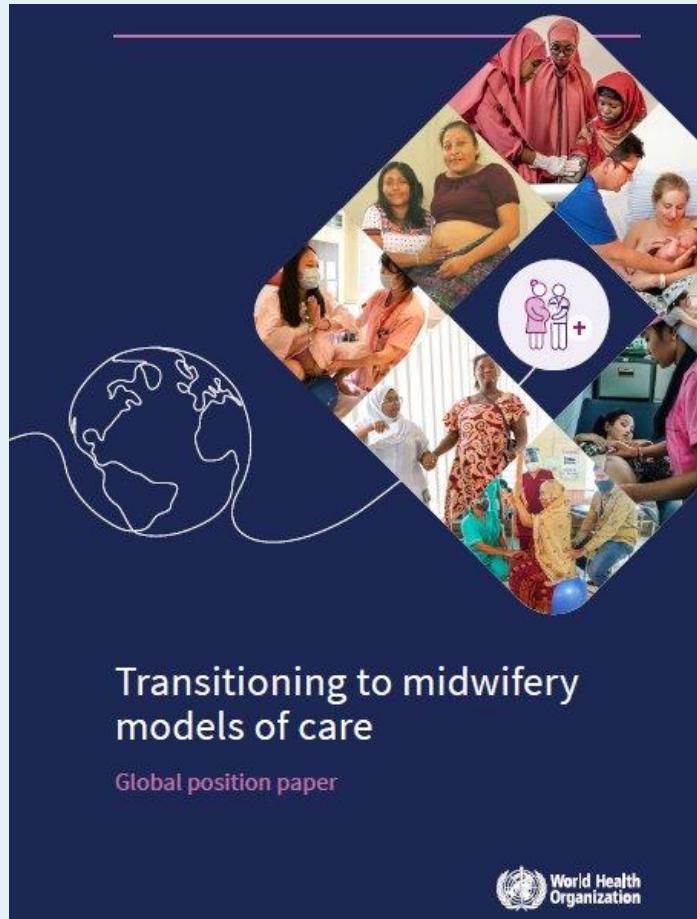
Save Lives
save lives & improve health &well-being of women, newborns, partners, families and communities

Humanize Care
humanize care and are responsive to the needs of women

Advance Human Capital
Contribute to a better society and advance human capital in an uncertain world

Economic Benefits
Are a cost-effective intervention withpotential long-term economic benefits

# Every Woman, Every Newborn, Everywhere Targets and Milestones

MMR global average < 70/100,000 live births SBR <12/1000 total births NMR <12/1000 live births

90%
Every pregnant woman

ANC 4 or more

Antenatal care

90%
Every birth

Skilled attendant at birth

Intrapartum care

80%
Every Woman and newborn

Early postnatal care

Postnatal care and Essential Newborn Care

80%
Availability of emergency care and equity

Access to emergency obstetric care and availability of SSNUs

Emergency care for woman and newborn

65%
Social determinants

Empowered & informed decision making

Education, gender, multi-sectoral

Policy and plans, Investment, Response and Resilience, Quality of care, Health workforce, Medical commodities and devices, Data for Action Equity, Accountability, Research/innovation/knowledge exchange

Guiding Principles

Transitioning to midwifery models of care

Global position paper

World Health Organization
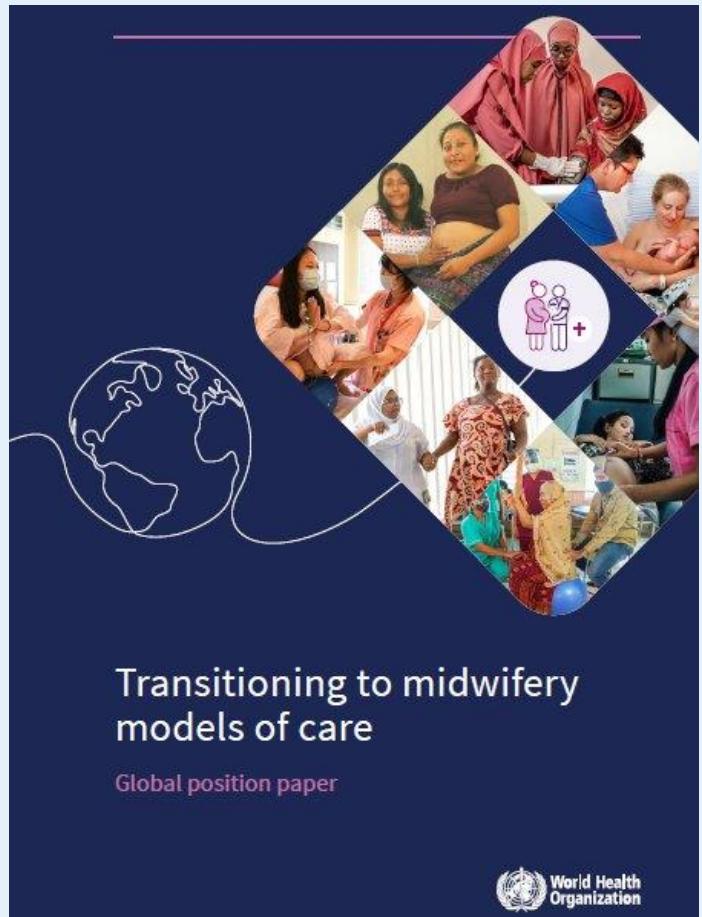
Guiding Principles of Midwifery Models of Care

Equitable and human-rights-based care for all women and newborns

Person-centred and respectful care encouraging a trusting relationship and partnership

High-quality care, aligned with the midwifery philosophy

Care coordinated by midwives in all settings

Integrated and collaborative care

Alignment with Primary Health Care (PHC)

Principles of PHC

MMoC aligns with Primary Health Care principles including integrated, person-centered, and community-based services.

Supports Health System Reorientation

Transitioning to MMoC aids reorienting health systems toward PHC to achieve Universal Health Coverage.

Comprehensive Maternal Care

MMoC delivers comprehensive maternal and newborn care through midwives working in interdisciplinaryteams.

Enhanced Care Continuity

MMoC reduce fragmentation, enhance continuity, and bring services closer to communities.

Equitable and Human Rights-Based Care

Equity in Maternal Health:

Addressing disparities in maternal health outcomes, serving marginalized populations in the community
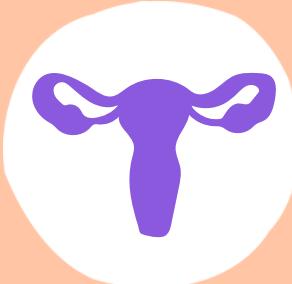
Women Empowerment:

Women are involved in decision-making and feel empowered in making informed decisions

Ethical Imperative:

Treating women with respect and dignity, ensuring choices are respected, bodily autonomy, non-discrimination, and dignity

Community-Driven Approach

Community Engagement

- Building trust and relationships
- Involving local stakeholders

Accessibility

- Ensuring availability of midwifery services
- Overcoming geographical barriers

Quality of Care

- Care provided by competent midwives
- Implementing evidence-based practices

Midwifery Models of Care

Why choose midwifery models of care?

- To save lives
- To increase vaginal birth rates
- To reduce assisted vaginal births and caesarean section rates
- To improve women's experience of care
- To reduce health inequities and reach universal health coverage
- To improve cost-effectiveness

Midwifery models of care provide women and newborns with care from an autonomous midwife, working as part of a team, throughout pregnancy, childbirth and the postnatal period.

- Woman- and newborn-centred care
- Provided by autonomous midwives within teams
- A trusting woman-midwife relationship and partnership
- Supporting healthy and physiological processes
- Quality and holistic care, based on evidence
- Provided before and during pregnancy, childbirth and the postnatal period

Fig 1. Key concepts related to midwifery models of care. Source: WHO, 2024

Midwifery Models of Care

To showcase our guidance on transitioning to midwifery models of care

Key Points:

Models of Care: Continuity of midwife care | Community-based| Birth centres | Private practice | Humanitarian settings

Benefits: Improves reproductive, maternal & newborn outcomes | Builds trust, continuity | Culturally acceptable | Early detection of complications

Implementation Considerations: Supportive policies | Adequate workforce | Health systems | Context adaptation (including humanitarian)

Midwifery Models of Care: Definition

- A way to **optimise service delivery** to better meet the **needs of women and newborns** before, during and after pregnancy.

- **Quality care coordinated by midwives** who make **autonomous decisions across their full scope of practice**, as part of interdisciplinary teams.

- Best results achieved when care provided by the **same midwife or team of midwives** during pregnancy, birth and the postnatal period - **continuity of midwife care**.

What are Midwifery Models of Care?

Meeting Needs

Person-centered approach, tailored to individual needs, delivered within well-functioning health systems

Relationship-based

Trust and respect, ensuring personalized care for every woman and newborn.

Quality Care

Midwives making autonomous decisions across their full scope of practice
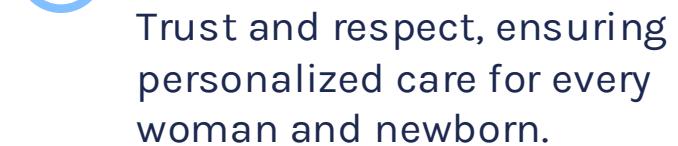
Natural process

Using interventions only when necessary. Through effective referral systems.

Core Service Delivery Elements

1   **Care recipients**   Women and Newborns

2   **Package of midwifery services**   Reproductive, maternal and newborn care services.

3   **Continuum**   Pre-pregnancy, pregnancy, intrapartum and post partum period

4   **Main care provider**   Midwives providing and coordinating care.
Midwives making their own decisions within their scope of practice.

5   **Approach to care**   Based on the midwifery philosophy of care:
Person-centered, relationship and partnership between midwives and women, optimization of physiological, biological, psychological, social and cultural processes - Use of interventions only when indicated

Service Delivery Platforms

These platforms can be:

- Community-based settings

- Hospital-based settings

- Public and private sectors, including public–private partnerships

- Facilities in resource-limited environments, or humanitarian and crisis settings

Midwifery Models of Care

- Continuity of midwife care models

- Birth centres

- Community-based models

- Private practice models

- Models for humanitarian and crisis settings

Continuity of Midwife Care Models

Definition: One midwife, or a small team of midwives, provides care throughout pregnancy, child birth, and the postpartum period.

Key Elements:

- Builds strong trust and rapport between the woman and midwife.
- Allows early detection of complications (e.g., anemia, prolonged labour, PPH risk factors).
- Promotes woman-centered and culturally sensitive care.
- Facilitates continuity of documentation and care planning.

Benefits: Associated with lower intervention rates, higher maternal satisfaction, and improved outcomes for both mother and baby.

Considerations for Implementation:

- Requires supportive policies, adequate staffing, and structured referral pathways.
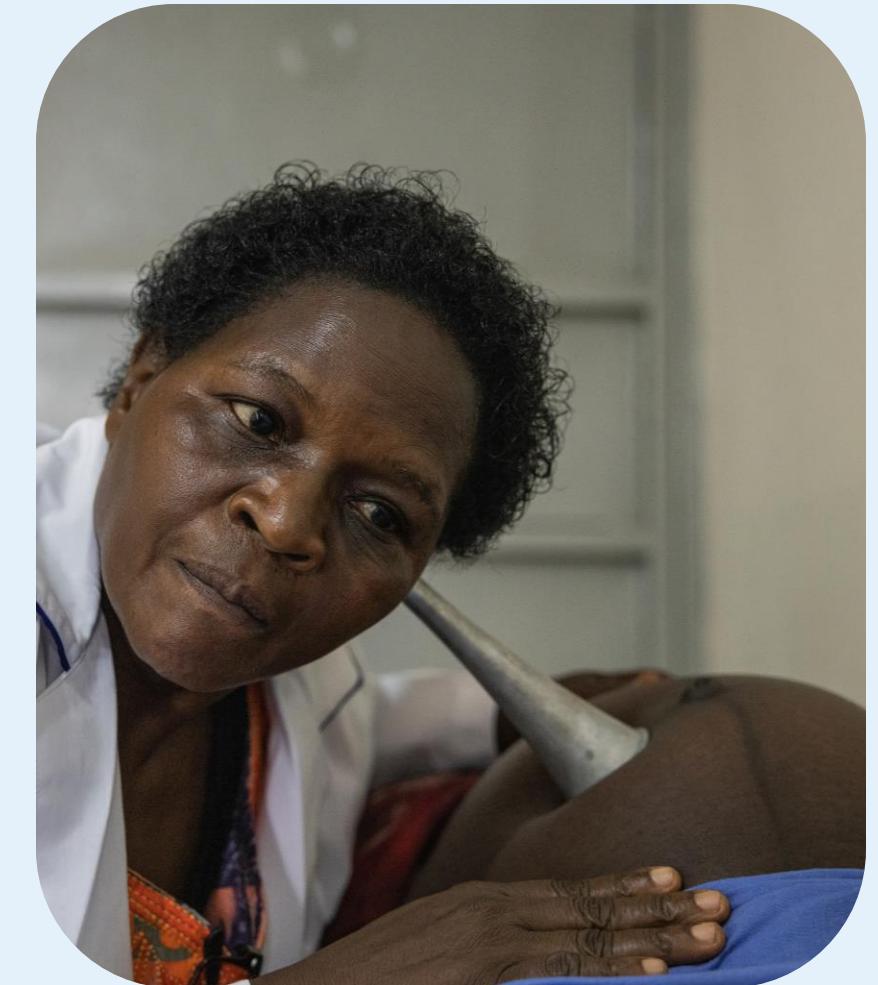
Continuity of Midwife Care Models

Cochrane systematic review

**Continuity of midwife care
vs other model of care**

Positive care experience for women
High level of overall satisfaction with care

Improved maternal health outcomes
*More vaginal births, less C-sections and
instrumental births*

Cost-savings
For antenatal and postnatal care

Birth Centres

Definition: Standalone or hospital-affiliated centres where low-risk women can receive midwifery care.

Key Elements:

- Focus on physiological birth, reducing unnecessary interventions.
- Provide a homelike environment for labour and birth.
- Can include postnatal care and parenting support.

Benefits: Birth centres improve maternal satisfaction and are cost-effective while maintaining safety through clear referral protocols.

Considerations for Implementation:

- Effective when integrated into national health systems and referral networks.
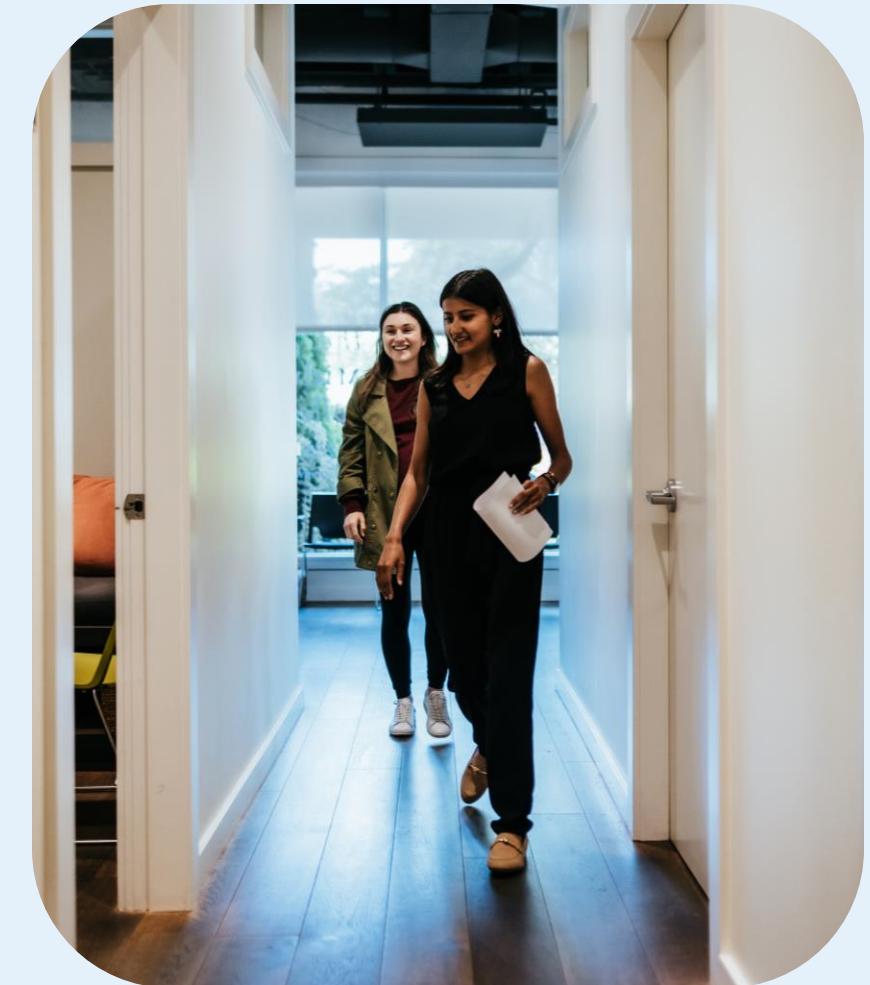
Community-Based Models

Definition: Outreach and care provided in the community or home, often for underserved or rural populations.

Key Elements:

- Home visits, local clinics, mobile health teams.
- Promotes access for women with transportation or financial barriers.
- Strengthens preventive care, early risk detection, and follow-up.

Benefits: Community-based midwifery may reduce inequities in maternal health.

Considerations for Implementation:

- Requires community engagement, supervision, and linkages with higher-level care facilities.
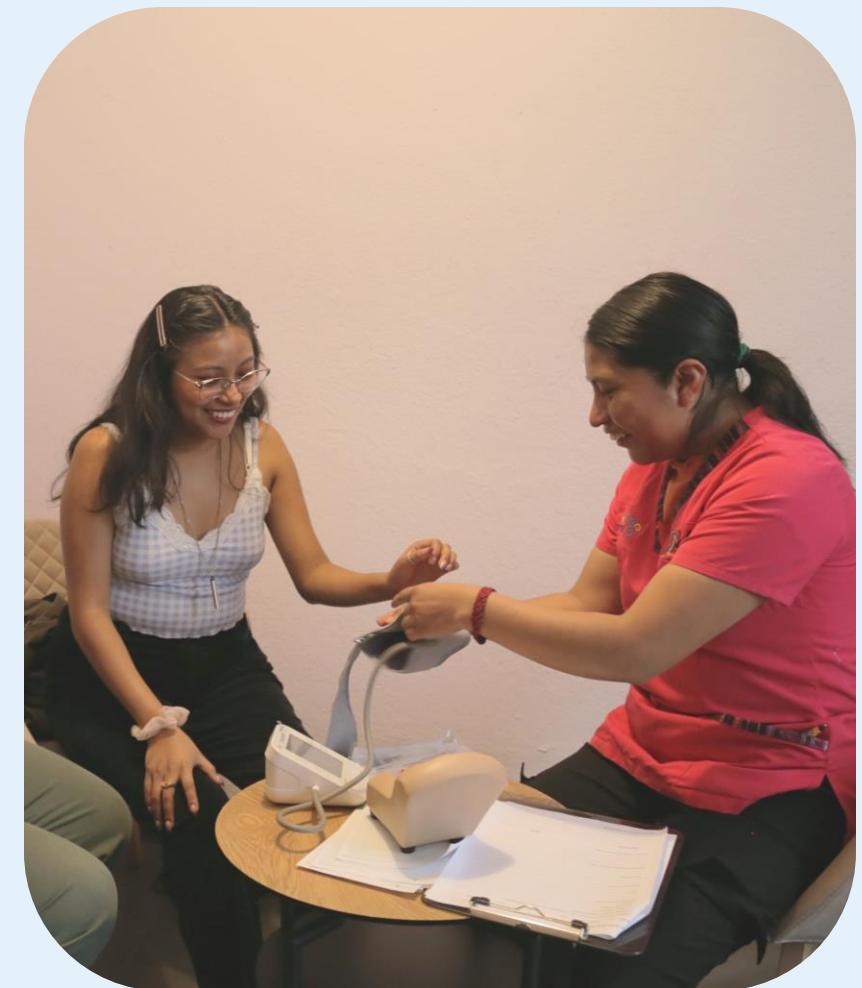
Models for Humanitarian and Crisis Settings

Definition: Adapted, flexible, mobile midwifery models in emergencies or resource-limited environments.

Key Elements:

- Mobile clinics, temporary birthing spaces, community outreach.
- Focus on essential interventions, including PPH prevention and basic emergency care.
- Collaboration with NGOs, UN agencies, and local health authorities.

Benefits: Midwifery services in crisis settings save lives and maintain essential reproductive health services.

Considerations for Implementation:

- Supplies, medications, and equipment must be portable and readily available.
- Midwives require competencies in emergency obstetric care.
- Cultural sensitivity and security considerations are essential.

Purpose and audience of the implementation guidance

Purpose:

Practical guidance for transitioning to midwifery models of care

Audience:

Ministries of Health, programme implementers, policymakers, educators, and advocates

International Scope of Practice

Components	Description
Essential Pillars	Foundational elements for sustainable transition (e.g., governance, finance)
Strategic Planning	Step-by-step guidance for planning and operationalization
Transition Areas	Eight critical focus areas for systems change
Assessment Tool	Framework to assess progress across five phases and eight domains
Country Examples	Real-world case studies showcasing implementation in diverse settings

Essential Pillars for Transition

Political commitment and funding	Governance	Partnership	Sustainability
Drives leadership, policy reform, and strategic alignment	Enables long-term investment in workforce, infrastructure, and services	Fosters cross-sector alliances and community ownership.	Empowered & informed decision making

Transition Framework Assessment Tool

Transition Area	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Women and community engagement				✔	
Service delivery		✔			
Interprofessional collaboration		✔			
Leadership and research	✔				
Policy and regulatory environment				✔	
Education and CPD			✔		
Health Workforce strategies	✔				
Health system environment		✔			

Women and Community Engagement

Phase I	Phase II	Phase III	Phase IV	Phase V
There is little to no awareness of midwifery models of care.	here is limited but growing awareness of midwifery models of care.	There is growing awareness and understanding of midwifery models of care.	There is a clear understanding of midwifery models of care.	A comprehensive and widespread understanding of midwifery models of care is established.
Women and communities have limited or no involvement in the transition to midwifery models of care.	Initial efforts are underway to involve women and communities in the transition to midwifery models of care.	Structured engagement and formal participatory approaches involving women and communities are underway in the transition to midwifery models of care; however, accountability and feedback mechanisms remain limited.	Formal engagement mechanisms have been established to ensure structured participation of women and communities in the transition of midwifery models of care, with feedback systems in place.	Ongoing and inclusive engagement with women and community representatives – including those from vulnerable settings – is fully integrated into the transition process.
Women and communities are minimally represented in advocacy, governance and decision-making process related to this transition.	Women and communities are not yet formally represented of women and communities in advocacy, governance or decision-making processes related to this transition.	Representation of women and communities in advocacy, governance or decision-making processes is emerging, but vulnerable communities and marginalised groups are not systematically involved.	Advocacy, governance, decision-making and continuous improvement processes include voices from vulnerable communities and marginalised groups.	Participatory approaches are established, ensuring active involvement in advocacy, governance, decision-making and continuous improvement processes.

Interprofessional Collaboration

Phase I	Phase II	Phase III	Phase IV	Phase V

Phase I

Collaboration among midwives, obstetricians, paediatricians, nurses and other health workers remains limited or minimal.

Decision-making remains hierarchical, with midwives operating under the supervision of medical doctors, including obstetricians.

Phase II

Early collaboration and relationship-building efforts are taking place through informal joint initiatives among midwives, doctors, nurses and other health workers.

Initial steps are being taken towards more equitable decision-making. However, midwives largely continue to operate under the supervision of medical doctors including obstetricians, who often retain authority over clinical decisions, including those within the midwifery scope of practice.

Phase III

Collaboration has been strengthened through structured interdisciplinary initiatives.

Shared decision-making is increasing; however, the process remains largely hierarchical, with midwives continuing to work under the supervision of medical doctors, including obstetricians.

Phase IV

Midwives demonstrate autonomy in decision-making within their scope of practice, while maintaining interprofessional collaboration.

They maintain clear, respectful and consistent communication with other health professionals to ensure coordinated care and positive health outcomes.

Phase V

Collaboration is fully embedded across the health system, characterised by equal partnerships, continuous interprofessional education, formal networks of care and effective conflict resolution mechanisms.

A culture of trust and shared leadership is maintained, underpinned by an ongoing commitment to continuous quality improvement.

Midwifery
Accelerator

Three pillars and seven accelerators to align efforts, optimize investments & scale-up Midwifery Models of Care

Midwifery Accelerator

Commit and Invest

01 Strengthen policy and regulatory frameworks

02 Increase global and domestic investment

Educate, Deploy, Retain

03 Invest in quality education and professional development of midwives

04 Deploy midwives strategically through data-driven workforce planning

05 Retain midwives by creating a safe, supportive environment and accountable workplace

Advocate and Empower

06 Empower midwives to lead and strengthen coalitions

07 Elevate advocacy and community engagement

6 initial champion countries leading the effort:
Bangladesh, Côte D'Ivoire, Nepal, Rwanda, Sierra Leone and Zambia

Amplifying Implementation

Midwifery Accelerator

Programmatic alignment and complementary efforts

- Coordinated technical support to countries through EWENE
- National investment cases

Tracking progress

- Against the SDGs and global EWENE coverage and quality targets
- State of the World's Midwifery reports

Advocacy and accountability

- Country, regional and global level including annual WHA breakfast to keep the drumbeat
- Global communications

Technical Guidance

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Guiding principles
Evidence Base

Position Paper

Definition and evidence base

Midwifery Models of Care

Phases of transition
Step by step guidance

Implementation Guidance

How to implement

Midwifery Accelerator

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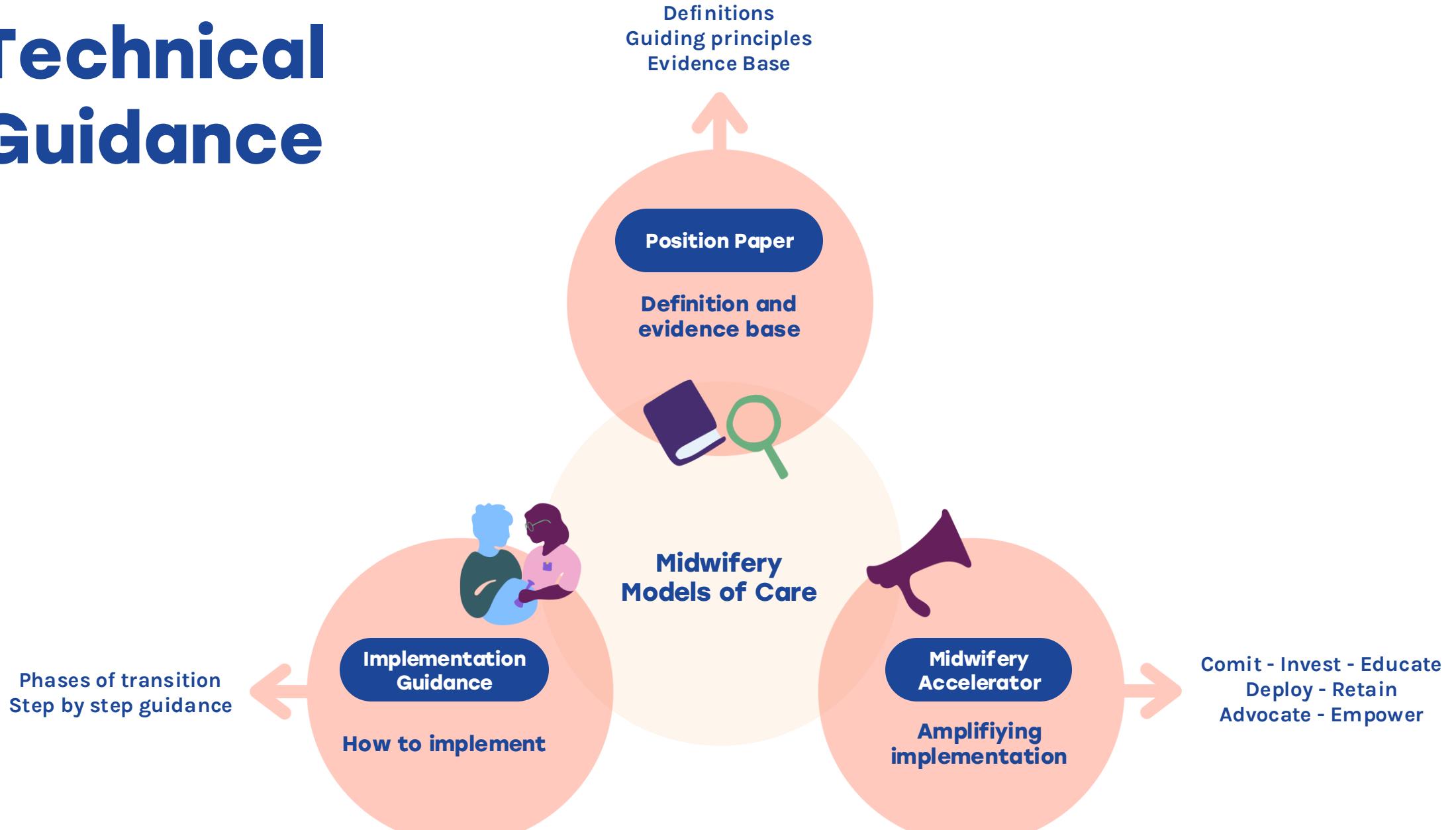
Midwifery Model of Care Guidance

Comprehension

Global Position Paper

Directors in MoH
CNMO / CMO
Policymakers
Key stakeholders

What & Why

Definition
Guiding principles
Case for MMoC

Implementation

Implementation Guidance

CNMO / CMO
Program managers
Implementers
Health workers
Women's groups

How

Concrete tools

Advocacy

Midwifery Accelerator

Policymakers
Government
Leaders
Donors

Coalition

Align stakeholders

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Advocacy

Midwifery Accelerator

Align stakeholders

Thank you!

Learn more at **internationalmidwives.org** or by scanning the QR code: