

EVIDENCE BRIEF

UNLOCKING IMPACT:

MIDWIVES AS THE KEY TO ECONOMIC GROWTH, HEALTH EQUITY, GENDER EQUALITY AND CLIMATE RESILIENCE

NOVEMBER 2025

In collaboration with:



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Gender Inclusivity Statement

At ICM we centre the experiences of women 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.

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EXECUTIVE SUMMARY

In the face of growing polycrises—including geopolitical instability, economic disruption, and climate change—urgent, high-impact solutions are needed. Midwives stand out as one of the most **strategic and cost-effective investments** to address these crises, accelerate progress towards the SDGs, and secure a healthier, more equitable, and resilient future. **Midwives unlock impact on economic growth, health systems, gender equality, and climate resilience:**



Midwives Drive Economic Growth

Midwives can contribute over US\$1 trillion annually to the global economy by 2040 by closing the women's health gap. Midwifery models of care (MMOCs) are affordable and cost-effective, reducing unnecessary medical interventions and optimising health system resources; they can deliver a 16-fold return on investment (ROI) for every \$1 invested—the highest ROI in global health.



Midwives Advance Health Equity and Universal Health Coverage (UHC)

Midwives deliver 90% of essential sexual, reproductive, maternal, newborn, and adolescent health services—often reaching underserved, rural, and hard-to-reach communities. They improve access, coverage, advance primary care and UHC, reduce out-of-pocket costs, and humanise care through providing respectful, rights-based services.



Midwives Promote Gender Equality

As a 93% female profession, midwifery is a powerful force for gender equality. Investing in midwives means closing gender pay gaps, increasing female representation in leadership, and advancing women's economic empowerment. Midwives advocate for and with women, for rights, freedom from violence, bodily autonomy, economic opportunity, education, and leadership.



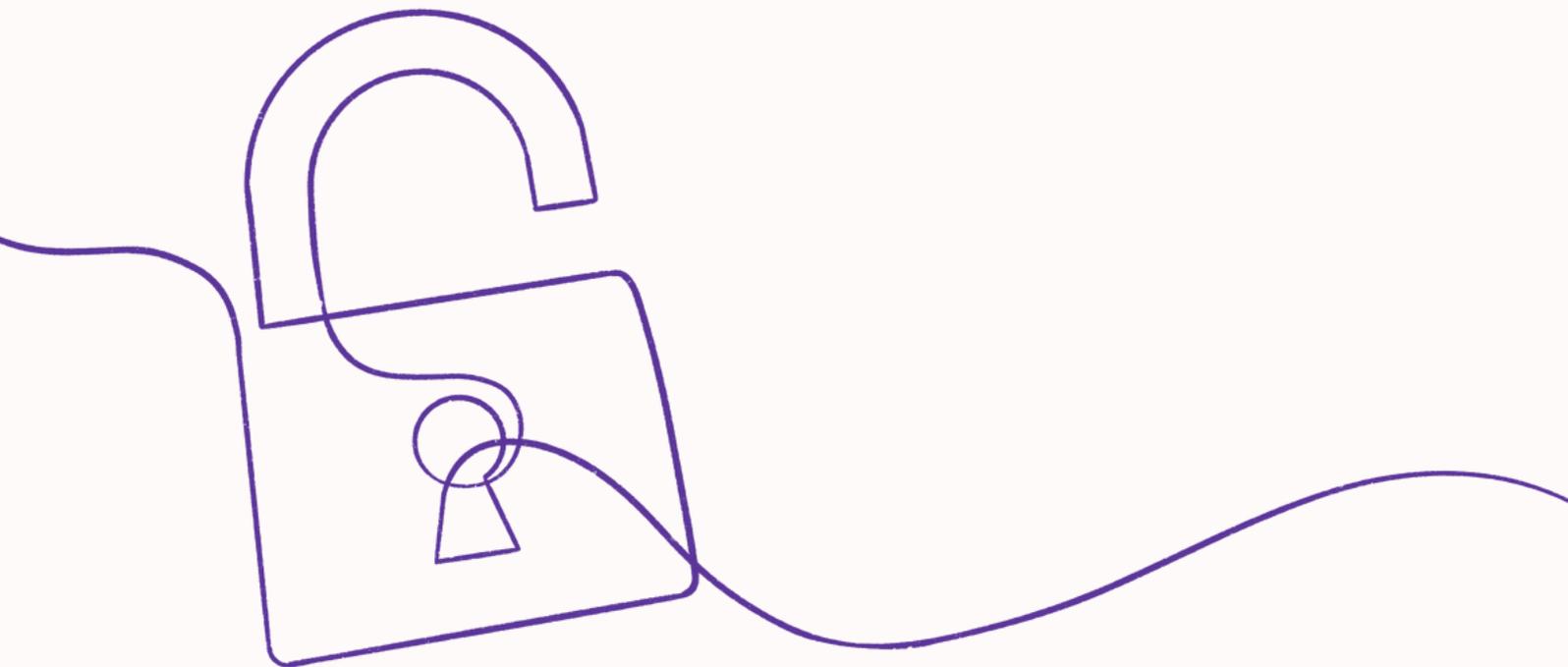
Midwives Build Climate and Health Systems Resilience

Midwives are often first responders in crises—delivering lifesaving care in disrupted health systems. Their community-based approach reduces carbon footprints, enable facility- and health systems' environmental sustainability, and supports adaptation to climate shocks. Midwives improve emergency preparedness and foster climate-resilient healthcare systems.

6 ACTIONS TO UNLOCK IMPACT

Scaling up the midwifery workforce and embedding woman-centred midwifery models of care in health systems offers a high-impact, cross-sectoral solution to today's most pressing challenges. This **Call to Action** presents recommendations specific **to funders, policymakers, and advocates**. The evidence is clear; the time to act is NOW:

1. Invest in midwives as a strategic, high-impact solution
2. Integrate midwives into health policy, leadership, and systems
3. Institutionalise woman-centred midwifery models of care
4. Strengthen midwifery education, workforce, and regulation
5. Fund advocacy, innovation, and women-led movements
6. Mobilise public support and accountability for midwifery and women's health



INTRODUCTION

With 5 years to 2030, we are not on track to achieve the Sustainable Development Goals (SDGs) –over 47% of the SDGs targets are off-track, and 18% are moving backwards (1).

Policymakers need urgent, high-impact and effective solutions, especially in the wake of compounded and complex polycrises, geo-political and economic disruptions. **Midwives are the key to unlocking lasting economic growth, building stronger and more equitable health systems, improving gender equality, enhancing climate resilience, and advancing sustainable development** (2).



As regressive policies roll back and attack women’s rights, health, and science, the urgency to defend and invest in midwives has never been greater. Hard-won gains in reproductive rights and evidence-based care are being dismantled, while stigma around women’s bodies continues to hinder progress (3). Millions of women around the world are demanding respectful and holistic solutions that meet their needs.

In response to this million-woman call to action (4) and backed by scientific evidence(5), the [PUSH Campaign](#) is building the movement for woman-centred care and with midwives as the solution. The PUSH Campaign is grounded in co-creating health, policy, and sustainable development together with women as equal partners, amplifying their voices and empowering their participation (6). Midwives place women and gender diverse people at the centre; midwifery models of care put this into practice.

Woman-centred midwifery models of care are not optional enhancements, they are essential, catalytic, scalable, cost-effective, high-demand solutions that deliver essential services to the last mile, protect and uphold human rights, and yield value (7). This Evidence Brief aims to give policymakers, donors and advocates the latest evidence to make cost-effective, impactful decisions.

The case for midwives is one of the most strategic investments with wide-reaching, positive ripple effects in economic growth, health, gender equality, climate resilience, and social policies.



KEY 1: MIDWIVES UNLOCK ECONOMIC GROWTH

Investing in midwives is smart economics: midwives save lives and money, secure the highest return on investment in global health, and will add over US\$1 trillion USD to the global economy by 2040.

INVESTING IN MIDWIVES YIELDS SIGNIFICANT ECONOMIC BENEFITS

Economic benefits of investing in midwives include reducing unintended pregnancies and maternal and newborn mortality, contributing to gross domestic product (GDP) growth through strengthening human capital by ensuring women attain higher education and have higher labour workforce participation (8). In Lao PDR, scaling midwifery coverage to 95% along with full access to contraception will yield \$768 million in economic benefits, prevent 377,602 unintended pregnancies, avert 254 maternal and 6,689 newborn deaths and 2,228 stillbirths by 2030 (9). Despite this, improvements in maternal mortality rates (MMR) and neonatal mortality rates (NMR) have stagnated in many countries, and in too many, these rates are rising; the risk of maternal deaths is double in humanitarian settings (10).

Midwives have the potential to unlock US\$1 trillion annually by 2040 and boost economic productivity by \$400 billion (11). As a predominantly female profession, investing in midwifery provides a tangible pathway for women to enter the workforce, expanding women's educational and economic opportunities, ability to contribute to economic growth and gain financial independence. Beyond childbirth, midwives can also provide comprehensive sexual and reproductive health services, cancer screenings, response to sexual and gender-based violence, immunisation, nutrition, and early childhood development, among others (7).

ECONOMIC IMPACT OF INVESTING IN MIDWIVES:

1. Midwives are the highest ROI in global health at 16X for each \$1 invested.
2. Midwives can help unlock US\$1 trillion annually by 2040 by closing the women's health gap.
3. Midwives cut cost in half compared to other models of care by providing more efficient, impactful, cost-effective access to family planning

MIDWIFERY MODELS OF CARE ARE AN AFFORDABLE AND COST-EFFECTIVE SOLUTION

Midwifery models of care (MMOCs) can deliver a 16-fold return on investment (12). A cost-benefit analysis from Morocco found that between 2021–2023, investing in midwives yielded an estimated benefit of over US\$10 billion, with an investment of just US\$638 million in costs (8). Universal midwifery care has the potential to save 4.3 million lives annually; while even a modest 10% increase in midwifery coverage could save 1.3 million lives each year by 2035 (13). MMOCs alone could avert 67% of maternal deaths, 64% of newborn deaths, and 65% of stillbirths (14).

MMOCs are more affordable and cost-effective: When midwives can care for normal births, health systems reduce overused, expensive, complex interventions while ensuring quality, accessible care for mothers and newborns (15). This primary-care focused model and full scope of midwifery practice enables specialists to manage complications instead of routine care, resulting in a more efficient use of human resources (16,17). MMOC offer potential cost savings on staff salaries, number and length of antenatal visits, reduced length of hospital stays, mode of delivery, medical interventions needed during childbirth, neonatal intensive care, patient load, among other indicators (12). MMOC not only provides clinical benefits, lowering caesarean birth rates, episiotomies, and instrumental births, but also reduce the overuse of costly medical interventions (18,19). For example, in the USA, shifting all low-risk births from obstetrician-led to midwife-led care saves \$340 million annually by reducing unnecessary caesarean births and interventions (20).

Investing in MMOCs, enabling midwives to work their full scope of practice, and embedding them within multi-disciplinary teams enables health systems to optimise their resources. While midwives are faster and cheaper to educate compared to obstetricians, there remains a global shortage of one million midwives (21). There's a crucial need to scale inter-professional collaboration between obstetricians, midwives, and other health professionals to provide care that meets the needs of women and actualises woman-centred care in practice (22,23).



CLOSING THE WOMEN'S HEALTH GAP

Globally, there are persistent disparities in how health systems, research, funding and clinical practice address women's needs compared to men. Shockingly, women spend 25% more time in poorer health than men (11). **Midwives are an untapped catalyst** that can help close this health gap for women, through care that can prevent a significant proportion of the 24 million years of life women lose to disability, ensuring women's participation in decision making, holistic, woman-centred care, or through **woman-centred research and innovations which could yield a threefold financial return** (11,24).

By investing in midwives, policymakers create jobs, boost productivity and GDP, reduce maternal and newborn deaths and use health system resources more effectively. Closing the midwife gap is an urgent high-return, high-impact strategy—to save millions of lives and to build more equitable, resilient national economies and health systems.





KEY 2: MIDWIVES UNLOCK HEALTH EQUITY, QUALITY, AND UNIVERSAL HEALTH COVERAGE

Midwives are the cornerstone of equitable, high-quality, and sustainable health systems—delivering lifesaving care, expanding access, and driving progress toward Universal Health Coverage for all.

MIDWIVES ADVANCE UNIVERSAL HEALTH COVERAGE

Midwives advance all three pillars of Universal Health Coverage (UHC) – service coverage, financial protection, and quality of care— by delivering essential and dignifying health services, at all stages of life, often in the most hard-to-reach communities, at a lower cost (25). MMOCs expand access, enhance primary health care, and ensure effective responses during emergencies (26). Investing in midwives directly improves multiple indicators in the UHC Service Coverage Index, especially those related to reproductive, maternal, newborn, and child health, such as family planning, antenatal care coverage (4 visits), and child immunisations.

MIDWIVES EXPAND UHC ACCESS AND COVERAGE

According to the 2018 Guttmacher–Lancet Commission, almost everyone of reproductive age—around 4.3 billion people—will lack access to at least one essential sexual and reproductive health service over the course of their reproductive years; these gaps are likely to surge with the increase in wide-reaching restrictive and regressive government policies (27).

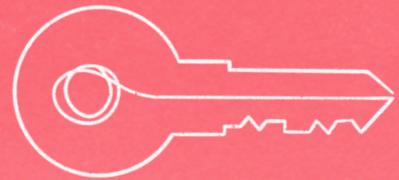
Every 7 seconds, a preventable death occurs globally – every year, 300,000 die during pregnancy and childbirth and over 2 million babies die in their first month of life and another 2 million are stillborn (10). Every year, around the world, over 350 million patients need treatment for a curable sexually-transmitted infections (STI), 2 million new HIV infections occur and 25 million unsafe abortions (27). Every year, in low- and middle-income countries (LMICs) countries, more than 200 million women want to avoid pregnancy but aren't using contraception, more than 45 million women have inadequate antenatal care and more than 30 million do not deliver in health facilities (27).

Midwives, educated and regulated to ICM Global Standards, can provide 90% of essential sexual, reproductive, maternal, newborn, adolescent health (SRMNAH) services (2).

From supporting safe births to expanding access to contraception, offering comprehensive abortion care, providing breastfeeding guidance, supporting fertility, promoting menstrual hygiene, screening and treating STIs and HIV, and providing comprehensive sexual and reproductive health services—midwives are critical to achieving individual wellbeing and key public health indicators, delivering care that respects human rights (28). Through relationships built on trust with the woman and communities they care for, midwives are well-positioned to provide essential care as well as physical and psychological support to survivors of gender-based violence (29).

Every year:

- 300,000** women die in childbirth
- 2 million** babies die before they reach 1 month
- 2 million** babies are born still
- 350 million** patients need treatment for 1 of 4 curable STIs
- 2 million** new HIV infections occur
- 25 million** unsafe abortions occur
- 200 million** women have unmet need for family planning
- 45 million** have inadequate/no antenatal care
- 30 million** do not deliver in a health facility



**MIDWIVES CAN PROVIDE
90% OF ESSENTIAL
SRMNAH**

MIDWIVES IMPROVE ADOLESCENT HEALTH

Midwives provide SRMNAH services to adolescents and young people as

accessible, community-based, and trusted providers of care (30). In Indonesia, midwives deliver 53% of modern contraceptive methods (31). In Ibadan, Nigeria, midwives were the majority service providers for adolescent contraceptive counselling, with 69.5% having a positive attitude towards the provision of contraceptives for unmarried adolescents (32). Another study showed that midwives working at youth clinics played an essential role in caring for young women with menstrual pain (33).



MIDWIVES REACH THE LAST MILE

Midwives often represent and serve the communities from which they come from and can be the only health professionals with competencies and experience to provide SRMNAH services in rural and underserved areas—making them indispensable (30). Their presence extends the reach of health systems beyond fixed facilities through mobile clinics, home visits, and community outreach (15).

In Pakistan's remote coastal communities like Keti Bandar, midwives conduct house calls for checkups and family planning, improving access and adoption of contraceptive methods, and in Ethiopia, midwives and community-based Health Extension Workers (HEWs) collaborate to promote and provide outreach, health promotion, and on-site antenatal care (34). In rural Bangladesh, midwives earned the community and local leaders' trust through door-to-door mobilisation, health education, and immunisations; resulting in establishing a new labour room to support birthing mothers (35).

MIDWIFERY MODELS OF CARE PROMOTE PRIMARY CARE AND LOWER HEALTH COSTS

MMOC emphasise preventive care, health education, family planning, and early detection, reducing the burden on emergency and tertiary services – optimising outcomes and keeping health costs low (36).

A global analysis found in 2018, there were 8.8 million unnecessary caesarean births, of which two-thirds occurred in middle-income countries. When adjusting variables, a 10% increase in voluntary health insurance was associated with 4% increase in excess caesarean births while each 10% increase in out-of-pocket expenditures was associated with 0.7% increase in excess surgical births (37). UHC cannot be achieved without addressing the growing overmedicalisation of pregnancy and childbirth, which is contributing to high costs and inefficiencies, disproportionate out-of-pocket expenditures, declining quality of care, and worsening outcomes for women and newborns.

MMOC lower the use of unnecessary interventions and their associated costs (7,18). Even among low-income health systems with small health budgets, policies encouraging MMOC can be used. For example, in Malawi (which spends only 2.9% of GDP on health), the government incentivised birthing in health facilities attended by midwives and as a result, 85% of births are supported by a midwife, improving health outcomes and reducing financial burden (38). Furthermore, by providing a cost-effective workforce solution and preventing expensive unnecessary interventions, midwives contribute to reducing both household financial hardship and costs to the health system.

MIDWIVES ENSURE RESPECTFUL CARE AND IMPROVE QUALITY

Midwives are trained to meet women, men, youth and gender diverse people's specific and varying health needs, ensure their human rights, and advocate comprehensive access to care and the ability to make informed choices about their health (2). Midwives provide culturally appropriate, gender-sensitive, and community-embedded care making them principal providers especially among key populations who typically face systemic barriers to accessing health services—such as adolescents, Indigenous communities, migrants and displaced persons, and ethnic, racial, sexual and gender minorities (15). The mistreatment of women, especially in pregnancy and birth, is an epidemic across health systems globally, with 42% of women experiencing some form of obstetric violence (39). This widespread disrespect and abuse, poor quality and experience of care, have a direct impact on the utilisation of health services (40).

Midwifery care is a protective factor against obstetric violence, reducing mistreatment and promoting respectful, empowering, high-quality care rights-based care (39). The more personalised care philosophy that midwives provide builds trust, improves communication, and reduces anxiety (15). Women receiving woman-centred, continuity of midwife care report greater satisfaction, emotional support and confidence in their care (12). Moreover, expanding the scope of midwifery practice contributes to better psychosocial and public health outcomes, improved access, and greater uptake of contraception, antenatal, and immunisation services – ultimately improving women's experiences to care and advancing UHC (2,23).

By investing in midwives, policymakers opt for the most strategic, impactful, and cost-effective intervention to advance UHC. Midwives provide 90% of SRMNAH services, save millions of lives, leaving no one behind, while improving quality, equity, coverage, and trust, and cutting unnecessary inefficiencies and costs.





KEY 3: MIDWIVES UNLOCK GENDER EQUALITY

As a 93% woman-dominated profession, midwives are not just advocating for gender equality, equal pay, and increased leadership, they are advocating for and with women for their rights.

MIDWIVES ARE PREDOMINANTLY (93%) WOMEN

Many midwives often face the same gender discrimination as communities they serve, intensifying their ability to advocate for bodily autonomy, respectful maternity care, and gender justice, especially for the most marginalised (2).

MIDWIVES ADVOCATE FOR AND WITH WOMEN

Midwives are educated to centre women and protect their rights; this is foundational to the MMOC (15). By providing comprehensive, rights-based care across the life course, midwives ensure that women and gender diverse people have the human right to make informed decisions, reinforcing their decision-making power about their own health, fertility, family and professional life. Midwives support women's ability to participate in the workforce, pursue education, and engage fully in society—making them a linchpin for development and gender equality (41). In this role, they are more than trusted health professionals or caregivers; they are advocates and defenders of women's rights across intersecting economic, social, and cultural dimensions.

MIDWIVES ARE OFTEN THE FIRST POINT OF CONTACT FOR WOMEN EXPERIENCING VIOLENCE

Nearly one in three women worldwide experience gender-based violence (27). The midwifery philosophy of care puts the rights to respect, consent, partnership and dignity at the centre of the care midwives provide. Evidence suggests that integrating GBV services into SRMNAH strengthens the response ecosystem, reduces stigma, and promotes women's safety (42). Midwives, when empowered and protected, play a crucial role in interrupting cycles of violence, in their roles as SRMNAH educators and advocates. With adequate training and support, they can screen, refer, and provide woman-centred, trauma-informed care to survivors (28).

MIDWIFERY IS UNDERVALUED AS WOMEN'S HEALTH AND CARE WORK

Midwifery is mostly a female-based and female-focused profession; the elevation of midwives' status and visibility within the patriarchal and hierarchical health space is a gender equality issue (43). It's crucial to challenge the devaluation of women's work and underinvestment in the midwifery workforce, specifically the gender norms that underpin the global gender pay gap. Reports highlight that the global gender pay gap is the largest within the health sector (44,45). Women make up 70% of the global health workforce but earn on average 24% less than men (46).

Midwives have lower pay scales, fewer leadership opportunities, and weaker legal protections compared to more male-dominated health professions (2). In a study across 104 countries, health workforce wage disparities were largest in reproductive and maternal health services compared to any other health services, services where midwives are the majority of health professionals (47). Investing in midwives' salaries and leadership closes both vertical (hierarchical) and horizontal (same level, different pay) gender pay gaps. Moreover, the establishment of professional midwives' associations and unions of midwives, enables them to more effectively advocate for fair pay, comprehensive benefits, and improved working conditions; together with all working women fighting for equal pay.

MIDWIFERY INCREASES WOMEN'S LEADERSHIP AND REPRESENTATION

When midwives are at key decision-making tables, women's leadership and representation improves (2). Midwifery is a vital profession for centring and elevating women's voices, as recipients and providers of care. Women comprise over 70% of the health workforce and over 90% of the midwifery workforce—yet they occupy less than 20% of leadership positions (45). Midwives occupy some leadership roles not only in community health and maternal care delivery but also as leaders in institutions, governments, and midwives' associations (2,23).

Developing and enabling midwives as leaders is critical in healthcare leadership, and including midwives in leadership puts women's health rights on the health agenda. When midwives are represented in health governance and policy spaces, health systems become more gender-responsive (48).



PAY AND PROMOTE WOMEN AND MIDWIVES

The global **gender pay gap is largest** in the health sector, where women make up **70%** of the workforce, **93%** of the midwifery workforce, yet make **24% less** than men and make up **only 20%** of leadership roles.

The **widest pay gap** in the health sector is **in reproductive and maternal health** where most midwives work.

MIDWIFERY UNLOCKS WOMEN'S EDUCATIONAL AND ECONOMIC ADVANCEMENT

Investing in midwifery education elevates women's access to higher education, skilled professional qualifications, and lifelong learning, especially in underserved or rural areas where opportunities are limited (2). In Bangladesh, more than 5000 midwives were trained and deployed through accredited midwifery education programs for rural women, providing them with stable employment and leadership opportunities within the public health system (2,35). This led to increased demand for girls' education, as midwifery became a respected, attainable, and well-remunerated profession for women, helping to shift community norms around women's education and work. These investments pay dividends, not just in service delivery, but in ensuring more women are included in the health workforce, contributing to broader workforce equity as well as national economic development.



MIDWIVES ADDRESS GENDER-BIAS IN SCIENCE, RESEARCH, AND INNOVATIONS TO DELIVER WOMAN-CENTRED CARE

Globally, only 33% of researchers are women; on the other hand, women are still under-represented in clinical trials (24). This skewed representation leads to biased health research agendas, excluding conditions that affect women uniquely or disproportionately. Shockingly, less than 2% of venture capital in health is invested in women-focused innovations, despite women making up more than half the global population (24). Midwives have untapped potential to lead and co-create solutions in these gaps.

As primary health practitioners, midwives possess deep, community-rooted knowledge that is essential for generating meaningful, gender-responsive evidence and driving health innovations that reflect women's lived realities. Their participation in community-based research, implementation science, and digital health interventions ensures that care models and innovations are inclusive, context-specific, and rights-based. Midwives are also key to shaping and scaling Femtech solutions – a sector that receives just 3% of total digital health funding (49). When engaged meaningfully, midwives can help design technologies and diagnostics that reach marginalised populations and address system-level barriers, like GBV, menstrual health, and obstetric violence.

Recognising midwifery as a women-led, women-centred profession, the latest update to [ICM's Professional Framework for Midwifery](#) includes gender equality as an essential enabler for midwives to thrive.

By investing in midwives, policymakers challenge gender norms, close pay gaps, elevate women's voices in health leadership, and defend women's rights. Midwives are a key to deliver on gender equality, economic empowerment, and social justice in health systems and societies. Policymakers must address persistent inequalities by ensuring fair pay, equal leadership opportunities, and safe, respectful workplaces.





KEY 4: MIDWIVES UNLOCK CLIMATE AND HEALTH SYSTEMS RESILIENCE

Midwives deliver low-carbon, continuous, community-centred care that is adaptive to the needs of women and families before, during, and after emergencies.

MIDWIVES ARE FIRST RESPONDERS TO ALL TYPES OF CRISES

Whether during natural disasters, conflict, or displacement, midwives provide lifesaving essential health services when and where it's needed most and often serve as **the only accessible health providers in disrupted health systems** (50). Midwives represent the communities they serve, they know the needs, the priorities, the challenges, and the most-effective solutions; their expertise and proximity allow them to **be agile, adaptive, responsive to community needs, and critical in every crisis** (50).

As the climate crisis intensifies, so do its impact on SRMNAH. Women and girls account for 80% of people displaced by climate change; and existing social inequalities increase their risks of gender-based violence, disease outbreaks, and maternal mortality in crisis settings (51). By 2030, climate-related displacement will inhibit an additional 14 million women in 26 countries from accessing contraception, leading to an estimated 6.2 million unintended pregnancies and 2.1 million unsafe abortions (52). Recent studies have also demonstrated that extreme heat and wildfires is associated with heightened risks of preterm birth, stillbirths, and pregnancy complications, all of which raise the cost of health services and negatively impact outcomes (53,54). Providing 90% of essential SRMNAH, even in crises, midwives represent the most effective way to avoid preventable maternal and newborn deaths, prevent unintended pregnancies, and mitigate gender-based violence.

By 2025, climate change will also increase the risk of hunger and malnutrition by 20% while the exacerbated cost of living crisis is pushing 340 vulnerable women into poverty by 2030, creating realities where women will be forced to choose between basic needs like food and healthcare for themselves and their families (55). Further to this, many conflicts and humanitarian emergencies are the result of the worsening climate crisis—whereby vulnerable groups, including pregnant women, face heightened risks—malnutrition, insecurity, high stress, and severely limited access to safe, quality care. The latest estimates on maternal mortality found that 61% of maternal deaths occur in humanitarian settings despite accounting for only 25% of live births; midwives are essential to urgently save lives (56).

In 2024 and 2025, the theme of International Day of the Midwife highlighted powerful stories of midwives providing critical SRMNAH services in crises, from responding to earthquake affected communities in Morocco and Turkey providing family planning services during floods in Pakistan, to ensuring safe births during the genocide in Gaza to humanising SRHR and abortion care for migrants in Mexico and displaced refugees in Burundi (57).



MMOC LOWER THE CARBON-FOOTPRINT AND ENABLE HEALTH SYSTEMS TO BE ENVIRONMENTALLY SUSTAINABLE

By delivering more than 90% of essential SRMNAH services closer to where people live, MMOC reduce reliance on high-carbon transport to centralised facilities (58). Further to this, the philosophy of MMOC is based on only using interventions when indicated through optimising person-centred care that respects physiological, biological, psychological, social and cultural processes. **MMOC reduce unnecessary and expensive interventions, enable health systems to optimise the use of resources, minimise waste, and are ultimately more environmentally sustainable.**

Most places in the world continue to lack access to high-quality, comprehensive, continuous, coordinated, person-centred primary care, resulting in a high number of referrals to already overburdened secondary and tertiary health facilities (59). These facilities tend to be more expensive and produce more waste compared to the primary care, capturing over 90% of health budgets while offering inefficient and inequitable coverage with lower cost-effectiveness (60).

When enabled and equipped to work to their full scope of practice, MMOC can be implemented at primary, secondary and tertiary levels of the health system; they use resources efficiently and sustainably to adapt to meet the needs of their communities (15). Moreover, MMOC expand primary care, delivering UHC, and enable health systems efficiency and resilience.

MIDWIVES BUILD RESILIENT COMMUNITIES AND FUEL CLIMATE ADVOCACY AND ACTION

By delivering essential SRMNAH services before, during, and after emergencies, midwives strengthen community health systems and ensure continuity of care, especially for women and newborns (50). As trusted community-based health educators, midwives are well positioned to inform communities about climate-related health risks, such as heat exposure during pregnancy, waterborne illnesses, or food insecurity, as well as the adaptation and mitigation strategies needed to support the communities they serve (61). Through these roles, midwives are not only providing the necessary care and health education to women, their families and communities, but they are also creating new advocates for climate action (62).

Given their roles in the community, midwives are an important connector between different levels of the health system, including between community health programs, facility-based care, and national emergency preparedness and response mechanisms (50). Many midwives also inform planning for climate-resilient infrastructure within healthcare settings, such as advocating for nutrition and water measures to reduce malnutrition and infection (62,63).

Midwives are adapting and responding to the challenges wrought by climate change on a daily basis, contributing to more sustainable health systems and community resilience (63,64). Positioned at the intersection of health, gender, and community, midwives help deliver equitable, locally grounded care that strengthens both health and climate adaptation systems. It is crucial to integrate midwives as both frontline caregivers and informed leaders who help shape preparedness and response strategies, including as part of the Minimal Initial Service Package (MISP) readiness assessment and response, to ensure essential SRMNAH services during crises.

By investing in midwives, policymakers don't just ensure continuity of essential SRMNAH health services before, during and after emergencies; they also enable leaders, first responders, and climate-advocates to shape climate and disaster mitigation, adaptation, response, and resilience. Scaling up the midwifery workforce and positioning midwives as leaders boosts a country's ability to respond to emergencies, safeguard vulnerable populations, and build long-term health and economic stability.



CALL TO ACTION

Midwives are the KEY to unlocking impact, boosting economic growth, ensuring health equity, advancing gender justice, and improving climate resilience.

Midwifery is not just a health service— it is a cornerstone of advancing women’s reproductive rights, bodily autonomy, and dignity. By delivering woman-centred care, midwives contribute to radical systems transformation, achieving better health outcomes, and ensuring the highest level of sexual and reproductive health and rights for women and men, girls and boys. Midwifery is essential to achieving sustainable development and driving significant economic returns at the national and global levels.

Currently, the world is missing at least [ONE MILLION MORE Midwives](#). In many countries, legal and regulatory barriers limit midwives from working to their full scope of practice as defined and set by ICM’s Global Standards, which results in midwives being undervalued in health systems (3). Persistent misconceptions around midwives and limited awareness about their full scope of practice to provide SRMNAH services results in their underutilisation as a critical and untapped resource (4). In addition, funding cuts and democratic backsliding have eroded evidence-based policymaking and women’s rights, placing even greater strain on midwives and making their work more challenging. These cuts have also deepened the global midwife shortage, undermining efforts to train new midwives and retain those already in the workforce.

In order to make progress towards the SDGs, economic or climate resilience, health or gender equality, we must urgently invest in midwives and elevate their leadership. We call on funders, policymakers, and advocates to join the movement and take action:

FUNDERS:

- Commit to long-term funding for the midwifery workforce as a high-impact, cost-effective, green strategy in national budgets
- Champion MMOC within the global financing institutions like the Global Financing Facility / World Bank, the Global Fund to fight AIDS, TB and Malaria, as outlined in the Global Midwifery Accelerator
- Enable and allocate technical assistance to strengthening midwifery education, regulation, deployment and leadership
- Fund advocacy initiatives and multi-disciplinary coalitions of civil society advocates (such as the PUSH Campaign) which mobilise to ensure midwifery is high on the global and national health agendas
- Invest in midwifery-led initiatives, innovations and research as a key to closing the women’s health gap

POLICYMAKERS:

- Champion midwives as an urgent and necessary intervention and integrate them as a key policy recommendation to advance economic growth, health equity, gender justice, and climate resilience
- Recognise midwives as leaders by elevating midwives into leadership positions in health systems and governments, and advocating for their integration in health policy, finance, and disaster preparedness platforms
- Endorse woman-centred care as the standard of practice and backed it with supportive policies and adequate resources to protect the right to respectful SRMNAH care amidst reversing these trends
- Ensure national and regional scopes of practice meet and exceed ICM Global Standards and Essential Competencies, and invest in enabling environments that allow midwives to work for their full scopes of work and practice autonomously
- Recognise and regulate midwifery as an autonomous and distinct profession with clear scope of practice, enabled to work in diverse settings, with access to necessary medicines and resources, and clear referral pathways
- Establish accessible pathways for training, development, and continuous practice for midwives, avoid criminalising competent midwives, and ensure their representation in regulatory and oversight bodies
- Incorporate MMOC in health financing and ensure that the full scope of midwifery services and SRMNAH are central to national health financial allocations and increased domestic resource mobilisation
- Integrate midwives in gender and climate plans by incorporating midwives into gender, health, and climate strategies, working groups, and emergency preparedness and response planning

ADVOCATES:

- Demand for respectful and rights-based woman-centred care to become the standard of practice and hold health systems accountable for violations to the highest attainable quality of the right to health
- Position woman-centred care and MMOC as high-demand in the health system and opt for midwives as your provider of choice
- Change the narrative by sharing positive experiences of woman-centred MMOC and helping raise awareness, countering stigma and misperceptions around midwives through community education programs
- Join the PUSH Campaign, the global movement for woman-centred care and midwives, by signing the [Push Pledge](#), to connect with hundreds of champions and link with your national advocacy platforms
- Sign the petition and join us to call for [ONE MILLION MORE Midwives](#)

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ABOUT THE PUSH CAMPAIGN

PUSH is ICM's global advocacy campaign for woman-centred care, championing midwives as the way to get us there.

The PUSH campaign convenes a global alliance uniting individual advocates, donors, and organisations from diverse sectors to transform health by championing midwives and ensuring woman-centred care is embedded across health systems.

We drive change through a three-pronged approach:

- 1) Mainstream Woman-Centred Care to the public,
- 2) Integrate midwives into policy, and
- 3) Build a movement PUSHing for rights, for women, for midwives, through diverse and strategic partnerships.

Everyone has a role to play in advancing woman-centred care (WCC), and everyone is welcome in the PUSH Campaign. Join the campaign here:

<https://www.pushcampaign.org/join-the-campaign>