Policy Brief 2026

International Confederation of Midwives

Establishing a National Chief Midwife

Key messages

- **Midwifery expertise is often absent from senior health-system decision-making,** creating governance gaps that can lead to fragmented policies and ultimately affect maternal and newborn health.
- **A National Chief Midwife strengthens health-system governance** by ensuring midwifery expertise informs national policies, improves coordination and supports governments in identifying and addressing systemic challenges.
- **Governments should establish a National Chief Midwife position with a clear mandate, sufficient authority, senior-level access and adequate resources** to effectively contribute to better sexual, reproductive, maternal, newborn and adolescent health outcomes.

The policy issue

Midwives are essential to the delivery of sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH) services. Yet in many countries, **midwifery expertise is not represented at the highest levels of health-system decision-making** (1).

This creates a **governance gap**: decisions on workforce, education, regulation, financing and service delivery may be made without the expertise needed to ensure coherent policy and effective implementation. If midwives are not at the decision-making table, sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) needs are not prioritised.

The need to address this gap has also been recognised internationally. The World Health Assembly has called on governments to strengthen senior midwifery leadership and consider appointing Chief Midwives at the national government level (2).

What is a National Chief Midwife?

A National Chief Midwife is the most senior professional authority for midwifery within a national health system. The role connects government policy with professional expertise and the realities of service delivery (3).

A Chief Midwife provides strategic leadership and advice across (4,5):

Policy and governance

Brings midwifery expertise into national SRMNAH policy and health-system reform

Workforce and education

Shapes workforce planning, deployment, retention and education

Quality and regulation

Strengthens standards, regulation, quality and patient safety

Financing and implementation

Informs investment and helps ensure policies are feasible and resourced

A Chief Midwife and a Chief Nurse have distinct but complementary roles

Nursing and midwifery are distinct professions, each with its own scope of practice, competencies, education and regulatory requirements. Yet this distinction is not always reflected in health-system governance, where midwifery is sometimes subsumed under nursing structures. Such conflation risks overlooking midwifery-specific priorities, with potential consequences for the lives of women and newborns (5).

A distinct Chief Midwife role ensures dedicated professional expertise and strong representation of midwifery and SRMNAH priorities within the wider health leadership structure. While combined leadership arrangements exist, they risk diluting this focus. The presence of a Chief Nurse should therefore not be considered a substitute for a dedicated Chief Midwife.

What makes the role effective?

1. **Clear mandate**
2. **Sufficient authority**
3. **Senior-level access**
4. **Adequate resources**

The precise structure of the position should respond to each country's health system context and needs. There is no single institutional model that fits every health system; however, international experience shows that the mandate, positioning and authority of senior professional leaders affect their ability to influence policy (4,5).

Why does it matter?

A National Chief Midwife is more than a professional title. It is a governance function that helps create the conditions for stronger midwifery services and better health-system performance (3,4,5).

Decisions affecting midwifery have important implications for the quality, safety and accessibility of maternal and newborn services. Yet these decisions are often made across different institutions and departments, potentially fragmenting responsibility and creating gaps between policy and implementation.

A National Chief Midwife helps connect these decisions, bringing expertise into national planning and enabling governments to identify and address systemic risks before they become delivery problems. These may include workforce shortages, inappropriate deployment, gaps in education, fragmented referral pathways and resource constraints. By identifying these challenges early, the role informs more responsive health policies and the design of targeted strategies to strengthen service delivery.

What value does the role bring?

The role strengthens the government's capacity to translate health priorities into effective policies and services. By embedding midwifery expertise in national policy, planning and implementation, governments can strengthen (4):

Safe and high-quality care

Helps ensure that workforce, regulation, education and quality systems support safe and effective midwifery care. Aligning national policies with professional standards and clinical practice helps address systemic gaps that compromise quality of care.

More sustainable workforce

Ensures that workforce planning reflects the competencies, distribution and capacity needed to meet population health needs. This enables more strategic investment in midwifery education, deployment and retention.

Stronger coherence and accountability

Establishes clear senior-level responsibility for connecting midwifery policy with implementation and outcomes. This helps governments identify feasible solutions and improve cross-sector engagement and collaboration.

More efficient use of health resources

Supports governments in maximising the value of existing resources through evidence-informed planning and investment decisions. This helps reduce inefficient workforce deployment and promote cost-effective models of midwifery care.

What happens without a National Chief Midwife?

The absence of a National Chief Midwife can **create governance risks and weaken the mechanisms through which systemic challenges are identified, coordinated and addressed**. Without senior leadership, emerging challenges in workforce capacity, professional regulation and service delivery may lack a clear pathway to national decision-makers. As a result, governments may be less able to identify emerging problems, respond before they become entrenched, and address issues spanning institutional responsibilities.

The implications extend beyond professional representation to the quality of national health-system decisions, with direct consequences for maternal and newborn health. When midwifery expertise is absent from senior decision-making, policies and investments may fail to fully recognise midwives' distinct competencies, scope of practice and critical contribution to improving maternal and newborn outcomes. This increases the risk of reforms that are disconnected from service-delivery realities, overlook midwifery-specific needs and fail to translate national SRMNAH priorities into effective implementation and improved health outcomes for women and newborns.

What should governments do?

To strengthen national health systems and contribute to better SRMNAH outcomes, we call on governments and national health authorities to take four interconnected actions:

1 Establish a National Chief Midwife

Create a dedicated, senior National Chief Midwife position within the Ministry of Health or equivalent national health authority, adapted to the country's health-system structure and needs.

2 Give the role authority and a clear mandate

Set clear responsibilities across policy, workforce, education, regulation, quality and financing, with clear reporting lines and meaningful participation in relevant decisions.

3 Position the role where decisions are made

Ensure direct access to senior health-system leadership and participation in relevant executive and cross-government decision-making structures.

4 Resource the role to deliver

Provide sufficient staffing, technical capacity and resources for the Chief Midwife to fulfil the mandate effectively.

References

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2. World Health Assembly. Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery (Resolution WHA74.15). Geneva: World Health Organization; 2021.

3. International Confederation of Midwives (ICM). Establishing the Position of a National Chief Midwife. Position Statement. Adopted at the ICM Council Meeting, Lisbon, 2026.

4. S. Bar-Zeev, B. Calvert, J. Dunkley-Bent, A. Weatherstone, C.S.E. Homer, S. Turkmani, The role, scope and impact of Chief Midwives — Findings from a global study, Women and Birth, Volume 39, Issue 6, 2026.

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