

Policy Brief: Investing in Midwives' Associations

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I. Executive Summary



Midwives' associations advocate for investments in midwives with the goal of sustainably integrating continuity of midwife care services into health systems at the local, national, regional, and international level. This is critical to ensuring that women and communities have access to quality sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) services that uphold their health and human rights.

What are midwives' associations?

ICM defines a midwives' association (MA) as a professional association of midwives that is the voice for midwives, supporting midwives, building professionalism and representing the interests of midwives to governments and other stakeholders. The ultimate goal of an MA is to enhance personalised, high-quality SRMNAH services through autonomous, responsible and accountable midwives working across their full scope of practice.

Midwives' associations are usually women-led, organised as non-profit, civil society organisations with voluntary membership, that act as agents of change.



What do midwives' associations do?

- **Strengthen health systems** by advocating for and by offering practical support to policy makers on how to integrate midwives into health systems to be able to respond to the SRMNAH needs of communities
- **Reduce stillbirths, maternal and neonatal mortality** by improving the quality of continuity of midwife care and community trust of midwives and health services, through providing quality, evidence-based continuing education for midwives
- **Improve gender equality** by advocating for improved working conditions for midwives and championing broader issues that impact gender equality, such as access to sexual and reproductive health services
- **Respond to crises** by providing critical reproductive health care services during humanitarian and climate crises, ensuring that women and girls can attain their human right to health and dignity even in the most difficult circumstances

Despite the evidence showing the positive impact of continuity of midwife care, governments and stakeholders often don't understand the role midwives can play in improving SRMNAH outcomes. This lack of understanding restricts funding and resourcing for midwives, and, ultimately, restricts their participation in policy and decision making. It also results in poor or no integration of continuity of midwife services into health systems, causing a lost opportunity for providing high quality care to women and newborns.

Individual midwives can only be strong if they have a professional organisation that is able to support them and advocate on their behalf. **If we want to take advantage of the enormous impact midwives can have, we need to invest in midwives' associations.**

This Policy Brief shows that when MAs have resources as well as strong organisational and technical capacity, they can be catalysts for the integration of continuity of midwife care into health systems and provide localised, collaborative, responsive and equitable approaches to improve the quality of SRMNAH care. This Policy Brief also provides guidance for donors, governments, and other key stakeholders on creating impactful collaborations to improve gender equality and health outcomes for women and girls.



Critical investments in midwives' associations include:

1

Invest in capacity: Provide core funding and capacity building so midwives' associations can grow their organisational and technical capacities.

2

Invest in leadership: Provide funding for salaries, leadership training and create mentorship opportunities to support current and emerging midwives' association leaders.

3

Invest in continuing education: Fund midwives' associations to become continuing education providers, increasing their self-financing capacity and improving the quality of continuity of midwife care.

4

Invest in integrating midwives into health systems: Ensure midwives' associations have a seat at the table wherever and whenever government and policy decisions are being made.

5

Recognise the role of midwives in response to humanitarian crisis and adaptation to climate change: Fund midwives' associations to develop education and training programmes for humanitarian and climate change preparedness and response. Ensure that there is funding and space provided for midwives' associations to have a seat at the table for humanitarian preparedness and response planning, and ensure midwives are well-resourced to do their work on the ground when crises happen.

II. Introduction



A midwife trained and practising according to the [ICM Global Standards for Midwifery Education](#) can provide 87 percent of the health care needed during pregnancy and following birth.¹ A midwife's service goes far beyond pregnancy and birth. When fully integrated in health systems, midwives can provide 90% of essential sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) care across the life course.² Specifically, this means that midwives provide essential health monitoring and primary care to mothers, babies and adolescents, as well as vital health education. They provide sexual health information and contraception that can help stop the spread of HIV and other STDs, administer vaccines to infants, and provide information about hygiene and healthy lifestyles that can help prevent other illnesses.

Midwives' integrated approach to health care helps bridge the gap between isolated rural health centres and the communities they serve. In providing this care, midwives not only improve health outcomes, but also make significant contributions to upholding the human rights of women, gender diverse people and newborns by making care accessible, available, affordable, safe and delivered with respect. The evidence is clear – funding and legislation to support midwives for education, training and regulation can produce up to a 16-fold return on investment.^{3,4}

1 Nove A, Friberg IK, De Bernis L, et al. Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: a Lives Saved Tool modelling study. *Lancet Glob Health* 2021;9(1):e24-e32.

2 UNFPA, ICM, WHO. The State of the World's Midwifery 2021: Building a health workforce to meet the needs of women, newborns and adolescents everywhere. United Nations Population Fund, Geneva, Switzerland 2016

3 Sandall J, Soltani H, Gates S, Shennan A, Devane D. Midwife-led continuity models versus other models of care during pregnancy, birth and early parenting. *Cochrane Database Syst Rev*. 2016; 4CD004667

4 UNFPA, ICM, WHO. The state of the world's midwifery 2014: a universal pathway. A women's right to health. United Nations Population Fund, Geneva, Switzerland 2014

Midwives' unique training means they are well placed to form a pillar of Universal Health Coverage (UHC) systems that ensures high-quality health care to all and contributes to achieving the Sustainable Development Goals (SDGs) – critical ambitions the world must reach by 2030.

Bold investments in midwives at all levels of health systems and across education and training, health workforce planning, leadership and governance, and service delivery, are needed if midwives are to reach their potential. Despite the evidence that robust investments in midwifery are needed, these investments are currently too slow, and too few.⁵

Individual midwives can only be strong if they have a professional organisation that is able to advocate on their behalf. If we want to take advantage of the enormous impact midwives can have, we need to invest in midwives' associations (MAs).

Midwives have a critical role in:^{6,7}

- 1** Preventing stillbirths, maternal and neonatal deaths
- 2** Preventing poor health outcomes
- 3** Eliminating inequalities to access SRMNAH health services
- 4** Lowering health service costs and resource consumption through reducing over-medicalisation

5 Dahlen H, Drandic D, Shah N, Cadee F, Malata A. Supporting midwifery is the answer to the wicked problems in maternity care, 2022

6 Sandall J, Soltani H, Gates S, Shennan A, Devane D. Midwife-led continuity models versus other models of care during pregnancy, birth and early parenting. Cochrane Database Syst Rev. 2016; 4CD004667

7 UNFPA, ICM, WHO.

The state of the world's midwifery 2014: a universal pathway. A women's right to health. United Nations Population Fund, Geneva, Switzerland 2014

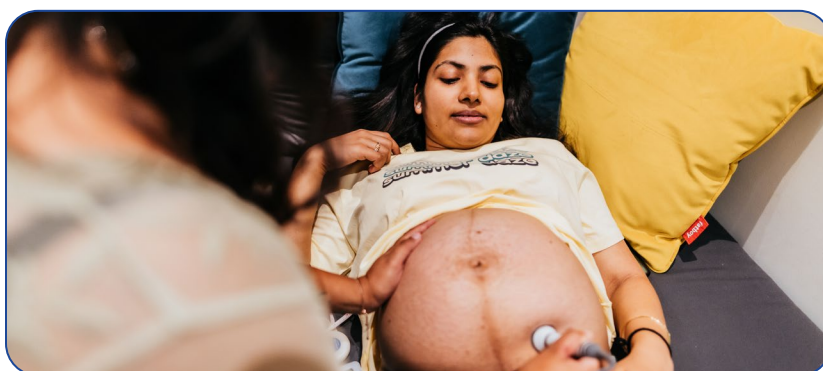
III. The critical role of midwives' associations



Growing evidence⁸ tells us that MAs are **catalysts for the integration of midwives in the SRMNAH workforce.**

Part of their mandate is to sustainably integrate continuity of midwife care and midwife-led services in health systems, and in so doing uphold the human rights of women, gender diverse people and children. MAs also advocate for broader issues such as eliminating sexual and gender-based violence, and access to health services during humanitarian and climate crises.

Universal Health Coverage (UHC) efforts related to SRMNAH need to include midwives' associations to ensure that efforts are localised, coordinated, responsive, equitable and sustainable⁹.



ICM defines a midwives' association as a professional association of midwives that is the voice for midwives, supporting midwives, building professionalism and representing the interests of midwives to governments and other stakeholders. The goal of an MA is to enhance personalised quality sexual, reproductive, maternal, newborn and adolescent health services through autonomous, responsible and accountable midwives working across their full scope of practice. As an association representing and speaking for midwives, an MA does not regulate the profession, although it may provide standards and professional activities that contribute to regulatory frameworks. MAs are usually organised as non-profit, civil society organisations, with voluntary membership.

⁸ The evidence informing the policy brief includes a literature review based on a previous systematic review on strengthening midwives' associations; 16 focus group discussions with leadership from ICM MA members across the globe regarding the barriers and enablers to developing and sustaining MAs and the profession; and guidance and feedback from ICM leadership.

⁹ ICM. Midwives Delivering Universal Health coverage. The International Confederation of Midwives, The Hague, The Netherlands, 2023. Available from: <https://internationalmidwives.org/midwives-delivering-universal-health-coverage/>

Midwives' associations create an enabling environment for midwives by:

Strengthening health systems

MAs lobby for professional autonomy by maintaining strong government relations. This includes advancing midwifery regulation, workforce planning, and health resource allocation. MAs advocate for the integration of midwife leaders in decision-making positions in public and private health sectors.



Reducing stillbirths, maternal and neonatal mortality

Many MAs provide continuing education for their members, which directly contributes to improved quality of continuity of midwife care and increasing the trust that communities and health facilities have in midwives. MAs deliver programmes such as emergency skills training, neonatal resuscitation, and respectful maternity care.



Tanzania Midwives' Association (TAMA)

TAMA participated in long-term planning exercises in 2011, identifying midwifery emergency skills training as a gap and a benefit to their membership. TAMA created a proprietary training programme, which increased the emergency preparedness for midwives who completed the training. TAMA has institutionalised the training, which is now recognised by the national regulator. They have built partnerships to continue delivering the training and have published research on training results. TAMA has leveraged the training for greater visibility and credibility with national and international partners.

Improving gender equality

MAAs work to improve their members' working conditions and resources, advancing gender equality. MAAs are mostly women-led and are responsible to their mostly female membership. For example, MAAs contribute to gender equality when they advocate for equal pay and the removal of discriminatory pay structures. The mandate of MAAs is to ultimately improve the rights and access to care for women and girls. They do this by also championing broader issues that impact gender equality like sexual and gender-based violence, unsafe abortion, and access to education for girls and women.



Association of Ontario Midwives, Canada

Midwives in the province of Ontario in Canada have been fighting for pay equity for over 20 years. In 2013, with financial support from their membership, the Association of Ontario Midwives (AOM) applied to the Human Rights Tribunal of Ontario (HRTO), claiming the Ministry of Health had continually and systematically set a discriminatory compensation structure for midwives. In a landmark decision in 2020, the HRTO ruled that the government had been discriminatory and that it take concrete actions to end the gender pay gap for midwives. Midwives were compensated for their lost wages and have received their first pay raise in over 20 years.

Responding to humanitarian and climate crises

Many MAs help provide reproductive health services for women and girls in complex humanitarian and climate emergencies. MAs also ensure that the infrastructure needed for communities to access essential SRMNAH services is available, even in humanitarian crises and in areas where access is difficult or impossible. For example, during the COVID-19 pandemic, MAs quickly pivoted to respond to the health needs of fellow midwives, women, girls, and gender diverse people.



Independent Midwives' Association of Romania

ICM's MA In Romania received funding from United Nations partners to manage a project providing free SRMNAH care to Ukrainian refugee women and girls who began fleeing in 2022 due to the war. UN partner funding includes core funding for the the Independent Midwives' Association of Romania. They are using their work with refugees to lobby to the Romanian government so that Romanian women and families can access continuity of midwife care as part of the national health insurance programme.

MAs have the potential to significantly improve the quality and availability of continuity of midwife SRMNAH and contribute to Universal Health Coverage in all contexts, including humanitarian and climate-affected settings. MAs are the country and community-experts: they intimately understand the experiences of women and children in their communities, and often live and work closely with the communities they serve, meaning they know how to make a difference even in the most challenging situations.

IV. Organisational challenges



Despite their best efforts, many MAs around the world find themselves restricted or marginalised, making a smaller impact than they would like. They have summarised their main organisational challenges as:

- Lack of core funding to support the MAs organisational activities
- Project-based funding that does not pay midwives for their time
- Needing administrative and financial support including paid staff
- Lack of diverse funding sources and the ability to mobilise funding
- Over-dependence on volunteerism
- Limited opportunities for mentorship and professional development for leaders
- Limited outreach to ensure member safety

The challenges above are exacerbated by gender inequalities and the status of women in society, which affect midwives and the women they care for.

The data collected for this paper shows that a major barrier for MAs is project- or activity-based funding that does not provide funding for the organisation's core operations. Vital organisations like MAs cannot undertake long-term planning or fulfil their potential impact if their funding is limited to project-based activities. Providing core funding is a strategy that, in the short term, improves the capacity of these women-led civil society organisations, in the midterm it helps them develop new income streams, and in the long term it results in a more sustainable and robust association leading to a high quality SRMNAH workforce.



Somaliland Nursing and Midwifery Association (SLNMA)

SLNMA operates with core funding support from the government. The association has been able to secure assets such as purchasing an office building, land and a vehicle. SLNMA is contracted by the United Nations Population Fund (UNFPA) to administer One-Stop Centres that provide free access to health, psychological, legal and police services to survivors of sexual and gender-based violence, all under one roof. Midwives are key staff members of the One-Stop Centres. SLNMA generates research and advocacy tools that advance SRMNAH and midwifery and is solicited by the government and other stakeholders to conduct behaviour change campaigns on sensitive issues such as female genital mutilation.



V. How to invest in midwives' associations

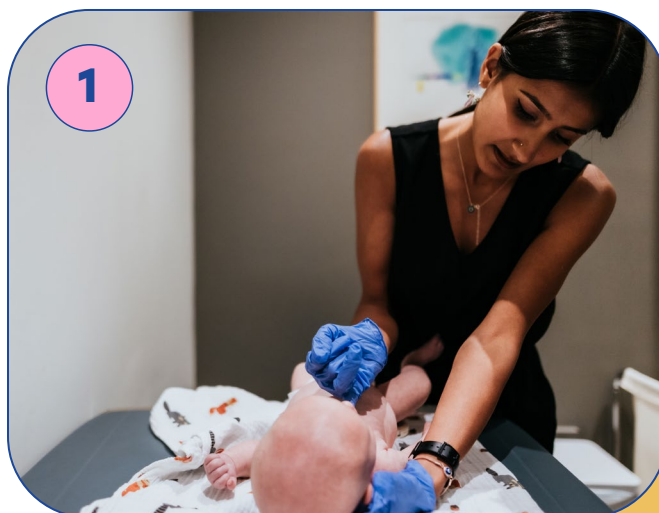


1. Invest in capacity: Provide core funding and capacity building so MAs can grow their organisational and technical capacities

Core funding means that MAs can focus on capacity building because it:

- allows MAs to employ administrative and financial support staff
- improves internal operations and governance
- ensures salaries or honoraria for midwife leaders
- gives leaders the time to participate in decision-making and networking with health system stakeholders
- improves financial stability and visibility among funders and investors
- increases MAs' potential to take advantage of opportunities for future funding and impact

Organisational and technical capacity support, alone or alongside project-based funding, reinforces MAs' long-term sustainability. However, capacity building activities must reflect the MAs' needs. These can include skills in financial management, administration, governance, fundraising, communication and promoting gender equality and the work environment, or a combination of these.



Core funding as a pathway to investment readiness

Many midwives' associations are run by volunteers, who often lack the time and capacity to manage the financial needs and governance of their organisation. In the long term, this limits MAs' financial stability and investment readiness.

MAs that receive core funding for organisational activities can invest in administrative and professional support by hiring skilled staff to operate the business aspects of the MA. Midwife leaders in an MA also need to be paid for their time. Paid positions create important income opportunities and allow leaders to spend critically needed time networking and advocating for the profession.

Professional staff with expertise in administration, finance and communications, combined with strong midwife leaders, are essential to increase an MA's investment-readiness and impact.

2. Invest in leadership: Provide funding for salaries, create leadership education and mentorship opportunities to support current and emerging leaders for MAs. Development opportunities for current and aspiring midwife leaders and salaries for midwife leaders improves the capacity of the organisation. Examples of successful leadership and advocacy development programmes include the ICM's Young Midwife Leaders' Programme and Twin to Win programme between MAs.

Supported, paid MA leaders:

- improve an MA's capacity to be involved in policy-making such as workforce planning, regulation, and other relevant health policies,
- improve the capacity of MA leadership to manage the organisation appropriately (e.g. transparent governance processes, accountability, succession planning).

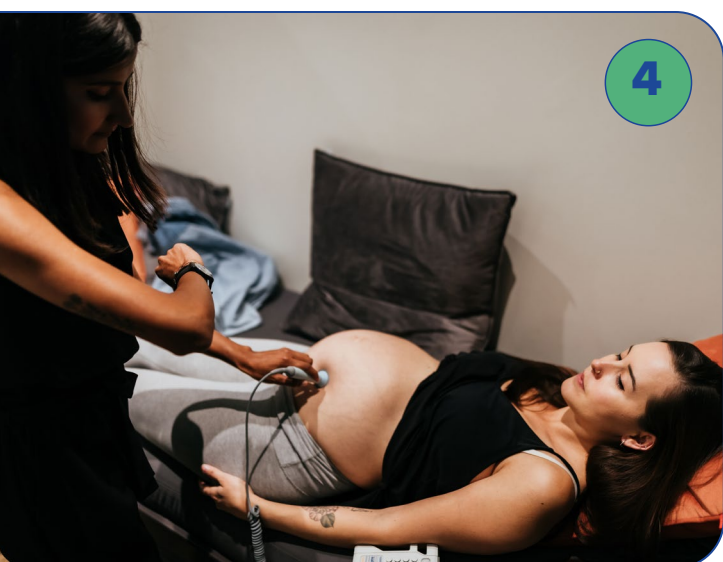


3. Invest in continuing education: Fund MAs to become continuing education providers, increasing their self-financing capacity and improving the quality of continuity of midwife care.

When MAs are funded to develop their own continuing education programmes for fellow midwives, these competencies are easily transferable and enable more efficient operation of their organisation.

The hosting and ownership of continuing education programming by MAs:

- increases MAs' self-financing abilities, through providing proprietary, paid programming
- increases the quality of midwife-led care
- impacts associations' capacity and efficacy in other activities, such as government relations and networking



4. Invest in integrating midwives into health systems: Ensure MAs have a seat at the table wherever and whenever government and policy decisions are being made.

MAs are the experts within their settings and intimately understand the experiences of women and children in their communities, they know best what actions are needed to make a difference and can ensure that investments are well-utilised.

5



5. Recognise the role of midwives in response to humanitarian crisis and adaptation to climate change: Fund Midwives' Associations to develop education and training programmes for humanitarian and climate change preparedness and response. Ensure that there is funding and space provided for Midwives' Associations to have a seat at the table for humanitarian preparedness and response planning, and ensure midwives are well-resourced to do their work on the ground when crises happen.

Midwives' associations have a large in-country network of partners and midwives. In times of crises, they ensure that the infrastructure needed for communities to access essential SRMNAH services is available, even in areas where access is difficult or impossible. They are an effective network through which information, supplies and medications can be distributed.



In times of crises, it can be challenging for international humanitarian aid to get into a country or region. This was the case after the 2023 earthquake in Morocco. However, the Moroccan Midwives' Association (AMSF) was able to quickly step in and support women and girls in the affected areas. This was also the case after an earthquake in Türkiye earlier that same year, after which the Turkish Midwives' Association used their network of midwives to quickly distribute birth kits to affected areas.

Conclusion



We are living in a world facing unprecedented challenges on a global scale from existing and looming climate and humanitarian crises and a backlash against women's rights, especially their sexual and reproductive rights. The time to achieve universal health coverage and the Sustainable Development Goals by 2030 is also getting shorter. Midwives have the potential to make impactful contributions but can only do so if they are supported by strong, robust midwives' associations that can lead and advocate on behalf of the profession in local, national, regional and international fora.

The time to invest significantly, sustainably, and over the long term in midwives' associations is now.



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