

Professional Framework for Midwifery

Implementation Guide



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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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Section 1: Using this Implementation Guide

Introduction

In 2009, the International Confederation of Midwives (ICM) developed the ICM Professional Framework for Midwifery (the Framework) (1), designed to bring together all the elements that are required for a strong midwifery profession. Through strengthening midwifery as a profession, the Framework is designed to enhance the quality of sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) care provided to women, girls, gender diverse people and their newborns, and promote equitable access to skilled midwifery care.

The Professional Framework for Midwifery is integral to <u>ICM's Mission and Vision</u>, as well as its strategic priorities (see for example <u>ICM's 2024-2026 Strategic Plan</u>) (2). The Framework is made up of ten key elements:

- 1. Midwifery Philosophy
- 2. Essential Competencies for Midwifery Practice
- 3. Education
- 4. Regulation
- 5. Association
- 6. Research
- 7. Continuity of midwife care model of practice
- 8. Leadership
- 9. Enabling environment
- 10. Gender equality and JEDI (justice, equity, diversity and inclusion)

When all the elements of the Framework are implemented and sustained, the quality of midwifery care available in a health system will be improved, leading to better SRMNAH outcomes, stronger and more resilient health systems, and improved gender equality.

This Implementation Guide is intended to be used by midwives and all stakeholders involved in strengthening, delivering and planning SRMNAH services, health system leadership and others working on implementing or strengthening midwifery services. It aims to support understanding about how to use and implement the

Framework effectively. It is designed to provide a step-by-step approach, supported by opportunities for reflection and practical examples, to assist stakeholders to engage with and use the Framework and advocate for its implementation in their respective healthcare systems.

The Guide is divided in three sections: Section 1 amplifies the importance of knowing and understanding why the ICM Definition of a Midwife, the Midwifery Philosophy and Model of Care and the Essential Competencies for Midwifery Practice are fundamental to the Framework. Section 2 brings into sharp focus the relevance and interdependence of the remaining elements of the Framework and the significant part they play. Section 3 outlines an approach to operationalise the Framework and includes country examples to illustrate implementation.

The alignment of the Professional Framework for Midwifery with ICM's Strategic Priorities (2) underscores the importance of a comprehensive, globally coordinated effort to support midwives and the essential role they play in improving health outcomes for women, newborns and their families. This guide is a key vehicle for achieving ICM's Strategy, Mission and Vision.

To ensure that Guide is relevant and implementable, members of ICM's Regional Professional Committees were consulted in its preparation. Their invaluable insights on its content shaped the development of this Guide.

Revisiting the Professional Framework

Before you start implementing the Framework, it may be helpful to refresh your knowledge about it.

Every profession needs a structure to support it, strengthen it and guide its development. In most cases, this structure is known as a professional framework and is made up of all the elements required before an occupation can be considered a profession.

As a unique health profession, midwifery has a unique professional framework. Other professions, such as nursing or teaching, have their own frameworks that are specific to the work they do.

If all elements are implemented and sustained, the Framework has the potential to improve SRMNAH outcomes globally. Furthermore, it has the potential to foster gender equality, strengthen health systems, and enhance the overall status of midwives.

The elements of the Professional Framework for Midwifery (figure 1) are deeply interwoven and entirely interdependent. Weakness in any element can create a cascading effect that undermines the overall quality and effectiveness of midwifery care and SRMNAH services. This means that by strengthening one we can strengthen all others, just as destabilising one destabilises all.

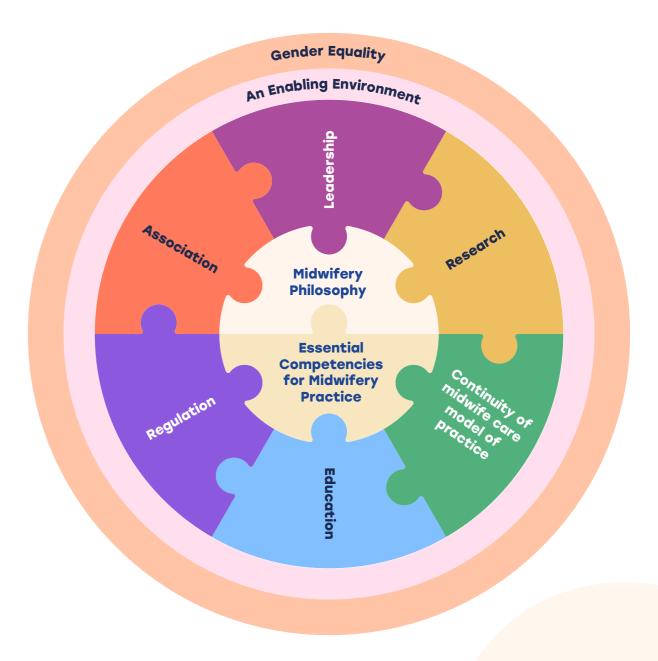


Figure 1 Elements of the Professional Framework for Midwifery (1)

What is a Midwife?

It is important to have a clear, common understanding of what a midwife is and what the role of a midwife is. This reduces confusion about who can be called a midwife, and the role that midwives play in health systems and care delivery. The ICM International Definition and Scope of Practice of the Midwife states:



A midwife is a person who has successfully completed a midwifery education programme based on the ICM Essential Competencies for Midwifery Practice (3) and the framework of the ICM Global Standards for Midwifery Education (4), recognised in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife,' and who demonstrates competency based on the International Definition and Scope of Practice of the Midwife (5).

The International Scope of Practice of the Midwife (5), which is included in the Definition document, is equally important and is based on ICM's <u>Philosophy and Model of Midwifery Care</u> (6) (figure 2).

Reflection 1 -



Consider the International Definition and Scope of Practice of the Midwife (5) and reflect on how midwife is defined in your country or health system.



If the International Definition and Scope of Practice of the Midwife is the same as the definition of a midwife in your country, reflect on public awareness of the midwife's role and how this can be improved.



If the International Definition and Scope of Practice of the Midwife in your country is different to that of ICM's, or does not exist, consider the challenges that this may present when using the Framework and advocating for its implementation.

Now that we have refreshed our knowledge about the definition of a midwife, let's explore why the Framework includes the Philosophy of Midwifery Care.

The Importance of a Professional Philosophy



All professions are guided by certain core values known as a professional philosophy that shape the practice and conduct of all those within it. For midwifery, our philosophy informs everything midwives do (figure 2). It's what sets us apart from other health professions and makes midwives and their work essential in all areas of the world.

To understand the fundamental nature of a midwife's knowledge, reality, and existence, it's important to understand the <u>Philosophy</u> and <u>Model of Midwifery Care</u> (6).

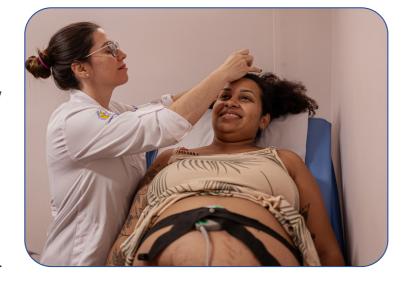
Figure 2 ICM's Philosophy of Midwifery Care (6)

- Pregnancy, childbirth and the postnatal period are usually normal physiological processes
- Pregnancy, childbirth and the postnatal period are profound experiences, which carry significant meaning for women, girls, gender diverse people, their families and their communities.
- Midwives are the most appropriate care providers to attend women during pregnancy, childbirth and the postnatal period.
- Midwifery care promotes, protects and supports women's human, reproductive and sexual health and rights, and respects ethnic and cultural diversity. It is based on the ethical principles of justice, equity, and respect for human dignity.

- Midwifery care is holistic and continuous in nature, grounded in an understanding of the social, emotional, cultural, spiritual, psychological and physical experiences of women.
- Midwifery care is emancipatory as it protects and enhances the health and social status of women and builds women's self confidence in their ability to cope with pregnancy, childbirth and the postnatal period.
- Midwifery care takes place in partnership with women, recognising the right to self-determination, and is respectful, personalised, continuous and non-authoritarian.
- Ethical and competent midwifery care is informed and guided by formal and continuous education, scientific research and application of evidence.
- The midwifery philosophy is central to the provision of care during pregnancy, childbirth and the postnatal period, and all other aspects of comprehensive SRMNAH care provided by midwives across the life course.

This is a universal description of the Philosophy of Midwifery Care based on the ethical principles of justice, equity and respect for human dignity. It encompasses the core beliefs at the heart of the profession, including that pregnancy and birth are usually normal physiological processes and profound experiences carrying significant meaning to women, families and communities (6).

Above all, the Philosophy of Midwifery Care emphasises that all midwifery care takes place in partnership with women. Midwifery recognises the right to self-determination, and is respectful, personalised, continuous and non-authoritarian. These beliefs and values are designed to guide midwives around the world and influence the midwifery profession.



Reflection 2 -

- Reflect on a time when you have shared the Philosophy and Model of Midwifery Care with non-midwives.
- Think about how you can raise awareness about the Philosophy and Model of Midwifery Care, so that it is known and understood by other professions including for example: nurses, obstetricians, paediatricians, neonatologists, health policymakers, women, partners and donors?
- Think about the key stakeholders you should engage, to ensure that the Philosophy informs the scope of midwifery practice and is embedded in policy and curricula in your country.



Essential Competencies for Midwifery Practice





The Essential Competencies for Midwifery Practice (3) are the second element at the centre of the Framework. They outline the minimum knowledge, skills and professional behaviours required to use the designation of midwife as defined by ICM when entering midwifery practice. They are reviewed and refined every five years to ensure they align to the global need and are reflective of emerging evidence across the scope of SRMNAH and midwifery practice.

If the Competencies are used by midwifery education providers globally, we would see less unwarranted variation in how midwives are educated and practice, enhancing the safety and quality of care. The Essential Competencies are versatile, and are intended to support the development of midwifery services worldwide and as such can be used by a variety of stakeholders and in multiple ways (see figure 3).

Ensuring midwives are trained, educated and supported to provide care in line with the ICM's Essential Competencies for Midwifery Practice, enables midwives to meet the International Definition and Scope of Practice of the Midwife (5). Together with appropriate regulation, the quality of midwifery care will be strengthened because midwives will have the necessary knowledge, skills and behaviours to do their jobs well.

Remember, the Essential Competencies for Midwifery Practice are the minimum requirements of knowledge, skills and behaviours required as a midwife. As midwives grow and develop during their professional careers, they usually develop additional experience and competences across all, or some, of the elements of the Framework.



The Relevance of the Essential Competencies for Midwifery Practice

What?

All midwives require a set of essential competencies for midwifery practice. ICM's Essential Competencies for Midwifery Practice are embedded in ICM's Global Standards for Education (4) and all ICM's other core documents.

ICM regularly reviews and updates the Essential Competencies; the latest review was in 2024. The Essential Competencies are split into five categories:

- Category 1: Cross-functional competencies for midwifery practice
- Category 2: Sexual and reproductive health and rights; Contraception, Pre-conception and comprehensive abortion care
- Category 3: Antenatal care
- Category 4: Care during labour and birth
- Category 5: Ongoing care of women and newborns.

Why?

They provide a guide to the essential, minimal competencies required for midwifery practice that midwives should acquire during their pre-service midwifery education.

Midwife educators can:

 Use the Essential Competencies to create midwifery programmes of study, for example, a Bachelor of Midwifery.

Midwifery Regulators can:

- Use the Essential Competencies as a measure of competence when midwives are registered and enter practice.
- Prescribe the scope of practice and establish the minimum competency requirements for entry to practice, based on the Essential Competencies.
- Support quality care by requiring midwives to demonstrate their continuing competence. In this way the competencies are linked with the Global Standards for Midwifery Education and the Global Standards for Midwifery Regulation.

Practicing midwives can:

- Use the Essential Competencies as a guide for ongoing professional development and practice experience.
- Use the Essential Competencies to guide practice and continuing education development.

Midwives' associations can:

• Advocate for strengthening the midwifery profession by creating continuing education opportunities for their members based on the Essential Competencies.

Midwifery students can:

- Use the Essential Competencies to assess themselves against the requirements for competent practice.
- Use the Essential Competencies to advocate for improvements to their educational programmes.

Other stakeholders can:

• Use the Essential Competencies to establish and evaluate midwifery services.

Reflection 3 -

- 1 Review the ICM Essential Competencies for Midwifery Practice.
- Do pre-registration midwifery education programmes in your country align to the Essential Competencies? What areas may need strengthening?
- Are midwives enabled and supported to meet the full scope of practice described in the Essential Competencies? What may be the barrier to this?
- Do you have regulation that defines national minimum standards of midwifery practice? Does it incorporate the Essential Competencies? What advocacy may be needed to achieve this?
- How do you monitor and ensure that midwives maintain their clinical competencies throughout their career in your country?

Section 2: The Relevance of the Framework's Elements

All elements of the Framework are equally important, so understanding each of the remaining elements, is a pre-requisite to implementation.

This section brings into sharp focus the relevance and interdependence of the remaining elements of the Framework and the significant part they play in the provision of high-quality midwifery care.



Education



What?

The ICM Global Standards for Midwifery Education are an essential resource to strengthen midwifery worldwide by promoting high quality pre-registration midwifery education programmes that prepare midwives who meet the ICM International Definition and Scope of Practice of a Midwife. They are based on foundational standards that include the Essential Competencies for Midwifery Practice as the basis of the midwifery curriculum.

The ICM Global Standards for Midwifery Education are intended for use by midwives and all others working to strengthen midwifery.

Midwifery programmes should be led by midwifery faculty. The ICM Global Standards for Faculty Development provide a comprehensive guide for midwifery faculty development.

Why?

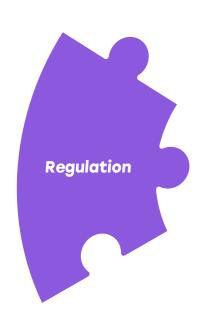
Midwives who are fully educated and licensed, well integrated into health systems, supported by interdisciplinary teams and an enabling environment, can provide about 90% of essential SRMNAH care across the life course (8).

Pre-service education is foundational to the professional development of midwives. ICM advocates for evidence-based education that prepares midwives to meet the diverse SRMNAH needs of women, babies and families.

In regions where these educational programmes are substandard, midwives often lack the knowledge and skills they need to provide timely, quality, evidence-based care, especially when providing effective management of complications or supporting women with complex care needs.

Improved educational standards are associated with better SRMNAH outcomes. Weaknesses in midwifery education result in poorer outcomes for women and a weakened professional reputation.

Regulation



What?

The Global Standards for Midwifery Regulation state that midwifery regulatory functions include: setting the scope of midwifery practice, setting pre-service education standards, registering new midwives, relicensing and ensuring continuing competence throughout a midwife's career, managing complaints and disciplinary procedures within the profession, and setting codes of conduct and ethical standards.

Regulation varies across jurisdictions and ranges from limited functionality through to the full range of regulatory activity undertaken by a midwifery specific regulatory authority such as a midwifery council.

Many midwives' associations are in countries that have inadequate, incomplete, or no form of midwifery-specific regulation. This includes those countries where midwifery regulation is collectively managed with another profession such as nursing, making midwifery regulation unclear and confusing.

ICM has a <u>number of regulation resources</u> that provide a practical approach to help midwives' associations and regulatory authorities to assess and plan the actions required to move to a fully functioning regulatory system that meets ICM's Global Standards.

Why?

Regulation ensures that midwives meet established standards to provide safe and competent care.

Countries with robust regulatory frameworks, such as the United Kingdom, have seen improved maternal outcomes. The establishment of the Nursing and Midwifery Council (NMC) in the UK has standardised midwifery practice, ensuring that midwives are adequately trained and accountable (9).

Conversely, in countries where regulation is weak, midwifery practice can become fragmented, leading to inadequate care. In countries where there is a lack of regulation, for example when the title 'midwife' is not protected, there can be untrained individuals acting as midwives.

Midwives that are educated, trained, regulated and licensed are associated with improved quality of care and rapid and sustained reductions in maternal and newborn mortality (10).

Advocating for midwifery regulation, is integral to the midwife leader's role. A lack of effective leadership, can stifle innovation and collaboration, weakening the connections between this and other elements of the Framework.

Research



What?

Research is an essential component of the Framework. It plays a vital role in improving SRMNAH outcomes, enhancing the quality of care, and ensuring that midwives provide consistent, evidence-based, individualised care.

Evidenced based midwifery care uses the best available research to inform care, with aim of providing safe and effective care, that meets the needs of women, gender diverse people, newborns and their families.

Clinical midwifery skills change in line with research evidence and service innovations.

Midwife researchers usually undertake research that will benefit midwifery practice and/or the care that midwives provide, adding to the growing body of knowledge about midwives and the work they do, reducing the use of non-evidence-based information.

Research and evidence-based midwifery practice are essential to drive the profession forward and support the provision of contemporary, safe, women-centred care. To maximise this potential, strategic efforts are required to strengthen research in midwifery practice.

Advocating for midwifery research and midwife researchers, is integral to the midwife leader's role.

A lack of effective leadership can stifle innovation and collaboration, weakening the connections between this and other elements of the Framework.

Together with midwifery researchers, ICM has developed the <u>Midwives' Data Hub</u>, a comprehensive website that brings together data on SRMNAH outcomes from the WHO and other trusted sources, as well as information about midwifery practice from global and regional State of the World's / Region's Midwifery Reports. It is a useful place to engage with and explore data.

Why?

Research is a cornerstone of modern midwifery practice, as it underpins evidencebased care and ensures that midwives are equipped with the most up-to-date knowledge and skills.

This continual refining of practice, improves health outcomes, and supports advocacy efforts for policies that better serve women, newborns, and families.

Midwifery research is vital for advancing midwifery practice and ensuring evidencebased care. Countries that prioritise midwifery research benefit from data that informs practice and policy.

Evidence-informed midwifery care improves the standard of midwifery practice and SRMNAH health outcomes.

Lack of research can lead to outdated practices and hinder the development of new, effective care models. In settings with minimal research activity, midwives may rely on anecdotal evidence, compromising quality of care and perpetuating cycles of poor health outcomes.

Leadership



What?

Midwifery leadership extends beyond clinical practice to include advocacy, policy development, education, and research, making it essential for driving change within health systems globally.

Policy reforms are necessary to create an enabling environment for midwifery leadership to develop and flourish.

Governments and healthcare systems recognise the importance of midwifery leadership by including midwives in health policy development and decision-making at all levels.

Midwife leaders represent the interests of midwives, midwifery practice, the midwifery profession and women so that they can provide high quality evidence based SRMNAH care regardless of the healthcare setting.

Midwifery leadership career pathways at health system, national, regional and ministerial levels, enhance the career aspirations of midwives and encourage a pipeline of future midwife leaders.

Why?

Leadership in midwifery is essential for advocating for policy changes and improving the overall health system.

By strengthening midwifery leadership, midwives can gain greater autonomy, recognition, and influence in both clinical and policy capacities.

Leadership helps in advancing the status and professional recognition of midwives within the healthcare system. In many contexts, midwifery is undervalued, and midwives face barriers to career advancement and leadership roles.

Strong leadership ensures that midwives have a voice in healthcare decision-making.

Fragile midwifery leadership may result in midwives lacking representation, leading to policies that do not reflect the needs of women and families.

A lack of effective leadership can stifle innovation and collaboration, weakening other elements of the Framework.

In the absence of midwife leaders advocating for leadership career pathways, the barriers to leadership such as gender discrimination, limited access to leadership training, and insufficient professional recognition will remain.

Governments that enact policies to promote gender equality and professional development in midwifery can facilitate the emergence of midwifery leaders who can drive improvements in SRHMNAH services and outcomes.

Continuity of Midwife Care Model of Practice



What?

The concept of Continuity of Midwife Care Model of Practice as a model of delivering services is critical for improving maternal and newborn health outcomes.

WHO advocates for continuity of midwife care, where the same midwife or team of midwives provides care throughout pregnancy, birth, and the postnatal period, offering personalised care that is evidencebased and centred on women's needs (11).

Continuity of Midwife Care enables each woman and her midwife (or small team of midwives) to get to know each other and to build a relationship based on trust, equity, informed choice, shared decision-making and shared responsibility.

Implementing and scaling up this Model sustainably, requires addressing the challenges to midwives' education, regulation and working environments (11, 12)

The implementation of this Model is dependent on other elements of the Framework, especially the strength of regulatory frameworks, education, and leadership.

Why?

Continuity of Midwife Care Models of Practice, where midwives provide ongoing care throughout pregnancy, birth, and postnatally, have been associated with positive outcomes, including higher maternal satisfaction, lower intervention rates, and improved outcomes (12).

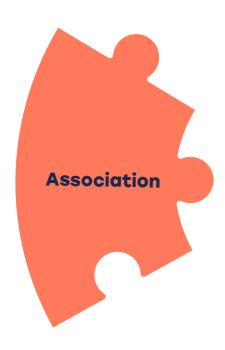
Trust between women and their midwives is strengthened, leading to improved communication, personalised care and reduced anxiety (13).

In countries where midwifery education emphasises continuity of midwife care, midwives are better equipped to implement this model effectively.

Conversely, in places where midwifery is not recognised or supported, continuity of midwife care models may falter, negatively impacting maternal and newborn health outcomes.

Advocating for Midwife Models of Care is integral to the midwife leader's role. A lack of effective leadership for this Model can limit its implementation and weaken the connections between this and other elements of the Framework.

Association



What?

In its <u>Policy Brief on Investing in Midwives'</u>
<u>Associations</u>, 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 (13).

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.

MAs strengthen health systems, reduce stillbirths, maternal and neonatal mortality, improve gender equality and respond to crises.

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.

ICM represents its midwife association members at the global level and works with them at regional and country level. Where necessary, ICM strengthens associations by providing resources that support capacity-building within associations and helps associations to be recognised by in country decision makers as the voice for midwives that needs to be involved in all decisions related to midwifery and SRMNAH and rights.

Why?

Midwives' associations play a vital role in supporting midwifery practice and fostering leadership by providing midwives with a collective voice and a platform for professional development. Strengthening MAs is a key strategy for enhancing midwifery leadership.

Associations can provide training, resources, and networking opportunities that support midwives in leadership positions. They can also advocate for midwives' rights

and represent the profession in health policy discussions, ensuring that midwifery leaders are present at all levels of healthcare governance.

By enhancing the capacity of midwives' associations to lead advocacy campaigns, negotiate with governments, and collaborate with other healthcare professionals, the profession is strengthened. Associations can also serve as platforms for midwives to share knowledge, best practices, and innovations, which can be disseminated across regions and countries

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.

Improving gender equality

MAs work to improve their members' working conditions and resources, advancing gender equality. MAs are mostly women-led and are responsible to their mostly female membership. For example, MAs contribute to gender equality when they advocate for equal pay and the removal of discriminatory pay structures.

The mandate of MAs is to ultimately improve the rights and access to care for women and girls. Tey 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.

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.

Enabling Environment



What?

In its Policy Brief on Building the Enabling
Environment for Midwives, ICM defines an
enabling environment for midwives as one that
supports the infrastructure, profession, and
system-level integration needed for midwives to
effectively practise their full scope of work. The
lack of a clear and shared understanding of what
constitutes an enabling environment is a major
obstacle to mobilising concerted, strategic
action to providing one.

An enabling environment for midwives constitutes complex and interacting elements which include effective inter-professional teamwork, a strong professional identity, sufficient resources, gender equality, integration into the broader health system, social, political, and economic factors that affect midwifery practice.

An enabling environment means that midwives:

- · Can practise to their full scope,
- Are accountable for independent decisions within a health professional regulatory system that recognises and upholds their autonomy and accountability,
- Have access to continuing professional development, career pathways and supportive professional mechanisms,
- Work within a functional health infrastructure with adequate human resources, diagnostic services, equipment and supplies,
- Have access to timely and respectful consultation, collaboration and referral, including transportation and communication systems,
- · Are safe from physical and emotional harm, and
- Have fair and equitable compensation, including salary and working conditions.

Why?

Having an enabling environment:

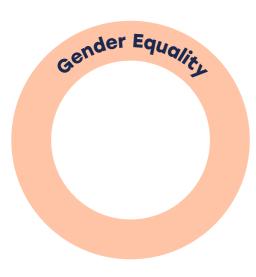
- · Improves midwifery education and practice,
- Enhances motivation and midwifery retention everywhere but particularly where they are needed most,
- · Improves the quality of a full range of services needed for optimal SRMNAH,
- Empowers women (midwives and clients) and promotes woman-centred care,
- · Improves the work life of all health workers engaged in SRMNAH,
- · Saves lives.

In environments where midwifery is undervalued or underfunded, midwives may face significant barriers, including high workloads and insufficient resources, ultimately leading to worse SRMNAH outcomes.

Advocating for an enabling environment, is integral to the midwife leader's role and is a crucial element of the Framework. In the absence of an enabling environment, midwives will find it difficult to provide high quality midwifery care, even if all other elements of the Framework are in place. The absence of an enabling environment weakens other elements of the Framework.

Gender Equality

What?



Gender equality is a foundational aspect of midwifery practice. It means that all women are respected without discrimination, regardless of their gender and addressing gender inequities that limit a woman or gender diverse person's capacity to receive midwifery care.

Gender equality is essential to reproductive health because it ensures that all women, have equal access to healthcare services, education, and decision-making power over their bodies.

Midwives often serve as advocates for women's rights, especially their right to access SRMNAH services. When gender equality is prioritised, midwives are better positioned to support the health needs of women and gender diverse people.

Why?

Gender inequities create barriers to reproductive healthcare, leading to negative health outcomes at individual and community level.

Gender equality empowers individuals to make informed decisions about their reproductive health. When women are given equal opportunities to access education and resources, they can take control of their reproductive choices, such as when to have children, how many to have, what contraceptive methods to use, and have access to comprehensive abortion care.

Without gender equality, societal norms often dictate that men have more control over reproductive decisions, leading to issues such as unintended pregnancies and unsafe abortions.

By fostering gender equality, societies can ensure that all individuals have the knowledge and autonomy to make choices that are best for their health and well-being.

In countries where gender equality initiatives are implemented, midwives higher experience job satisfaction. However, in contexts where gender inequality prevails, midwives may experience discrimination and marginalisation, which affects their ability to seek employment, equitable pay and provide effective care in a safe environment.

Midwives play a crucial role in advancing gender equality by providing care that respects women's autonomy, preferences, and rights when providing SRMNAH care. This approach is particularly important in contexts where women's voices are often marginalised, as midwifery care prioritises communication, respect, and cultural sensitivity, ensuring that women feel heard and supported.

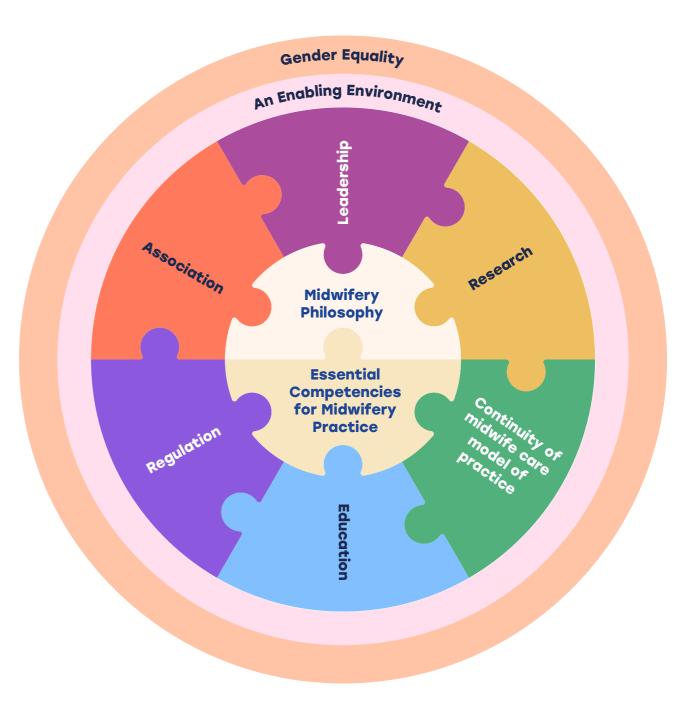
Interconnectedness Matters

The interconnectedness of each element of the Framework is evident when planning implementation. For example, in the absence of research stating showing the benefits of continuity of midwife care, advocating for this model of care would be problematic. Equally, the role that midwife leaders play in advocating for evidence-based practice, an enabling environment and gender equality is crucial and a pre-requisite for sustainable high quality midwifery care. If, however, education and regulation are weak, midwives are not enabled to do their jobs well. One weak element of the Framework can lead to a ripple effect, that weakens the remaining elements, and lowers the standard of SRMNAH care midwives can provide. Implementation of the Framework should therefore involve holistic, methodical planning.

Before moving to Section 3 take time to click on each element of the Framework below, and learn about ICM resources that are available to assist implementation of the Framework in your setting.



Figure 4 Resources to support the Professional Framework for Midwifery





Implementing the Professional Framework for Midwifery

Section 1 of this guide amplified the importance of knowing and understanding why the International Definition and Scope of Practice of the Midwife, the Midwifery Philosophy and Model of Care, and the Essential Competencies for Midwifery Practice are fundamental to the Framework. Section 2 explored the relevance of each element of the Framework. This section outlines an approach to operationalise the Framework.

Step 1: Conduct a Situational Analysis

Situational analysis is a methodical approach used to analyse an organisation's internal and external environment.

- Reflection 4

Read the examples of information collated through situational analysis in Appendix 2. Think about the information provided, and additional questions that you would ask to inform plans to implement the Framework.

Before implementing the Framework, conduct a situational analysis in your country and evaluate the state of midwifery based on each element of the Framework. A robust situational analysis ensures informed decision-making, helps anticipate risks, and identifies competitive advantages. Your analysis should involve:

Mapping existing resources

Identify educational institutions/organisations that provide midwifery education, regulatory bodies, professional associations, and healthcare facilities that provide midwifery care.

* Assessing the current practice environment:

- The national / regional definition of the midwife and scope of practice
- The adoption of the ICM Essential Competencies for Midwifery Practice, ICM Global Standards for Midwifery Education and ICM Global Standards for Midwifery Regulation
- The national or regional standards for midwifery practice
- · Evidence-based practice, guidelines, and protocols
- Availability of resources that support an enabling environment for midwives, including the extent to which midwifery care is integrated into the healthcare system.

Step 2: Engage with Ministry of Health

Identifying gaps and challenges in:

- · Scope of practice
- The utilisation of research-based evidence in clinical practice
- The presence and support of midwifery researchers
- Midwifery leadership, education, and regulation.

* Example 1: Situational Analysis in Ghana

In Ghana (14), the Ministry of Health, in collaboration with the Ghana Midwives Association (GRMA), conducted a situational analysis to assess the quality of midwifery education and practice. They identified gaps in regulatory frameworks, inadequate training facilities, and a lack of support for continuing professional development. These findings informed the development of targeted interventions to strengthen midwifery practice in the country.

Advocating for the adoption of the Framework with the national ministry responsible for health is crucially important, particularly in relation to influencing national health policy and amendments to legislation. The following steps can assist with your engagement and advocacy plans and can be supported with practical tips for engaging with your Ministry of Health in Appendix 3.

Understanding and Aligning with National Health Goals

Midwives' associations and stakeholders should first understand their government's health priorities, particularly in maternal and newborn health, but also SRMNAH more broadly, and identify areas where the Framework aligns with, or enhances these objectives. Countries with high maternal and newborn mortality rates, for example, often prioritise safe childbirth and the health of mothers and newborns in their public health agendas. Implementing the Framework can support these goals. When discussing the Framework with policymakers, MAs should emphasise how it complements existing national strategies or goals set by health ministries or national health authorities.

Strengthening midwifery is key to achieving targets like the Sustainable Development Goals (SDGs) on maternal health and reducing preventable deaths during and after pregnancy. By explaining how the Framework aligns with these goals, MAs can establish the Framework as a critical tool for improving health SRMNAH outcomes for women and newborns.

Highlighting Evidence-Based Health Benefits of the Framework

Emphasising that investment in midwifery education, regulation, leadership, midwifery research, and continuity of midwife care within an enabling environment correlates with better health outcomes can be a persuasive, credible argument for policy development or policy change.

To engage with ministries effectively, MAs and stakeholders should present research and evidence that underscore how the Framework can contribute to improving SRMNAH and women's experiences. Research has shown that countries with standardised midwifery education and clear regulatory frameworks have lower maternal and newborn mortality rates (15). These benefits can help build credibility and underscore the potential public health benefits of following ICM's international standards leading to substantial health improvements by investing in midwives (16, 17, 18).

By methodically adopting the ICM Professional Framework, underserved communities can also benefit from improved SRMNAH. Emphasising the correlation between investing in all elements of the Framework and better health outcomes for all can also be a persuasive argument for policy development or policy change.

Highlighting Economic Benefits of Professional Midwifery Services

Outlining the economic benefits of adopting the Framework is important. An independent review by the Lancet Series on Midwifery (19) showed that midwifery is associated with more efficient use of resources and improved health outcomes when provided by midwives who are educated, regulated and integrated into a sufficiently resourced health system.

Economic considerations can be particularly persuasive for governments with constrained healthcare budgets. By presenting midwifery as a cost-effective intervention, MAs can argue that adopting the Framework a health improvement strategy as well as a wise financial investment.

Collaborating with International Partners for Advocacy Support

MAs and stakeholders can strengthen their case by collaborating with international organisations and other countries that have adopted the Framework. For instance, they could invite representatives from MAs in nearby or similar countries that have successfully implemented the Framework to share their experiences and results. Additionally, partnerships with UN agencies and other bilateral development organisations dedicated to SRMNAH, could amplify advocacy efforts, by providing access to data, technical expertise, and resources that bolster the case for government adoption of the Framework.

Outlining the Framework's Elements and their Relevance

When presenting the Framework, it is important for MAs to break down its elements and explain how each element contributes to effective midwifery practice and high-quality midwifery care, if the Framework is implemented in full (see Section Two of this Guide). For example, you can highlight the critical link between education and regulation, and emphasise that a regulatory framework allows for the licensing of midwives and sets clear criteria for practice, fostering accountability and professionalism. You can further explain that regulation is crucial for safeguarding the public and establishing public trust in midwifery models of care and the health service.

Using Case Studies and Success Stories

Showcase case studies from countries that have integrated the Framework and experienced tangible improvements in maternal and newborn outcomes, and SRMNAH more broadly. By doing this, MAs and stakeholders can provide policymakers with a blueprint for how similar reforms could be implemented locally. Country examples in Appendix 1 illustrate the Framework's potential to enhance midwifery services and lead to better health outcomes.

The Framework offers a comprehensive approach to midwifery that, if adopted, can significantly improve maternal and newborn health outcomes. By aligning the Framework with national goals, emphasising evidence-based benefits, outlining economic advantages, and collaborating with international organisations, MAs can present a compelling case for governmental support and adoption. This level of advocacy not only elevates the Framework, but also strengthens healthcare systems, ultimately contributing to healthier societies.

Step 3: Develop a National Action Plan

Based on the situational analysis (Appendix 2), develop a national action plan, costed implementation and scale-up plan for Framework implementation. These can be used in meetings with ministries, health authorities, leaders, insurers, policy leads, education leads or equivalent, to inform and shape policy development. Your action plan should outline:

- Goals and objectives: define clear goals and objectives for improving / implementing all elements of the Framework.
- **Strategies and activities:** identify specific strategies and activities to achieve the objectives.
- Stakeholder engagement: identify key stakeholders, such as the ministry, MA, health system leaders, international partners, UN agencies and other bilateral development organisations. Outline their roles and responsibilities for implementing the action plan. Think about including women's and feminist groups, or SRMNAH advocacy groups as part of a wider coalition that can work towards the same goal.
- Monitoring and evaluation: establish a monitoring and evaluation framework to track progress and measure the impact of the implementation efforts.

* Example 2: National Action Plan in Bangladesh

Bangladesh developed a national action plan to implement the Framework focusing on strengthening midwifery education and regulation. The plan included:

- Revising the midwifery curriculum to align with ICM Essential Competencies for Midwifery Practice,
- Establishing a regulatory body for midwives, and creating partnerships with international organisations to support capacity-building efforts.

The Ministry of Health also engaged with stakeholders, such as the Bangladesh Midwifery Society to ensure comprehensive support for the plan (20).

Step 5: Strengthen Regulatory Mechanisms

Implement strategies to improve midwifery education, focusing on the quality and content of pre-registration education programmes. This involves:

- Aligning curricula with ICM's Global Standards for Midwifery Education: ensuring that they incorporate ICM's Essential Competencies for Midwifery Practice.
- Enhancing faculty capacity through alignment with the ICM's Global Standards for Faculty Development: provide training and support to educators to deliver high-quality midwifery education. This could include opportunities for professional development, mentorship, and access to updated teaching resources.
- Promoting clinical practice: establish partnerships between educational institutions and healthcare facilities to provide midwifery students with hands-on clinical experience in diverse settings and educate midwifery clinical preceptors to teach and evaluate students in these clinical sites.
- * Accrediting midwifery programmes: establish a national accreditation process for midwifery education programmes to ensure they meet international standards.
- * Example 3: Education Reform in the Philippines

The Philippines launched an initiative to standardise midwifery education across the country by developing a national midwifery curriculum aligned with the ICM Essential Competencies for Midwifery Practice.

The initiative included training workshops for faculty, revising accreditation criteria, and establishing clinical practice guidelines for students. As a result, the country improved the quality of midwifery education and increased the number of qualified midwives entering the workforce (21).

Strengthening regulatory mechanisms is crucial to ensure that midwives adhere to professional standards and provide safe, ethical, and effective care. This involves:

- Establishing or strengthening a midwifery specific regulatory body: create or reinforce national regulatory bodies responsible for protection of the title midwife, accreditation of pre-registration midwifery education programmes and maintenance of entry to and renewal of membership on the national midwifery register.
- Developing regulatory frameworks: develop regulatory frameworks that define the scope of practice for midwives, set codes of professional conduct, and establish mechanisms for accountability in education and practice.
- Implementing continuous competence: require midwives to participate in continuous professional development (CPD) activities and to demonstrate competence to maintain their registration and ensure they remain up to date with best practices.
- Monitoring compliance: regularly monitor compliance with regulatory standards through audits, assessments, and feedback mechanisms.
- * Example 4: Regulatory Reforms in South Africa

South Africa's Department of Health, in collaboration with the South African Nursing Council (SANC), implemented regulatory reforms to strengthen midwifery practice. The reforms included defining the scope of practice for midwives, establishing a licensing system, and introducing mandatory continuing education requirements.

These changes have led to improved accountability and increased public trust in midwives and midwifery care (22).

Step 6: Strengthen Leadership

The development and strengthening of midwifery leadership will support midwife leaders to influence healthcare policies, improve SRMNAH outcomes, and promote gender equality.

To fully realise the potential of midwifery leadership, strategic efforts are needed to strengthen this component of the Framework through:

- * Targeted education and capacity-building initiatives,
- Leadership training that is integrated into pre-service and in-service midwifery education programmes,
- # Education that enhances strategic thinking, negotiation, advocacy, and policy development,
- CPD leadership programmes that offer midwives opportunities to grow their leadership skills throughout their careers,
- # Engagement with the ICM <u>Midwife Leaders Executive Sponsorship Programme</u>, which connects emerging midwifery leaders with experienced professionals,
- Investing in leadership competencies, as described in <u>Step Six of the Midwifery</u>

 Accelerator,
- Encouraging partnerships between midwifery leaders in low- and high-income countries. These partnerships can provide midwives with mentorship opportunities, access to international resources, and insights into different healthcare systems, further empowering them to lead effectively in their own countries.

🛊 Example 5: Leadership in Midwifery - Malawi

In Malawi, leadership by the Association of Malawian Midwives (AMAMI) and government partnerships have focused on enhancing midwives' skills and resources. AMAMI's midwife leaders ensured that their strategic plan was well aligned to the Health Sector Strategic Plan, highlighting an opportunity of close collaboration.

Programmes such as 10,000 Happy Birthdays, launched in collaboration with international partners like ICM and Laerdal Global Health, have provided hands-on training in life-saving techniques to reduce maternal and neonatal mortality. Midwives received education in areas including, neonatal resuscitation and postpartum haemorrhage management, with simulation tools to reinforce learning.

This programme continued into 2024, equipping hundreds more midwives across Malawi. Additionally, the Respectful Maternity Care (RMC) Charter (23), promoted nationally, outlines the rights of women during childbirth, enhancing the focus on compassionate, patient-centred care across healthcare settings.

Step 7: Strengthen Research

To strengthen research within midwifery, it is essential to develop a robust research infrastructure. This requires investment in research training for midwives, access to research funding, and the establishment of partnerships between academic institutions, healthcare providers, and MAs.

Strengthening research begins with integrating research skills into pre-registration midwifery education programmes and continuing professional development (CPD). Midwives should be trained in research methodologies, critical appraisal of evidence, and data analysis, enabling them to conduct and contribute to high-quality research.

Offering midwives opportunities to engage in research projects during their education can also foster a research-oriented mindset. CPD programmes focused on research skills can further enhance the ability of practicing midwives to contribute to research throughout their careers.

Adequate funding is crucial for advancing midwifery research. Governments and healthcare organisations should allocate resources specifically for midwifery-led research across the full scope of SRMNAH. In addition, MAs should support applications for grants and scholarships that enable midwives to pursue research initiatives and related higher-education opportunities such as master's and doctorate studies. International project partnerships may also be an option MAs and midwives could explore to gain experience on midwifery research.

Building strong networks and collaborations between midwifery researchers, universities, and health systems can significantly enhance research capacity. These collaborations provide midwives with access to expertise, mentorship, and resources that can help drive innovative research. National and international networks, such as ICM's RPCs can further strengthen the exchange of knowledge and research across borders.

Promoting a culture of research within midwifery practice involves encouraging midwives to actively engage in research, apply evidence-based practices and supporting women and their families to understand the value of participating in research studies. Health systems can support this by creating environments that value research, providing protected time for midwives to undertake research activities,

supporting related higher-education opportunities and promoting research findings in clinical settings. In addition, midwives should be encouraged and supported to present their research at conferences and publish in peer-reviewed journals, contributing to the global knowledge base.

Australia provides a strong example of a country that has made significant progress in strengthening midwifery research.

* Example 6: Midwifery Research in Australia

Leadership in Midwifery Research

In Australia, midwifery research is well-supported by both government and academic institutions. The Australian College of Midwives (ACM) plays a key role in fostering research by providing scholarships and creating platforms for midwives to present their research findings at state based and national conferences, as well as in ACM publications. Midwifery researchers in Australia are actively involved in studies that address key maternal health issues, such as the effectiveness of continuity of midwife care models, interventions for reducing maternal mortality, and improving outcomes for Indigenous women and families.

Australian universities have also established midwifery research centres that collaborate with hospitals and healthcare providers to conduct research that informs policy and practice. The National Health and Medical Research Council (NHMRC) and the Medical Research Future Fund (MRFF) provide funding opportunities for midwifery-led research projects, ensuring that midwives contribute to the evidence base that shapes maternal and newborn healthcare in Australia and beyond.

Implementation of Evidence-Based Continuity of Care

Australia has been a leader in implementing continuity of midwife care models, particularly through the widespread adoption of caseload midwifery. In this model, midwives provide continuous care to a small group of women throughout pregnancy, birth and postnatally.

Research conducted in Australia has demonstrated that women who receive continuity of midwife care from a known midwife experience better outcomes, including lower rates of preterm birth, fewer interventions during labour, higher breastfeeding rates and satisfaction with care. Research also shows workforce benefits for midwives such as improved job satisfaction, autonomy by working to full scope of practice, and better retention.

The Australian Government has supported the continuity of midwife care model by funding caseload midwifery programmes and integrating this model into public health systems through a national woman-centred care strategy. The ACM has been instrumental in advocating for continuity of care, ensuring that it is recognised as a key component of quality maternal healthcare. Furthermore, Australian midwifery education programs emphasise the continuity of care model, preparing midwives to provide individualised, continuous care to women throughout their careers.

* Example 7: ICM's Midwives' Data Hub

In response to a lack of available accessible data on key midwifery indicators, and to encourage midwives and SRMNAH partners to engage with midwiferelated data and national outcomes, ICM developed the Midwives' Data Hub. This a free, easy to use online repository features country-level data related to SRMNAH outcomes from trusted sources like the WHO, as well as midwifery data related to the implementation of the Framework. It has a easy to navigate section for those new to data and research, as well as a section where more advanced users can engage with data more deeply and analyse it according to their needs.

Step 8: Strengthening Continuity of Midwife Care

To strengthen the continuity of midwife care model, several strategies must be employed, including policy support, education, and addressing barriers such as workforce shortages and inadequate compensation.

Policy and Institutional Support: Governments and healthcare institutions should be made aware of the value of continuity of midwife care and implement policies that support its widespread adoption. This includes ensuring that midwives are adequately compensated and that staffing models allow midwives to offer this type of care without being overburdened. Policies should also provide midwives with the autonomy to practice within the continuity of midwife care model, enabling them to be lead caregivers throughout pregnancy, birth and postnatally.

Healthcare institutions can support midwives by designing care pathways that facilitate continuity, such as caseload midwifery models, where midwives are assigned to a specific number of women to provide individualised and continuous care.

Education and Training: Midwifery education programmes should emphasise the importance of continuity of midwife care model and educate midwives in the skills needed to provide it effectively. This includes communication skills, relationship-building, and individualised care planning. Furthermore, in-service education should be provided to midwives working in continuity of midwife care models, ensuring that they are supported in managing the complexities of providing continuity of care.

Addressing Barriers to Continuity of Midwife Care: One of the significant challenges to implementing continuity of midwife care is the shortage of midwives in many healthcare systems, which can make it difficult for midwives to provide continuous, individualised care. To address this, governments should invest in midwifery workforce development, ensuring that there are enough midwives to meet demand and need.

Step 9: Strengthening Midwives' Associations

* Example 8: Continuity of Midwife Care in the United Kingdom

In the UK, specifically in the region of England, Black and Asian women and babies are more likely than their white counterparts to experience poor outcomes when receiving maternity services. As a response, the UK government has been implementing continuity of midwife care models for these groups. This initiative, referred to as Midwifery Continuity of Carer (MCoC), prioritises continuous relationships between the same midwives and women throughout pregnancy, childbirth and postnatal period. The model aims to improve safety and enhance maternal experiences by fostering consistent and personalised

Scotland has also embraced continuity of midwife care through the <u>Best Start Programme</u>. This approach promotes small teams of midwives who each support a limited number of women, enabling consistent relationships. The model, launched through regional pilot programmes, has been gradually expanded, adjusting to local needs and feedback from the participating midwives and women. It emphasises relational care and has shown early positive impacts on maternal satisfaction and overall health outcomes.

These continuity models are being carefully scaled to address workforce limitations and regional disparities in midwife availability. The UK's NHS England Delivering Midwifery Continuity of Carer at Full Scale (23) highlights that if this model is implemented with safe numbers of midwives, who are educated to work in this way, then this can support midwives' professional well-being and job satisfaction, further helping to retain skilled professionals in maternity care.

MAs play a critical role in advocating for the profession, supporting members, and fostering a sense of community among midwives. Strengthening these MAs involves:

- **Building organisational capacity:** providing training and resources to MAs to strengthen their governance, management, and advocacy capabilities.
- **Promoting professional development:** encouraging MAs to offer continuing education, workshops, conferences, and networking opportunities for their members.
- * Advocating for policy change: supporting MAs in advocating for policies that promote midwifery, such as improved working conditions, fair compensation, and recognition of midwives as essential healthcare providers.
- **Engaging with stakeholders:** facilitating partnerships between MAs, government bodies, and other healthcare organisations to promote collaboration and collective action.

ICM plays a critical role in strengthening MAs worldwide, promoting quality midwifery care globally. A key strategy employed by ICM is the Midwives' Association Capacity Assessment Tool (MACAT), a comprehensive evaluation mechanism aimed at identifying the strengths and gaps within individual MAs. The MACAT helps MAs measure their capacity across multiple domains, including leadership, governance, and advocacy, enabling them to create tailored development plans for enhancing performance. The tool also helps MAs better align with ICMs Essential Competencies for Midwifery Practice and Global Standards, facilitating improvements in professional development and service delivery.

Through MACAT, ICM offers targeted technical assistance and fosters partnerships with international organisations, governments, and other stakeholders. This structured approach ensures that MAs can advocate effectively for policies that promote women's health, improve working conditions, and foster gender equality in healthcare systems. MACAT is not available online and must be combined with ICM's technical assistance.

ICMs work has proven vital in regions like sub-Saharan Africa, where MAs have benefitted from strategic planning initiatives and leadership development, bolstering their advocacy and service delivery capacity. Strengthened MAs not only improve SRMNAH outcomes but also serve as powerful agents of change in achieving universal health coverage and gender equality in health services.

* Example 9: Strengthening Midwives' Associations in Ethiopia, Uganda and Tanzania

The Ethiopian Midwives Association (EMA) received support from international partners to strengthen its capacity in the areas of governance, advocacy, and member services. EMA developed training programmes for midwives, launched public awareness campaigns, and successfully advocated for the inclusion of midwives in national health policy discussions. As a result, EMA has become a strong voice for midwifery in Ethiopia, contributing to significant policy changes (25).

Uganda Private Midwives Association (UPMA)

MAs play a critical role in supporting midwifery practice. Strong associations, such as UPMA is a prime example of a robust and strengthened midwives association. One of UPMAs key strengths lies in its ability to advocate for midwives at national and regional levels. UPMA has worked closely with the Ugandan Ministry of Health to influence policies that promote midwifery care, ensuring that midwives are recognised as essential healthcare providers in the country's maternal health strategy. The association has also been instrumental in increasing access to continuing professional education, ensuring that midwives are well-equipped with the latest knowledge and skills in maternal and newborn care.

Through partnerships with international organisations such as the United Nations Population Fund (UNFPA) and ICM, UPMA has launched initiatives aimed at reducing maternal and newborn mortality rates, particularly in underserved communities. These include training programmes for midwives in emergency obstetric care and advocating for improved working conditions, better wages, and more professional recognition for midwives. UPMA's strong leadership, advocacy efforts, and partnerships have positioned it as a powerful force in advancing the midwifery profession and improving maternal health outcomes in Uganda.

Tanzania Midwives' Association

Tanzania has also bolstered its midwifery profession through the Tanzania Midwives' Association (TAMA), which works closely with the government to address a significant shortage of skilled midwives. The country has adopted midwifery models of care, particularly in rural areas, aiming to offer women a continuity of skilled care from pregnancy through the postnatal period. TAMA has organised training workshops focusing on the safe management of births and respectful care practices, with strong government support for integrating midwives into Tanzania's health service structure. The emphasis on the role of the midwife has also brought broader health policy shifts in Tanzania, improving maternal outcomes at a national level.

These countries' initiatives underscore the importance of midwifery in maternal and newborn health, and SRMNAH more broadly, with results that showcase the critical role of midwives in providing accessible, high-quality care

Step 10: Advocate for Policy and System-Level Changes

To create an enabling environment for midwifery, advocate for policy and system-level changes that support the implementation of the Framework. This includes:

- Influencing national health policies: advocate for the inclusion of midwifery as a key component of national health policies, strategies, and budgets.
- **Ensuring adequate funding:** lobby for adequate funding for midwifery education, regulation, research and professional development.
- Integrating midwives into health systems: promote the integration of midwives into interdisciplinary teams within healthcare systems to ensure they can practice to their full scope and provide quality care, in midwifery models of care.
- Addressing workforce challenges: advocate for policies that address workforce challenges, such as shortages, poor working conditions, gender equity and fair pay.
- * Example 10: Policy Advocacy in New Zealand and European Union

In **New Zealand**, the New Zealand College of Midwives (NZCOM) successfully advocated for the recognition of midwives as autonomous healthcare providers within the national health system. Through continuous engagement with policymakers, NZCOM secured funding for midwifery models of care, influenced the development of national maternity care guidelines, and ensured midwives were represented in health policy decision-making bodies.

In the **European Union** and **European Economic Area** (EU and EEA, representing 31 countries) the minimum standards for midwifery education are set through the Directive on the Recognition of Professional Qualifications (Directive 2005/36/EC). In 2024-2025, ICM collaborated with MAs from across the region to align updates to the Directive with the ICM Essential Competencies for Midwifery Practice.

This work has the potential to raise the minimum standards for pre-registration midwifery education for the region, as well as for other countries globally that look to the EU Directive as an example of how to establish their own minimum educational requirements and scope of practice for midwives.

Step 11: Monitor, Evaluate and Learn

Regular monitoring, evaluation and learning (MEL) are crucial to track the progress of implementing the Framework and assess its impact. This involves:

- **Developing MEL indicators:** develop specific indicators to measure progress of the implementation of the Framework.
- **Conducting regular assessments:** conduct regular assessments to evaluate the effectiveness of the implementation strategies and identify areas for improvement.
- Using data for continuous improvement: use MEL data to inform decision-making, refine strategies, and share best practices across regions and countries.
- **Workshops and seminars:** conduct regular in-person and virtual workshops to educate midwives about the Framework.
- Newsletters and publications: distribute regular newsletters and publications to keep midwives informed about updates and new resources.
- Social media campaigns: use social media platforms to raise awareness and engage with the midwifery and wider SRMNAH community.
- **Partnerships:** MAs can collaborate with healthcare organisations, academic institutions, regulators and other professional bodies/ colleges/ societies to promote the Framework.

ICM Support for Implementing the Framework



ICM plays a critical role in supporting MAs and midwives globally to implement the Framework, and can assist in:

- Advocacy and policy influence: ICM regularly engages in global advocacy to
 influence health policies, emphasising the importance of the Framework for
 improving SRMNAH outcomes. This includes working with international bodies like
 the WHO to ensure that the Framework is recognised and adopted by governments
 and healthcare systems.
- Leadership: ICM plays a crucial role in promoting leadership within the profession,
 offering platforms for midwives to share experiences and build capacity across
 borders. Through ICM's Triennial Congress, regional conferences, webinars, regional
 meetings and workshops and the Global Chief Midwives' Community of Practice,
 midwifery leaders can gain insights into international innovations in SRMNAH,
 which they can adapt to their local contexts.
- Resource mobilisation: in some cases, ICM supports MAs by enhancing their knowledge of mobilising resources, including funding and technical support to implement the Framework. This has included organising workshops, webinars and training sessions. An example of this is the recent <u>Building Resilience in Digital Growth and Engagement (BRIDGE)</u> programme, which included MAs in three of ICM's regions, conducted in partnership with the Lightful and the Gates Foundation. We hope to continue with similar programmes in the future.
- Educational standards and curriculum development: ICM can assist MAs to align educational programmes with Global Standards. This includes helping preservice midwifery education institutions develop curricula that reflect the Essential Competencies and Framework more broadly, thereby preparing students for professional practice.
- Partnerships in Education: ICM partners with other global organisations under the collective title of <u>AIME the Alliance to Improve Midwifery Education</u>, aiming to align the latest policy and research in midwifery education to increase global advocacy and disseminate the latest evidence effectively.
- Strengthening Regulatory Frameworks: ICM works with governments and
 regulatory bodies to establish or strengthen systems for licensure, certification, and
 continuing education. By ensuring that only educated and registered midwives are
 allowed to practice, regulatory frameworks help maintain professional standards in
 alignment with the Framework.

- Promoting Research and Evidence-Based Practice: ICM supports research
 initiatives that gather data on midwifery outcomes, which can inform evidencebased practices. This includes supporting studies that focus on best practices in
 midwifery care and outcomes. Some of these can be found and easily accessed on
 the Midwives' Data Hub.
- Creating Regional Support Networks: ICM's Regional Professional Committees
 can establish networks through which midwives collaborate, share resources, and
 discuss challenges related to the Framework's implementation. This fosters peer
 support, accountability, and innovation in midwifery practice.
- Monitoring and Evaluation Mechanisms: ICM develops tools and indicators to help MAs monitor and evaluate the implementation of the Framework. This involves gathering data on progress, identifying gaps, and making necessary adjustments to ensure that the Framework's standards are being met consistently.

These actions help ICM strengthen the midwifery profession globally, supporting midwives to provide high-quality, standardised care that improves SRHMNAH outcomes.





Conclusion

The implementation of the ICM Professional Framework for Midwifery represents a significant step towards improving the quality of midwifery care and the enabling environment for midwives. By using this Implementation Guide, engaging stakeholders, and measuring progress through clear outputs, successful and sustained adoption of the Framework can be achieved. This will ultimately contribute to better health outcomes for women and newborns worldwide and strengthen the midwifery profession for future generations

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Appendices

Appendix 1: Examples of Information Collected Through Situational Analysis

This appendix offers examples of information that can be collected through conducting a situational analysis. See the template in Appendix 2 on more information on how to conduct one.

* Country 1: Kenya

Education:

- Kenya has a growing network of midwifery education programmes, but there are disparities in quality and access between urban and rural areas.
- Evidence: A 2020 WHO report noted that only 70% of midwives had completed accredited training.

Regulation:

- The Nursing Council of Kenya regulates midwifery practices. However, there are challenges in monitoring adherence to regulations in remote areas.
- Evidence: A study published in Midwifery Journal (2021) highlighted inconsistent licensing renewal rates due to resource constraints.

Association:

- Kenya Midwives' Association (KMA) actively promotes midwifery practice but faces funding and political support challenges.
- Evidence: A 2022 analysis by the ICM noted KMA's advocacy efforts contributed to the integration of midwifery into national health policy.

Leadership:

- Kenya's leadership in health system reforms includes initiatives that enhance midwifery services through partnerships with organizations like UNFPA and the Nursing Council of Kenya.
- The Ministry of Health established the National Midwifery Policy (2021) to align services with global standards and to position midwives as key leaders in SRMNAH services.
- Evidence: UNFPA highlights Kenya's leadership in integrating midwives into primary healthcare to improve maternal outcomes.

Gender Equality:

- Efforts to address gender equality include promoting midwifery as a respected profession for women and encouraging their participation in leadership roles.
- Community sensitisation programmes are reducing gender stereotypes that historically undervalued women's contributions to healthcare.
- Evidence: A 2021 report by UN Women notes progress in gender equity in Kenyan health professions, with midwifery now seen as a key career path for women.

Enabling Environment:

- Investments in midwifery education and infrastructure are creating an enabling environment. Partnerships with international bodies help fund training programs, and regulatory frameworks ensure practice standards.
- Evidence: A WHO report (2022) notes that Kenya's enabling environment is improving access to high-quality care in rural and urban areas.

* Country 2: Sweden

Education:

- Sweden has a well-established, high-quality midwifery education system integrated into universities. Graduates meet EU standards for professional practice.
- Evidence: A 2021 OECD report emphasised Sweden's role in training midwives to provide care for normal births independently.

Regulation:

- Stringent national regulations ensure accountability. All midwives must register with the Swedish National Board of Health and Welfare.
- Evidence: Regulatory adherence has been linked to high maternal satisfaction rates, referenced in a 2022 study by the European Midwives' Association.

Association:

- The Swedish Association of Midwives is a strong professional body with a history of advocacy for women's reproductive rights.
- Evidence: Reports by UNFPA in 2021 cited the association's contribution to policies on midwifery-led models of care.

Gender Equality:

- Sweden is a global leader in gender equality, with policies that prioritise women's health and rights. Gender-equitable maternity leave policies and comprehensive maternal healthcare reflect this commitment.
- Men are encouraged to enter the profession of midwifery, helping normalise the profession across genders.
- Evidence: The European Institute for Gender Equality (EIGE) ranks Sweden as one of the top countries for gender parity, highlighting its inclusive approach to healthcare professions.

Enabling Environment:

- Sweden's enabling environment is supported by universal healthcare, wellestablished educational systems for midwifery, and robust legal frameworks protecting healthcare workers.
- Midwives operate in a supportive environment where they are empowered to lead independent practices.
- Evidence: OECD data from 2023 emphasises Sweden's advanced enabling environment as a model for integrating midwifery into primary healthcare systems.

* Country 3: Afghanistan

Enabling environment:

- In challenging conditions, Afghan midwifery leaders, supported by the Afghan Midwives Association (AMA), are advocating for improved maternal health services despite political instability. AMA provides leadership training to empower midwives in rural areas.
- Evidence: A WHO report (2022) highlights AMA's contributions to policy dialogue and capacity-building in midwifery despite systemic barriers.
- Despite limitations, international agencies are working to create an enabling environment for Afghan midwives by funding mobile clinics and providing training in underserved regions.
- Evidence: WHO and UNFPA (2022) outline programs designed to support midwifery education and practice under difficult conditions

Education:

 Midwifery education is underdeveloped, with limited training institutions, especially in rural areas. Evidence: A 2020 UNFPA report indicated that only 22% of midwives in Afghanistan had received formal training.

Regulation:

- There are regulations for midwifery practice, but enforcement is weak due to ongoing political instability.
- Evidence: The Global Midwifery Advocacy Report (2021) highlighted gaps in the regulatory framework.

Association:

- The Afghan Midwives Association (AMA) plays a crucial role but faces challenges in operating amid insecurity.
- Evidence: AMA initiatives have improved the availability of midwifery services in high-risk areas, per a 2021 WHO assessment.

Gender Equality:

- Gender equality remains a critical challenge. Despite societal restrictions, midwifery is one of the few professions widely accepted for Afghan women.
 Initiatives led by international NGOs aim to expand women's access to training and employment in healthcare.
- Evidence: A 2023 UNFPA report shows progress in empowering Afghan women through midwifery education, albeit within significant constraints.

Key Findings from the Situational Analysis

Strengths:

Countries like Sweden demonstrate strong alignment with the ICM Framework, particularly in education and regulation.

Weaknesses:

Countries like Afghanistan face systemic barriers, including political instability and limited education access.

Opportunities for Improvement:

Advocacy for more resources and international support to strengthen MAs in low-resource settings.

Global partnerships to standardise education and ensure equitable access to other elements of the Framework.

Appendix 2: Conducting a Situational Analysis

This assessment tool is designed to provide a structured approach for midwifery associations to evaluate and enhance their alignment with the ICM Professional Framework for Midwifery MAs are invited to use this tool to undertake a general situational analysis, evaluating their alignment with each element of the Framework.

ICM has developed additional self-assessment tools for elements of the Framework, where a tool could be helpful to midwives and MAs. These tools will support an in-depth analysis of elements of the framework in relation to the country context and support the development of quality improvement plans as required. More tools will be developed in the future.

Essential Competencies for Midwifery Practice	ICM Curriculum Mapping Tool - (MPath)
Continuity of Midwife Care Model of Practice	Transitioning to midwifery models of care: global position paper (WHO, ICM, UNFPA) Implementation Guide (WHO, ICM, UNFPA)
Education	ICM Global Standards for Midwifery Education – Self Assessment Tool
Regulation	ICM Global Standards for Midwifery Regulation Self- Assessment Tool

Situational Analysis Worksheet

Section 1: Midwifery Philosophy			
Does your association have a clearly articulated philosophy that aligns with the ICM Midwifery Philosophy, emphasizing ethical principles of justice, equity, and respect for human dignity?	 Fully Aligned: Meets all ICM standards (3 points) Partially Aligned: Some gaps exist (2 points) Not Aligned: Significant gaps exist (1 point) 	Evidence required: documentation of the association's philosophy or mission statement.	SCORE
Section 2: Essential Competencies for Midwifery Practice			
Has your association adopted the ICMs Essential Competencies for Midwifery Practice as the standard for midwifery education and practice?	 Fully Aligned: Meets all ICM standards (3 points) Partially Aligned: Some gaps exist (2 points) Not Aligned: Significant gaps exist (1 point) 	Evidence required: curriculum guidelines, competency assessment tools, or official adoption statements or equivalent	SCORE
Section 3: Education			
Are the midwifery education programmes in your country aligned with the ICM Global Standards for Midwifery Education?	 Fully Aligned: Meets all ICM standards (3 points) Partially Aligned: Some gaps exist (2 points) Not Aligned: Significant gaps exist (1 point) 	Evidence required: accreditation reports, curriculum outlines, or educational standards documentation.	SCORE
Section 4: Regulation			
Is there a regulatory framework in place that aligns with the ICM Global Standards for Midwifery Regulation, ensuring midwives can practice autonomously?	 Fully Aligned: Meets all ICM standards (3 points) Partially Aligned: Some gaps exist (2 points) Not Aligned: Significant gaps exist (1 point) 	Evidence Required: regulatory policies, licensing requirements, or government legislation.	SCORE
Section 5: Association		·	
Does your association have a formal governance structure with clear roles and responsibilities, and a strategic plan aligned with ICM Standards?	 Fully Aligned: Meets all ICM standards (3 points) Partially Aligned: Some gaps exist (2 points) Not Aligned: Significant gaps exist (1 point) 	Evidence required: governance documents, leadership roles descriptions, strategic plans.	SCORE

Section 6: Research					
Is your association actively involved in or promoting midwifery research to inform practice, education and policy?	 Fully Aligned: Meets all ICM standards (3 points) Partially Aligned: Some gaps exist (2 points) Not Aligned: Significant gaps exist (1 point) 	Evidence Required: Research publications, partnerships with research institutions, or research funding initiatives.	SCORE		
Section 7: Continuity of Midwife Care					
Is the midwifery model of care implemented in your country's healthcare system?	 Fully Aligned: Meets all ICM standards (3 points) Partially Aligned: Some gaps exist (2 points) Not Aligned: Significant gaps exist (1 point) 	Evidence Required: Healthcare policies, care model descriptions, or implementation reports.	SCORE		
Section 8: Leadership					
Does your association have programmes to develop leadership skills among midwives, as recommended in the ICMs Guide for Midwifery Leadership?	 Fully Aligned: Meets all ICM standards (3 points) Partially Aligned: Some gaps exist (2 points) Not Aligned: Significant gaps exist (1 point) 	Evidence Required: Leadership training programmes, mentorship initiatives, or leadership role descriptions.	SCORE		
Section 9: Enabling Environment					
Is there an enabling environment that supports midwives in providing quality care, including adequate resources, supportive policies, and professional recognition?	 Fully Aligned: Meets all ICM standards (3 points) Partially Aligned: Some gaps exist (2 points) Not Aligned: Significant gaps exist (1 point) 	Evidence Required: Policy documents, resource allocation reports, or professional recognition statements.	SCORE		
Section 10: Commitment to Gender Equality and JEDI					
Does your association have policies and practices that demonstrate a commitment to gender equality and JEDI principles?	 Fully Aligned: Meets all ICM standards (3 points) Partially Aligned: Some gaps exist (2 points) Not Aligned: Significant gaps exist (1 point) 	Evidence Required: Policy documents, diversity and inclusion training materials, or related initiatives.	SCORE		
		TOTAL SCORE (maximum 30)			

For each gap you identify, describe the following:

- 1. Gap Description: detail the specific area where alignment is lacking.
- 2. Actions: outline the steps required to address the gap.
- 3. Responsible Parties: assign individuals or groups responsible for implementing the actions.
- 4. Timeline for Implementation: set a realistic timeline for completing each action.

Next steps:

- Stakeholder Engagement: discuss assessment findings with relevant stakeholders.
- Strategic Planning: develop a comprehensive plan to address identified gaps.
- Resource Allocation: identify and allocate resources needed for implementation.
- Monitoring and Evaluation: establish mechanisms to monitor progress and evaluate outcomes.

Appendix 3: Tips and Advice for Engaging with your National Ministry of Health or Health Authorities

These tips can be helpful when preparing for a meeting with the Ministry of Health, writing to the Minister of Health, or other health authorities and leaders in the health system. Of course, these ideas are general, and you should adapt, add and/or delete based on the political, cultural context of your country. S

Set your objective(s)

A well-defined objective will provide clarity on the purpose of the meeting and guide conversation.

- Think about objectives that are specific, measurable, achievable, relevant, and timebound (SMART).
- Agree your primary objective for the meeting. Can this be summarised in a few key points? Brevity is important, so be prepared to state your primary objective at the start of the meeting.
- What are your expected outcomes of the meeting? Discuss these with your team. Different perspectives and insights may be helpful.

Establish background information

- Be familiar with the Government's national health policy, mandate and timeframes.
 Think about any specific goals they must meet in the upcoming period, and how your objectives align with these.
- When reading the Ministry's health plan or equivalent, note the reference to, or omission of SRMNAH. Note the reference to, or omission of maternity care, midwifery care, midwives, women's voices, and gender equality.
- Are there other stakeholders that you need to engage with, for example, special advisors to the Minister for Health. Research those you will be interacting with. Be familiar with their areas of interest and identify potential synergies.
- Be familiar with the minister's area of focus/interest in SRMNAH. Is there an opportunity to use this intelligence when preparing to engage.
- Be aware of national law in relation to the national or International Definition and Scope of Practice of a Midwife

For example, if your objective for the meeting is investment in midwives, can you articulate and evidence the return on investment in midwives. Do you need to sharpen your narrative?

These papers may help you shape your narrative:

- The impact and cost of scaling up midwifery and obstetrics in 58 low- and middle-income countries - PubMed
- Investing in midwifery for sustainable development goals in low- and middleincome countries: a cost-benefit analysis | Cost Effectiveness and Resource Allocation
- Increasing the number of midwives is necessary but not sufficient: using global data to support the case for investment in both midwife availability and the enabling work environment in low- and middle-income countries
- It is important to understand how much financial gain a health service/hospital or health system can obtain from the money it invests in midwives, midwifery models of care, or for example a quality improvement programme that improves the way midwives practice and/or the health system they work in. This investment should have an impact on the Quality Adjusted Life Year (QUALY). Consider this as you prepare for the meeting.
- Prepare a briefing that is shared with the Ministry of Health ahead of the meeting and consider using the ICM Professional Midwifery Framework to underpin your narrative.

Prepare before the meeting

- Be prepared to share maternal and newborn health data, including for example, birth rate, mortality and morbidity data. Other SRMNAH data may also be helpful. Illustrate health disparities and inequality in health outcomes and experiences with available data.
- Research potential disparities in regions of the country, as well as differences between your, and near neighbour countries that you are comparable to. Are they doing better or worse, and is this an argument that can help your case? The Midwives' Data Hub may be a good source of information.
- Be prepared to articulate how these data can be improved by explaining the contribution midwives can make.

- Know the number of midwives, midwifery vacancy rate, the number of midwives needed to provide safe midwifery care. Be prepared to explain what safe midwifery care is and how it contributes to saving lives and improving experiences.
- What are your pre-service and in-service education needs? Do you have this information? Be prepared to articulate the benefits of supply and demand/workforce planning in relation to maternal mortality and morbidity, stillbirth and newborn rates. Women's experience data is important, if you have this data, be prepared to share.

Remember!

- You are the expert! Be succinct and rehearse your narrative.
- Are you saying what you mean? And do you mean what you say?
- Provide accurate and relevant information, explain the benefits and the challenges
- Avoid medical terms where possible, refer to the briefing that you have submitted to the Ministry of Health ahead of the meeting. Do not read this out in full. Use it as an aid memoir as you can assume that your briefing has been read.
- When you finish talking, wait for a response, and don't be tempted to continue talking to fill a moment of silence. Guard against over talking.

Reflect on the following before the meeting

- Does your midwives' association meet with the Ministry of Health on a regular basis? What were the outcomes of those meetings? How could you improve them? Did you achieve your expected outcome(s)? If not, why not? What changes should you make prior to the next meeting?
- What are the actual and perceived barriers to engaging with the Ministry of Health?
- How can you overcome these barriers?



