Position Statement

Midwives and Physiological Birth

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Background

For many women, gender diverse people and their newborns, labour and birth are profound but normal physiological processes (1,2). When labour progresses physiologically, without complications, this results in what is often described as normal or physiological birth. The term *physiological birth,* however, is defined and understood in different ways, across professional bodies, health systems, cultural contexts and between individuals, with no globally agreed definition (3-5).

The International Confederation of Midwives (ICM) uses the term physiological birth to describe spontaneous labour and vaginal birth that proceed without complications or medical intervention. Physiological birth, unless contraindicated, when compared to other modes of birth, is associated with fewer complications, improved maternal and newborn health outcomes (6) and is the preference for many women globally (5).

Midwives' scope of practice extends across the sexual and reproductive life course of women and includes being specifically educated and competent in supporting safe physiological birth (7). Midwives' scope includes upholding women's right to make and enact informed decisions, including about mode of birth. Rights-based, woman-centred care, provided by autonomous, independent midwives working to their full scope of

practice within a midwifery model of care is the most effective way to achieve a safe physiological birth (2,8). This is enhanced by continuity of midwife care, which further increases physiological births, more positive birth experiences, and more efficient use of health resources than medicalised models of care. (8–10).

Midwives' skilled, evidence-based support for physiological birth is complimented by their knowledge and skills in early detection, initial management and timely referral of women and newborns with complications (7). This should occur within interprofessional teams, using established referral systems, ensuring all women and newborns, including those with complications in the perinatal period, remain safe (11). *ICM's Position Statement on Unnecessary Interventions and the Risk of Harm* discusses appropriate use of interventions.

Position

ICM maintains that safe physiological birth should be enabled and supported for women and newborns, unless contraindicated.

Midwives are the most appropriate health professionals to provide care during physiological birth (7). Midwives' Philosophy and Model of Care recognises labour and birth as normal physiological processes, centering women's bodily autonomy and informed decision-making.

Health systems must ensure universal access to midwifery models of care that support safe physiological birth, while ensuring that midwives can provide timely management and referral if and when complications arise (11).

Recommendations

ICM urges health authorities and policymakers to:

1. Invest in the education, recruitment, regulation and retention of midwives, recognising them as the most appropriate health professionals to lead care for women without complications throughout their sexual and reproductive life course, particularly during physiological birth.

2. Position and integrate midwives as autonomous clinical and expert leaders within health systems.
3. Develop, implement and monitor policies and guidelines that prioritise and support physiological birth, including ensuring health facility environments that support and enable physiological birth.
4. Design health systems to structurally embed midwifery models of care, positioning midwives as primary health providers across pregnancy, birth and the postnatal period, including through continuity of midwife care.
5. Strengthen referral systems and interprofessional collaboration so that women and newborns with complications receive safe, timely and appropriate care.

ICM urges midwives' associations to:

1. Advocate for regulation, policy and funding that enable universal access to midwifery models of care.
2. Promote research generation and dissemination on physiological birth, especially by midwives.
3. Advocate for pre-service and in-service education that equips midwives with the knowledge, skills and professional behaviours required to support physiological birth and to promptly identify, manage, and refer women and newborns with complications in all labour and birth environments.
4. Raise public awareness and interprofessional understanding about the role of midwives as the most appropriate professionals to support physiological birth.
5. Advocate for referral systems and interprofessional collaboration so that women and newborns with complications receive safe, timely and appropriate care.

ICM urges midwives to:

1. In partnership with women and their birth companions, support safe physiological birth, provide care that upholds women's bodily autonomy and their right to make informed decisions, including about mode of birth.
2. Demonstrate and champion evidence-based practice that supports safe physiological birth and ensures women and newborns with complications are

promptly identified, managed, and referred to interprofessional teams within all labour and birth environments.

3. Promote public awareness of the benefits of physiological birth and women's rights, especially through antenatal education.
4. Commit to interprofessional collaboration, recognising that appropriate intervention depends on timely consultation, coordinated decision-making and effective referrals.
5. Maintain competencies through lifelong learning, reflective practice and adherence to professional standards.

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