

*Position Statement*

# Midwifery Models of Care: The Choice for All Women

**REVISED 2026**

## Background

Despite considerable progress in recent decades, maternal and newborn mortality, morbidity and stillbirth rates remain unacceptably high globally, indicating persistent health inequalities (1,2,3). Evidence demonstrates that more than 60% of these maternal and newborn deaths and stillbirths could be averted by achieving universal coverage of care provided by midwives by 2035 (4,5). This is because educated and regulated midwives can deliver 90% of essential sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH) services. Despite this, midwives account for less than 10% of the global SRMNAH workforce. Transitioning to midwifery models of care has the potential to improve these outcomes (5,6,7).

Midwifery models of care are models of care in which the main care providers for women and newborns, starting from pre-pregnancy and continuing throughout the antenatal, labour, birth and postnatal period, referred to here as the perinatal period, are educated and regulated midwives (7,8). Care is provided by a known and trusted midwife, or a small team of midwives who autonomously provide and coordinate respectful, high-quality care throughout the perinatal period. This approach reflects a midwifery philosophy and model of care centred on continuity of care, trusted relationships between midwives and women, and the facilitation of safe physiological birth (8,9).

Midwifery models of care are globally recommended to be the first choice for all women (7,8). When women are healthy and experience uncomplicated pregnancies, the midwife is the lead provider of care throughout the perinatal period, providing holistic, evidence informed, SRMNAH care which is aligned with the woman's needs and values (7). When the woman or her newborn experience complications in the perinatal period the midwife coordinates care, ensuring safe and timely referrals within a functional interdisciplinary network of health care providers who can provide the care required, whilst a known midwife continues to provide and coordinate care (7, 9).

Implementing midwifery models of care saves lives, improve women's and newborns' short, medium and long-term outcomes and women report improved satisfaction with care including birth experiences. The model is also associated with reduced health inequalities and optimisation of resource allocation, ensuring investment in the most effective and impactful SRMNAH practices (10,11).

## **Position**

ICM affirms that midwifery models of care must be implemented, recognised, supported, and integrated into all health systems including home, community and hospital-based settings; the public and private sectors and public-private partnerships; resource-constrained environments; and humanitarian and crisis settings as the standard for perinatal care.

ICM upholds that all women should have access to midwifery models of care. Midwives work in partnership with women and their families to promote safe outcomes and positive experiences throughout the perinatal period.

ICM recognises the importance of interprofessional collaboration and emphasises that the midwifery models of care must be supported through strong partnerships at local, national, and international levels.

## **Recommendations**

### **ICM urges health authorities and policymakers to:**

1. Enable and support countries in the transition to, and implementation of, midwifery models of care.
2. Invest in pre- and in-service midwifery education and policy frameworks so that midwives can practice to their full scope, within evidence-based midwifery models of care.
3. Ensure that midwifery models of care are accessible, affordable, and equitable for all women.
4. Strengthen interprofessional collaboration among midwives, obstetricians and gynaecologists, and other health professionals in implementing midwifery models of care, and supporting women with complex care needs.

### **ICM urges midwives' associations to:**

1. Advocate for national policies that recognise and integrate midwifery models of care into all levels of the health system.
2. Promote the implementation of the midwifery models of care and the recognition of midwives as primary providers of SRMNAH care.
3. Collaborate with women, communities, civil society organisations and other key stakeholders to advocate for countries to transition to midwifery models of care where it does not yet exist.
4. Increase community awareness and understanding of the midwifery models of care.
5. Strengthen interprofessional communication and collaboration between midwives' associations and obstetric and gynaecological societies to support effective implementation of the midwifery models of care.

### **ICM urges midwives to:**

1. Actively participate in the design, planning, organisation, and delivery of midwifery models of care, in partnership with women.

2. Advocate, together with women and other stakeholders, for the implementation of midwifery models of care in countries where women do not yet have access to such care.
3. In countries where midwifery models of care already exist, contribute to their continued development, strengthening, and sustainability.

## References

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This position statement merges and updates five previous position statements: 'Midwifery Led Care, the First Choice for All Women' (2017), 'Appropriate Maternity Services for Normal Pregnancy, Childbirth and the Postnatal Period' (2017), 'Midwifery Care for Women with Complications of Childbirth' (2014), 'Collaboration and Partnerships for Healthy Women and Infants' (2023), and 'Planning and Resources for Midwifery and Reproductive Health Systems' (2017).

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