International Confederation of Midwives

Position Statement

The Role of Midwives in Preventing and Managing Human Immunodeficiency Virus (HIV)

REVISED 2026

Background

The human immunodeficiency virus (HIV) is a communicable disease which, when left untreated by antiretroviral therapy (ART), advances to become the frequently fatal acquired immune deficiency syndrome (AIDS). Globally, 40.8 million people are living with HIV and an estimated 630,000 people died from HIV-related causes in 2024, making it a major global public health issue and the leading cause of death among women of reproductive age (1).

Globally, people living with HIV are highly stigmatised, resulting in them having difficulty accessing healthcare or being discriminated. This is exacerbated by HIV being more prevalent in already marginalised populations including survivors of gender-based violence, adolescents, men who have sex with men, sex workers, intravenous

drug users and individuals already infected with another sexually transmitted infection (STI) (2,3).

HIV can be transmitted via the exchange of body fluids from people living with HIV, including blood, breastmilk, semen, and vaginal secretions. HIV can be prevented and treated with ART. Optimal use of ART is central to preventing illness and onward HIV transmission (4). People living with HIV who start treatment early in their infection and are adherent to treatment can expect a near normal life expectancy (5,6).

Mother to child transmission (MTCT) of HIV is the primary mode of HIV infection in infants (7). Transmission can occur during pregnancy, birth, or through breastfeeding. The risk of MTCT can be reduced to less than 5% by interventions that include antiretroviral (ARV) treatment and prophylaxis given during pregnancy, childbirth and breastfeeding (1,7).

Midwives are often the first and most consistent point of contact for women, gender diverse people and newborns within the health system, placing them in a unique position to prevent, identify, and manage HIV. Midwives contribute significantly to reducing HIV-related morbidity, mortality and stigma through health education, voluntary counselling and testing, prevention of MTCT through antenatal care, routine screening, timely access to ART, and ongoing clinical and psychosocial support. Midwives work to reduce community misinformation, address stigma and discrimination, advocate for funding and improved provision of ART services, and link women and families to continued care and community support systems.

Position

ICM affirms that midwives, when enabled to practice with full autonomy, independence, and across their full scope, are the critically important health professionals to deliver prevention, treatment, care, and support for people affected by HIV/AIDS within sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH) services.

ICM supports that everyone has the right to know their own HIV status and, that this status be kept confidential. People known to be HIV-infected should be provided with lifelong ART and appropriate healthcare.

ICM supports global, regional, and national initiatives and encourages midwives and member associations to participate actively in the prevention, treatment, care, and support of people affected by HIV/AIDS.

Recommendations

ICM urges health authorities and policymakers to:

1. Strengthen national policies, guidelines, and regulatory frameworks to ensure standardised HIV testing, prevention of MTCT, infection prevention and control, and clearly defined professional and legal responsibilities for midwives.
2. Integrate midwives as key primary health professionals for HIV prevention, testing, treatment, and care, recognising their critical role across SRMNAH services.
3. Invest in pre- and in-service midwifery education, mentorship, and retention strategies that equips midwives with the knowledge, skills and professional behaviours to deliver national HIV strategies.
4. Safeguard the occupational safety, rights, and wellbeing of midwives, ensuring access to standard precautions, post-exposure prophylaxis, psychosocial support, and enabling environments free from stigma and discrimination.

ICM urges midwives' associations to:

1. Work in close collaboration with governments and local health authorities to support the implementation of national HIV policies and guidelines.
2. Advocate for enabling policies that recognise and strengthen the role of midwives in HIV prevention, testing, treatment, and care across SRMNAH services.
3. Provide continuous professional development for midwives on comprehensive rights-based HIV care, ethics and integrated SRMNAH services.

ICM urges midwives to:

1. Uphold professional ethics, integrity, and confidentiality while delivering evidence-based HIV prevention, counselling, testing, treatment, and care services in accordance with national and international guidelines.
2. Ensure early identification and effective management of HIV across SRMNAH services by offering routine HIV counselling and testing, facilitating timely initiation of ART, and providing ongoing counselling to support adherence and continuity of care.
3. Maintain competencies through continuing professional development in HIV care, including prevention of MTCT, breastfeeding, and lactation, and apply this evidence consistently across SRMNAH care settings.
4. Apply standard infection prevention and control measures to prevent blood-borne transmission, protecting yourself, women, newborns, and other health workers.
5. In partnership with women living with HIV, provide care that upholds women's bodily autonomy and their right to make informed decisions about birth practices and infant feeding to prevent MTCT.

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