



International  
Confederation  
of Midwives

Strengthening Midwifery Globally

PS2011\_004 V2017\_ENG\_ PARTNERSHIPS BETWEEN PROFESSIONAL MIDWIVES AND TRADITIONAL OTHER  
MATERNAL AND NEWBORN CARE PROVIDERS WITH MIDWIFERY SKILLS

## Position Statement

# PARTNERSHIPS BETWEEN MIDWIVES AND OTHER MATERNAL AND NEWBORN CARE PROVIDERS

### Background

To deliver comprehensive and holistic reproductive, maternal and newborn health services, the social, cultural, and economic factors of women and families need to be considered. These factors are often referred to as the social determinants of health.<sup>1</sup>

In many countries, women and gender diverse people receive care, support, and advice during pregnancy and childbirth from providers other than midwives. These providers are usually from the same community, understand the relevant social determinants of health, and have a high societal standing. Traditional, indigenous, or community-based providers generally have no formal training which, by ICM global standards, does not qualify them as a midwife. They are also not recognized by their country's accredited healthcare professional regulatory authorities. In countries where there are not enough qualified midwives, the traditional caregiver has been the primary healthcare provider; evidence has shown that these providers have not contributed to improvements in maternal and newborn mortality.<sup>2</sup>

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<sup>1</sup> World Health Organization. 2017. Social determinants of health. Available at: [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

<sup>2</sup> Garces, A., et al. 2019. Traditional Birth Attendants and Birth Outcomes in Low-Middle Income Countries: A Review. *Seminal Perinatology*. 43(5): 247 – 251. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S0146000519300382>

ICM's position is that improved access to midwives who are educated and regulated according to global standards is a priority strategy to improve maternal and newborn health outcomes, and is a basic human right.<sup>3</sup>

ICM's position is that regulation with an accredited health professional authority develops and maintains midwifery competency and contributes to protecting the public. Non-regulated care providers should be encouraged to work alongside midwives, develop partnerships and referral pathways and collaborate in the care of women and newborns.

A partnership between midwives that are regulated and educated according to global standards and traditional care providers not only reflects the midwifery philosophy of partnership with women and gender diverse people but is also more likely to result in better health outcomes. Traditional knowledge should be protected and valued and incorporated into formal midwifery educational programmes.

### Position

Linking or forming partnerships between registered/regulated/licensed midwives and traditional care providers has the potential to improve the health outcomes during pregnancy, childbirth and postpartum for women and gender diverse people and their newborns.

Key components to successful partnerships include:

- Ensuring community involvement and women's representation in the planning and implementation of maternal and newborn health services.
- Accepting the diversity of community needs in all contexts.
- Mutual recognition and respect of each provider's knowledge and skills and being open to teaching and learning opportunities which may benefit women and newborns.
- Sustained support and direction from Ministries of Health and international development agencies to support midwives educated and regulated to global standards as the preferred care provider for maternal, newborn and reproductive health.
- Maintaining relationships between midwives and other care providers that enable effective collaboration, communication, referral and transport systems for women and newborns.

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<sup>3</sup> World Health Organization. 2021. Quality midwifery care for mothers and newborns. Available at: [https://www.who.int/maternal\\_child\\_adolescent/topics/quality-of-care/midwifery/en/](https://www.who.int/maternal_child_adolescent/topics/quality-of-care/midwifery/en/)

- Inclusion of cultural competency/safety in the educational curricula of midwives and other health care providers.
- Recognition that the titles/terms used in different cultures to describe traditional caregivers may suggest different preparation and skill bases.

### Guiding Statement to Member Associations:

This statement can guide member associations to identify ways in which midwives and traditional care providers can work together to improve maternal and newborn health outcomes without disempowering each other's knowledge and skill base.

### Related ICM Documents

- ICM. 2023. Definition of the Midwife.
- ICM. 2005. Position Statement. Heritage and Culture in Childbearing.
- ICM. 2005. Position Statement. Legislation to Govern Midwifery practice.
- ICM. 2021. Position statement. Initial and Ongoing Education for Midwives.
- ICM. 2023. Position Statement. The Midwife is the First-Choice Health Professional for Childbearing Women.
- ICM. 2019. Core Document. Essential Competencies for Midwifery Practice.
- ICM. 2008. Core Document. Code of Ethics.

### Other Relevant Documents

- Dietsch, E & Mullimballimba-Masururu, 2010. Reconsidering the value of traditional birth attendants: a literature review. African Journal of Midwifery and Women's Health, Volume 4, Issue 3, July-September 2010.  
<https://doi.org/10.12968/ajmw.2010.4.3.48973>
- Hermawan, R. 2016. "Midwives and Traditional Birth Attendants (TBAs) Partnership Program in Indonesia, A proposed for National Guidelines. Georgia State University. Available at: [https://scholarworks.gsu.edu/iph\\_capstone/39/](https://scholarworks.gsu.edu/iph_capstone/39/)
- Kruske, S. Barclay, L. 2010. Effect of Shifting Policies on Traditional Birth Attendant Training. Journal of Midwifery and Women's Health Volume 49, issue 4. Available at: DOI: 10.1016/j.jmwh.2004.01.005

- Miller, T and Smith, H. 2017. Establishing partnership with traditional birth attendants for improved maternal and newborn health: a review of factors influencing implementation. BMC Pregnancy and Childbirth. 17(365). Available at: <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-017-1534-y>
- Sarmiento, I. et al. 2020. Factors influencing maternal health in indigenous communities with presence of traditional midwifery in the Americas: protocol for a scoping review. BMJ Open. (10). Available at: <https://bmjopen.bmj.com/content/bmjopen/10/10/e037922.full.pdf>
- Talukder, S., Farhana, D., Vitta, B., & Greiner, T. 2017. In a rural area of Bangladesh traditional birth attendant training improved early feeding practices. Maternal and Child Nutrition. 13; 12237 p.g.4-11. DOI: 10.1111/mcn.12237
- Titaley, CR, Hunter, CL. Dibley, MJ. Heywood P. 2010. Why do some women still prefer traditional birth attendants and home delivery?: a qualitative study on delivery care services in West Java Province, Indonesia. BMC Pregnancy and Childbirth 2010;10:43. Available at : <https://doi.org/10.1186/1471-2393-10-43>
- Vieira, C. et al. 2012. Increasing the use of skilled health personnel where traditional birth attendants were providers of childbirth care: a systematic review. 7(10). Available at: <https://pubmed.ncbi.nlm.nih.gov/23110138/>
- World Health Organization. 2021. Quality Midwifery Care for Mothers and Newborns. Available at: [https://www.who.int/maternal\\_child\\_adolescent/topics/quality-of-care/midwifery/en/](https://www.who.int/maternal_child_adolescent/topics/quality-of-care/midwifery/en/)

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