

Professional Framework for Midwifery

2025



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Acknowledgements

The Professional Framework for Midwifery is the result of the work of many experts and collaborators who gave their time and experience to ensure it is a comprehensive document. ICM thanks the author of the Professional Framework for Midwifery (2021), Sally Pairman. Thanks also go to those who worked on the current update, Elizabeth Franklin who updated the text, Daniela Drandic for review and input. Special thanks to graphic designer Inma Nunez and to Simultrans for the French and Spanish translations.

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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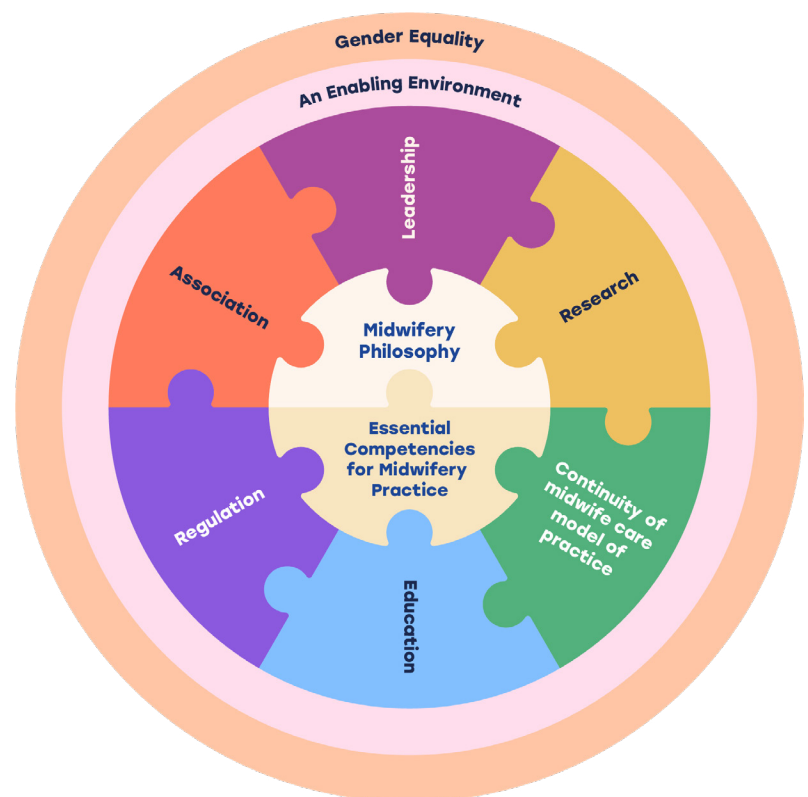
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Introduction

Drawing on years of experience, global conversations and collaborations, the Professional Framework for Midwifery reflects the evolution of our profession and represents midwifery as it exists today. It is an illustration of why and how we exist as a profession and represents our core values and philosophy. Ultimately, the Professional Framework for Midwifery supports the midwifery profession to remain relevant, innovative, and supports it to evolve in alignment with new scientific evidence and best practice.

The Professional Framework for Midwifery is circular, removing hierarchy between elements because we know that a strong and supported midwifery profession requires all ten 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



The elements of the Professional Framework for Midwifery are deeply interwoven and entirely interdependent. **This means that by strengthening one we can strengthen all others, just as destabilising one destabilises all.**

We are confident that if every country had this Framework embedded in its health system planning, we would see higher quality midwifery services, more fulfilling careers for midwives, enhanced retention rates, and better sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) outcomes for women, newborns and families, and encourage stakeholders at all levels, from policy to service provision, to engage with it and embed it in their work.



ICM has prepared a [Professional Framework Implementation Guide](#) which aims to support midwives' associations, regulators, educators, individual midwives and other stakeholders understand how to use and implement the Framework effectively. It provides a step-by-step approach, supported by opportunities for reflection and practical examples, to assist midwives to use the Framework and advocate for its implementation in their respective healthcare systems.

The Need for a Professional Framework for Midwifery

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. The International Confederation of Midwives' (ICM) Professional Framework for Midwifery acts as an informative and guiding tool for ICM, individual midwives, our member associations (MAs), regulators, educators, researchers, leaders and anyone engaging with the planning of SRMNAH services.

The Evolution of the Professional Framework for Midwifery

ICM established the first Professional Framework for Midwifery (the Framework) in 2009. It was made up of three pillars: education, regulation and association. Two further elements underpinned the three pillars: the Essential Competencies for Midwifery Practice and midwifery research.

Over time, as the global health landscape shifted and evolved, it became increasingly obvious that certain elements were missing from the Framework and in many countries around the world, the ‘three pillars’ (education, regulation and association) and their supporting parts, were not sufficient to advance the profession.

As science of midwifery evolved, so did the Framework.

For the 2021 iteration of the Framework, we went right to the heart of what makes midwifery unique from other health professions – adding the Midwifery Philosophy of Care as a guiding principle. The centrality of the Essential Competencies for Midwifery Practice and their interdependence with the ICM International Definition and Scope of Practice of the Midwife was better articulated and reinforced. Midwifery research and midwifery models of care were incorporated into the framework as equal parts. In addition, the Framework was expanded to include an enabling environment and leadership, vital elements for creating sustainable systems that support midwives and midwifery. Given that midwifery has always been understood as a women-led and women-centred profession, we recognised that issues around gender equity had not been fully explored, and consequently, gender equality became the outer ring of the Framework, encircling the other elements to visualise its impact on the whole Framework.

In this iteration of the Framework document, written in 2025, the Framework remains the same. The document itself reflects updates in ICM’s branding with refreshed graphics, and updates to some of ICM’s Core Documents. It also reflects updates in research and advances in the field.

The first iteration of the Professional Framework for Midwifery

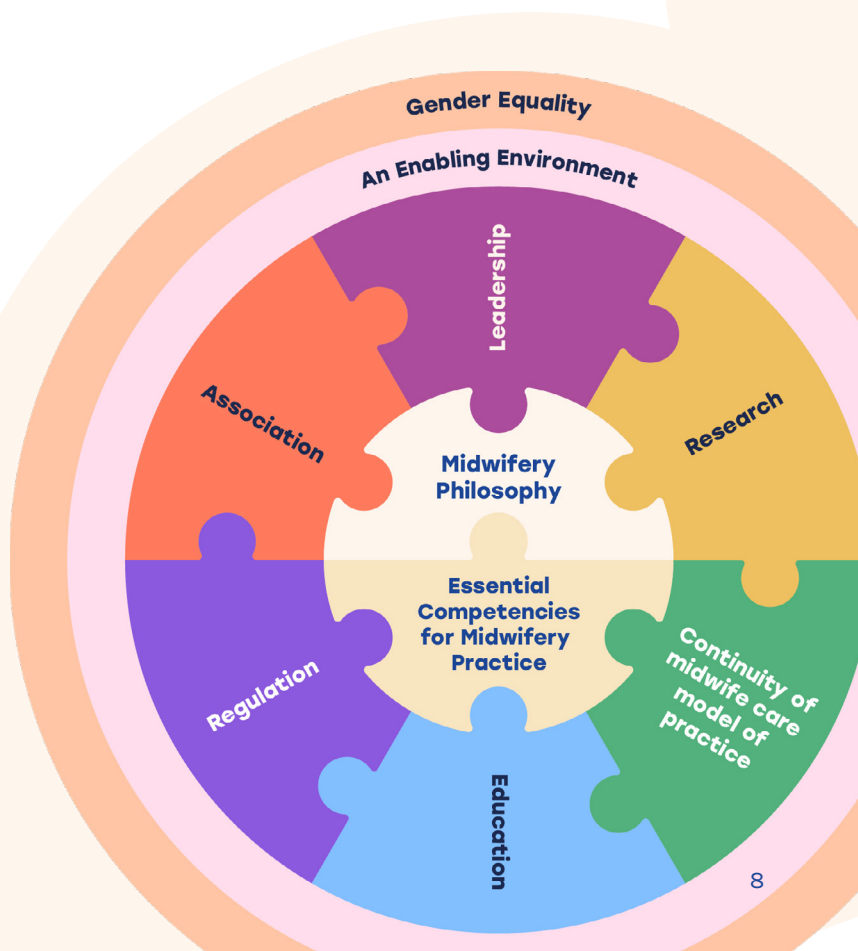


Elements of the Professional Framework for Midwifery

The Framework is comprised of ten interconnected elements:

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

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 equity, strengthen health systems, and enhance the overall status of midwives.



1. Midwifery Philosophy



All professions are guided by certain core values that shape the practice and conduct of all those within it, known as a philosophy. The Midwifery Philosophy informs everything midwives do and is what sets us apart from other health professions and makes midwives and their work essential in all areas of the world. It is based on [ICM's Philosophy and Model of Midwifery Care](#).

ICM's Philosophy and Model of Midwifery Care provides a universal definition 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 childbirth are usually normal physiological processes and profound experiences carrying significant meaning to women, families and communities. It explains that midwifery care promotes, protects and supports women's, sexual and reproductive health and rights (SRHR) and respects ethnic and cultural diversity. As such, midwives are the most appropriate care providers to attend women during pregnancy, childbirth and the postnatal period and as providers of broader SRMNAH care.

Above all, the Philosophy and Model of Midwifery Care emphasises that all midwifery care takes place in partnership with women.

These beliefs and values act as a guiding principle for midwives around the world and influence every aspect of the midwifery profession and model of care midwives provide. It is a model of care different from that offered by nurses, obstetricians, or other professions involved in the delivery of SRMNAH services.

2. Essential Competencies for Midwifery Practice



[The Essential Competencies for Midwifery Practice](#) (the Essential Competencies) are written in consultation with midwives and global health stakeholders and approved by the ICM Council. They are reviewed, updated and approved by the ICM Council every five years.

The Essential Competencies outline the minimum set of knowledge, skills and professional behaviours every midwife must have when entering midwifery practice to use the designation of midwife as defined by ICM. They are embedded across all the other elements of the Framework and ICM Core Documents, including the ICM Global Standards for Midwifery Education.

The Essential Competencies are split into five categories:

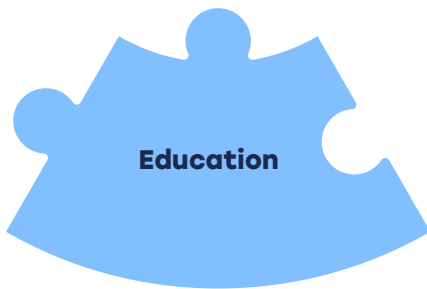


Each midwife is expected to develop all the Essential Competencies during pre-service midwifery education and maintain competence through continuing professional development and practice experience following registration.

Midwifery regulatory authorities can use the Essential Competencies as a measure of competence when midwives enter practice at the point of registration and ensure quality care by requiring practising midwives to demonstrate continuing competence based on the Essential Competencies.

Midwives' associations have an important leadership role in advocating for the integration of the Essential Competencies into national midwifery education and regulation. They can also provide continuing professional development for midwives, ensuring high quality midwifery care based on the Essential Competencies.

3. Education



The profession of midwifery has its own body of knowledge not held by any other professional group. Health professions share a great deal of common knowledge; however, the context for applying and developing that knowledge differs among them.

For example, while all health professionals share knowledge of human anatomy and physiology, the way midwives apply it using a unique, SRMNAH lens, is different from the way that obstetricians or nurses apply the same knowledge. **This is what makes midwifery education unique.**

To support the midwifery body of knowledge, the midwifery profession has its own standards for education, the [ICM Global Standards for Midwifery Education](#), which align pre-service midwifery education curricula with the ICM Essential Competencies for Midwifery Practice. As one of the first health professions to establish global standards for education, midwives have been leaders in the development of global standards for education.

These standards are intended for use by midwifery educators, regulators, policymakers, midwives and all others working to strengthen the profession of midwifery in SRMNAH at the local, national and global levels.

The Global Standards for Midwifery Education are a component of the [Midwifery Education Development Pathway \(MPath\)](#) resources, which provide midwife educators with practical tools and suggested strategies to strengthen pre-service midwifery education programs. These resources provide a customised approach designed to help programs meet the ICM Global Standards for Midwifery Education, ensure graduates achieve the ICM Essential Competencies for Midwifery Practice, and prepare midwives to work autonomously within their prescribed scope of practice.

4. Regulation



Every profession has its own system of regulation to hold the profession accountable while enabling their autonomy as practitioners, and ensuring public safety. A regulatory authority ensures public safety by setting standards and monitoring adherence of midwives to these standards. In this way a regulatory authority holds midwives to account for their practise.

Midwifery regulatory functions include:

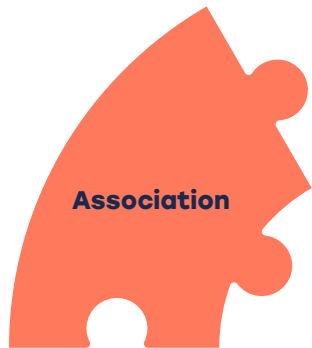
- setting the scope of midwifery practice,
- setting pre-service midwifery education standards,
- registering new midwives,
- relicensing and ensuring continuing competence throughout a midwife's career,
- managing complaints and disciplinary procedures relating to the profession, and
- setting codes 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, distinct regulatory authority.

A midwifery regulatory authority is created by a government, usually through legislation, to ensure public safety by regulating the practice of individual midwives. Registration by a regulatory authority is mandatory for midwives to practise and to use the title 'midwife'. Adherence to regulatory requirements is mandatory for registered and/or licensed midwives, and midwives pay fees for registration, recertification and/or other regulatory functions.

To support effective regulation, ICM has set the [International Definition and Scope of Practice of the Midwife, Global Standards for Midwifery Regulation](#), established the [International Code of Ethics for Midwifery](#), and produced a [Regulation Toolkit](#) to support the development of midwifery regulation.

5. Association



A midwives' association is defined 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.

National midwives' associations play a vital role in uniting midwives' voices and connecting and supporting midwives through a platform for professional development. They foster midwifery leadership, provide training, resources, set standards for education, practice and professional competency assessment. They also represent the profession in health policy discussions, ensuring that midwifery leaders are present at all levels of healthcare governance, with the goal of improving the health of women, gender diverse people, newborns, children and adolescents.

Evidence shows that midwives' associations are catalysts for the integration of midwives in the SRMNAH workforce. They sustainably integrate continuity of midwife care and midwife-led services into health systems. This is critical to ensuring that women and communities have access to SRMNAH services that uphold their health and human rights.

Despite this, governments and stakeholders often don't understand the role midwives' associations can play in improving SRMNAH outcomes. This lack of understanding restricts funding and resourcing for midwives' associations, and, ultimately, restricts their participation in policy and decision making.

Individual midwives and midwifery services can only be strong if they have a professional association that can support and advocate on their behalf.

ICM supports, represents and works to [strengthen professional midwives' associations](#) globally, bringing together approximately 120 countries across every continent, acting as a global professional association of national professional associations.

6. Research



The body of literature on midwifery and SRMNAH has grown significantly over the past two decades and continues to grow. This research and evidence are critical to improving SRMNAH outcomes and for assessing the contributions midwives make to these.

As a profession, midwifery is informed by research-generated, scientific evidence. ICM's Essential Competencies for Midwifery Practice and Global Standards for Education and Regulation are all based on scientific research and the continued growth of the profession depends on high-quality research, globally and nationally.

The body of evidence on woman-centred care is often written for midwives, about midwives, or by midwives. [It is in our profession's interest to support midwives who conduct research](#), and to ensure that evidence is available and easily accessible to midwives and midwives' associations.

A lack of research can lead to outdated practices and hinder the development of new, effective models of care and interventions. In settings with minimal research activity, midwives may rely on anecdotal evidence, compromising quality of care and perpetuating cycles of poor health outcomes and overuse of ineffective or harmful routine interventions.

Countries that prioritise midwifery research benefit from data that informs practice and policy, ultimately leading to better SRMNAH outcomes and more sustainable use of healthcare resources.

7. Continuity of Midwife Care Model of Practice



A range of midwifery models of care exist and are implemented around the world depending on country context and needs. Continuity of midwife care is one type of midwifery model of care which care provides a universal model for improving the quality of midwifery practice (1).

Midwifery models of care (1) are models of care in which the main care providers for women and newborns, starting before pregnancy and continuing all the way through the postnatal period, are educated, licensed, regulated midwives who autonomously provide and coordinate respectful high-quality care across their full scope of practice, using an approach that is aligned with the midwifery philosophy of care. Investment in midwives to achieve these outcomes is cost-effective for health systems.

Continuity of midwife care enables the woman and her midwife or small group of midwives (usually no more than three) to build a relationship based on trust, equity, informed choice, collaboration, and shared responsibility. The relationship is dynamic and empowering for both. Women value the experience of continuity of care, received from a trusted and familiar midwife.

In high-income countries, continuity of midwife care has been shown to result in a reduction in instrumental vaginal births and caesarean births, reduced rates of episiotomy, and increased likelihood of spontaneous vaginal birth, while reporting more positive experiences. More research is needed regarding outcomes in other settings and for women with more complex care needs (2).

The WHO recommends the implementation and scaling up of continuity of midwife care models for pregnant women in settings with well-functioning midwifery programmes (1). However, successful examples of continuity of midwifery care models can also be found in many less well-resourced settings where there may also be a concurrent need to increase the deployment of midwives and the quality of maternity services (3).

Implementation of this model of care requires global and national commitment and investment to educate and deploy midwives, community engagement and advocacy to strengthen their status and empowerment of midwives to lead the profession and participate in gender-responsive health sector coalitions (4).

8. Leadership



The midwifery profession relies on strong leadership at every level, from individual midwives to national and global midwives' associations, and in government. To represent the needs of the profession, women and SRMNAH more broadly, midwives must have a seat at all decision-making tables.

Their active participation is critical in formal leadership roles within midwifery services, health systems, educational organisations, regulatory authorities, amongst policy makers, and beyond.

ICM advocates for midwives to have clear career progression pathways, including recognition of early career midwife leaders, the importance of mentorship by and for midwives and the establishment of chief midwives to lead midwifery at national levels.

By the very nature of their work, every midwife is a leader. Each time a midwife works to establish an equitable partnership with a woman, she promotes the woman's right to accessible, quality, respectful SRMNAH throughout her life course. In turn, that woman will go on to influence the views of those around her, creating a ripple effect through families, friends, colleagues and communities.

Organised leadership enables midwives and the women they work with to use their collective political voice to create change, drive progress, strengthen the profession and in doing so, improve SRMNAH outcomes. Strong leadership allows midwives and women to share a political voice with other groups advocating for women's sexual and reproductive health and rights, and human rights more broadly.

9. Enabling Environment



An enabling environment for midwives as one that supports the infrastructure, profession, and system-level integration needed for midwives to effectively practise to their full scope of practice. The idea of an enabling environment stems from the understanding that the midwifery profession is entirely contextual, being dependent on, and heavily influenced by the health, social, economic and geopolitical systems in a country.

Not having a clear and shared understanding of what constitutes an enabling environment is a major obstacle to mobilising concerted, strategic action to providing one. For this reason, ICM has prepared a [Policy Brief on Building an Enabling Environment for Midwives](#).

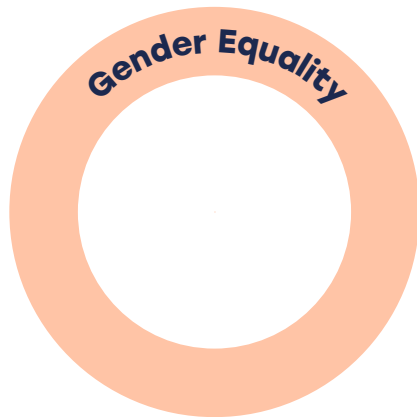
Midwives all over the world face barriers to practising to their full scope of practice, which often includes challenges with:

- legislation,
- policies,
- resources (human, supplies, equipment, travel, communication),
- data,
- safe and respectful working environments,
- fair pay,
- workforce development and deployment,
- evidence and research,
- health service integration,
- education,
- regulation,
- professional support,
- societal attitudes, and
- gender equality.

By identifying, prioritising, and implementing policies specific to the enabling environment, healthcare systems can begin to take strides towards a safer, more equitable, and more positive SRMNAH outcomes and experiences for women everywhere. ICM therefore urges national ministries of health and midwives' associations to implement the policies, systems, and resources needed to support midwives to provide high quality midwifery care within SRMNAH services.

With a robust enabling environment, the midwifery profession can be strengthened, and midwifery models of care, particularly continuity of midwife care, can be sustainably implemented as best practice for the delivery of SRMNAH services.

10. Commitment to Gender Equality



CM strives to model and prioritise gender, justice, equity, diversity, and inclusion (G-JEDI), and is committed to applying this lens to all our work. Similarly, ICM and the midwifery profession must work to better value diversity, examining and addressing institutional biases including racism, sexism, ageism, homophobia and transphobia. ICM and the midwifery profession also need to acknowledge the varied histories of colonisation and its impact on first peoples.

The intersectional approach inherent in the G-JEDI model aims to enhance outcomes and drive sustainable progress for midwives, women, girls, gender diverse people and communities, regardless of how the intersections of personal characteristics and identities contribute to unique experiences of discrimination.

The majority of midwives globally are women (5), who are mostly providing care to women and girls. A common feature of women's work is that it is invisible, undervalued, stereotyped, subject to prejudice and assigned a lower value than men's work. Midwives face persistent struggles rooted in gender inequality, such as gender discrimination, lack of leadership opportunities, harassment and pay inequity.

Policymakers must address these deep-rooted inequalities by providing midwives with equal leadership opportunities, fair pay, and safe and dignified workplaces that are free from violence and harassment.

The women midwives care for are also impacted by gender inequality. [ICM therefore advocates for the implementation of woman-centred care \(WCC\)](#) based on the core principles of the midwifery philosophy: partnership, empowerment, choice, and respect. Midwives practising WCC can have a pivotal role in advancing gender equality by providing SRMNAH care that respects women's autonomy, preferences, and rights. This approach is particularly important in contexts where women's voices are often marginalised.

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