

# The Midwifery Accelerator

Expanding quality care  
for women and newborns



# Midwifery: The smartest investment for safer pregnancies, safer births, and newborn survival



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# Call to action:

## Global statement

Every woman everywhere deserves safe, respectful and high-quality care before, during and after pregnancy, childbirth and beyond. Yet daily, about 712 women die in pregnancy and childbirth.<sup>1</sup> Each day there are about 6,300 newborn deaths and 5,200 babies are stillborn.<sup>2</sup> Over 70 per cent of all maternal deaths occur in sub-Saharan Africa, with 64 per cent of global maternal deaths occurring in countries classified as being in conflict or institutional/social fragility. For every woman who dies, 20 to 30 experience serious complications, often leading to lasting health challenges and disabilities.<sup>3</sup>

Maternal and newborn deaths and complications are largely preventable.<sup>4,5</sup> Lack of access to care and poor quality care significantly contribute to adverse outcomes.<sup>6</sup> This situation demands urgent, evidence-based, country-led action to strengthen health services and close the critical gaps that endanger the lives of women and newborns worldwide. More than 60 per cent of all maternal and newborn deaths and stillbirths could be averted by achieving universal coverage of care provided by midwives by 2035, including family planning.<sup>7</sup>

The **Midwifery Accelerator** offers a unified, evidence-driven approach catalysing collective efforts for maternal and newborn health and well-being by expanding access to care provided by midwives in line with *Transitioning to Midwifery Models of Care: Global Position Paper*.<sup>8</sup>

As countries strive to make the most of limited resources, midwifery models of care offer a proven, cost-effective and sustainable solution to achieve the best possible health outcomes. Every \$1 invested in care provided by midwives delivers a 16-fold return in economic and social benefits, making it a smart investment for both health and economic growth.<sup>9</sup> This return on investment enhances the national health system's capacity to meet its universal health coverage goals.

Expanding access to care provided by midwives tackles the root causes of adverse maternal and newborn health outcomes and strengthens health systems. Expanding access advances public health, supports healthier future generations, and accelerates progress towards the Sustainable Development Goals for health and well-being (SDG 3) and gender equality (SDG 5).

Yet despite overwhelming and longstanding evidence, the potential of midwifery models of care remains persistently unrecognized and underutilized. This is due to chronic and systemic underfunding, increased medicalization and routine use of unnecessary interventions, further hindered by gender barriers in the health system and societies at large. To meet the need by 2030, an estimated 900,000 midwives are needed.<sup>10</sup>

The Midwifery Accelerator was launched on 7<sup>th</sup> April 2025 by a global coalition of partners (UNFPA, UNICEF, WHO, ICM and Jhpiego). This launch follows a consultative process engaging midwifery experts, governments, UN health organizations, champion countries, civil society, academics, parliamentarians and financing institutions and partners. Our unified effort aims to fully integrate midwifery models of care within national healthcare strategies through accelerator actions organized in three pillars:



**Commit and Invest:** Strengthen policy frameworks, and increase domestic and global investments.



**Educate, Deploy and Retain:** Ensure quality education and professional development for midwives, deploy midwives strategically, and retain midwives by creating a safe, supportive and accountable workplace.



**Advocate and Empower:** Build midwife leadership, strengthen coalitions and amplify voices of women and communities for effective advocacy and accountability.

United, and in line with the [Every Woman Every Newborn Everywhere](#) initiative,<sup>11</sup> we are building a powerful coalition to ensure safe, respectful and high-quality care before, during and after pregnancy, childbirth and beyond – to dramatically improve health and well-being outcomes for all women and newborns.

## Join us!

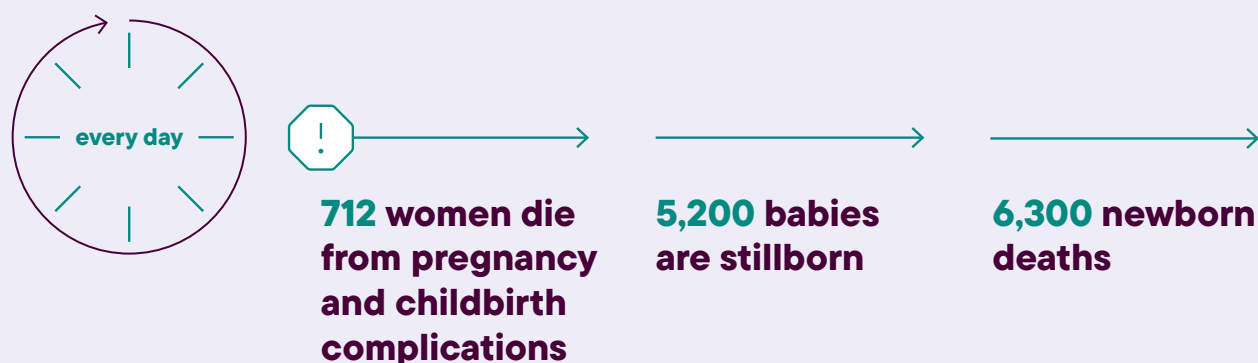
**UNFPA:** United Nations Population Fund

**UNICEF:** United Nations Children's Fund

**WHO:** World Health Organization

**ICM:** International Confederation of Midwives

**Jhpiego:** A global health nonprofit affiliated with Johns Hopkins University



# What are midwifery models of care

Midwifery models of care are a way to optimize service delivery to better meet the needs of women and newborns before, during and after pregnancy. In this model, high-quality care is coordinated by midwives who make autonomous decisions across their full scope of practice, as part of interdisciplinary teams. The best results are achieved when care is provided by the same midwife or team of midwives during pregnancy, birth and the postnatal period (continuity of midwife care).<sup>8</sup>

Continuity of midwife care is when a known and trusted midwife, or small group of known midwives, is the main care provider for women and their newborns throughout the antenatal period, labour, childbirth and the postnatal period.<sup>8</sup>

Implementing midwifery models of care involves shifting health systems from risk-oriented approaches to a holistic model where women and newborns receive equitable, person-centred, respectful, integrated and high-quality care.

### Midwifery models of care - Essential for health and well-being

Midwifery models of care increase access and improve quality care. These models **reduce unnecessary and costly medical interventions**, such as caesarian sections and assisted births, and improve maternal mental health, breastfeeding rates and long-term health outcomes.<sup>12</sup>

Midwifery models of care are essential for **ensuring positive maternal experiences** throughout pregnancy, labour and after childbirth. Women receiving continuity of midwife care report greater satisfaction, emotional support and confidence in their care.<sup>12</sup> This model strengthens trust between women and their midwives, leading to improved communication, reduced anxiety and a more personalized approach to childbirth.<sup>13</sup> Prioritizing midwifery models of care is a crucial step towards dignified, respectful and high-quality maternity care, reinforcing health system commitments to maternal well-being and universal health coverage.<sup>8,12</sup>

Care provided by midwives is critical to ensure universal health coverage (UHC) by providing a comprehensive range of services that address sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) needs.

> Figure 1 **Universal health coverage service package provided by midwives<sup>14</sup>**

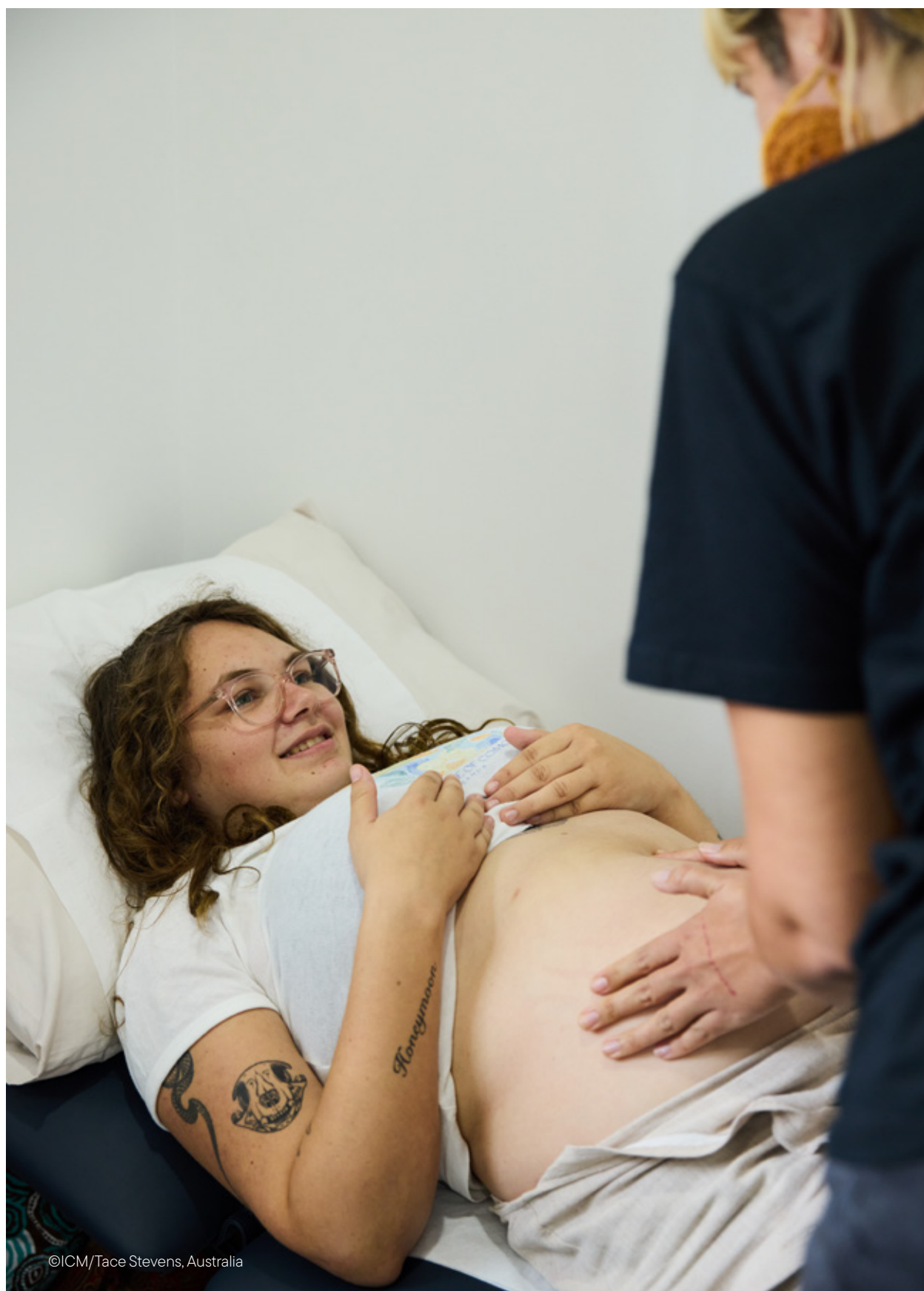


# Investing in midwifery models of care:

## The smart choice for health and equity

As countries strive to maximize their often limited health system and workforce resources, investing in midwifery models of care presents a financially sustainable solution that improves health outcomes while reducing costs.

Skilled, regulated and supported midwives can deliver 90 per cent of essential sexual, reproductive, maternal, newborn and adolescent health services. Expanding midwifery coverage could prevent 60 per cent of all maternal and neonatal deaths and stillbirths by 2035, including the provision of family planning. Achieving universal coverage of care provided by midwives would save millions of lives and ensure healthier outcomes for women and newborns. Strengthening midwifery coverage is a critical step towards reducing mortality and advancing global health equity.<sup>8</sup>

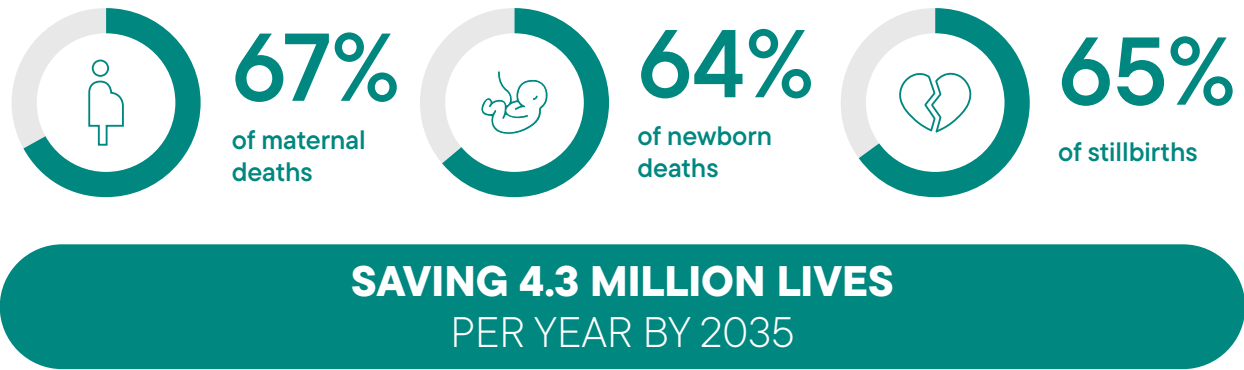


> Figure 2 **Potential lives saved by midwives<sup>7</sup>**

**Midwives who are educated and regulated to global standards play a vital role in reducing mortality**

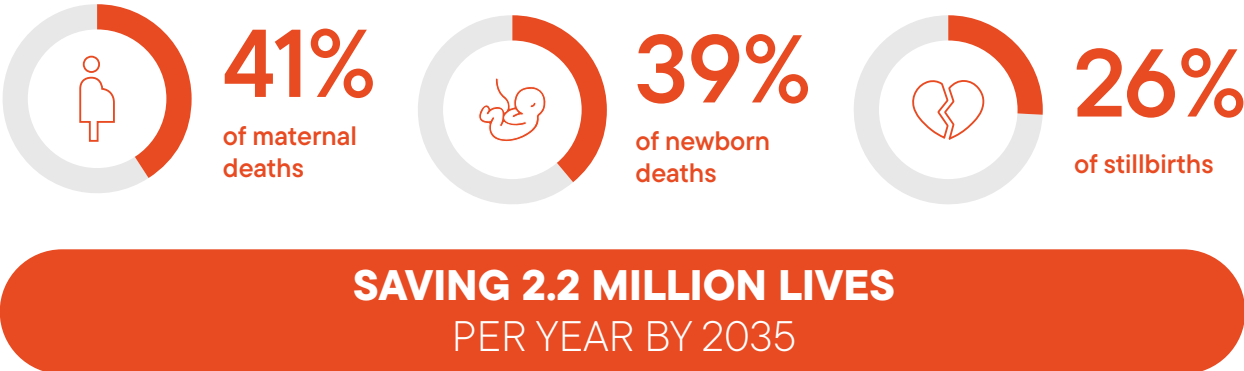
Achieving universal coverage of midwife-delivered interventions by 2035

COULD AVERT



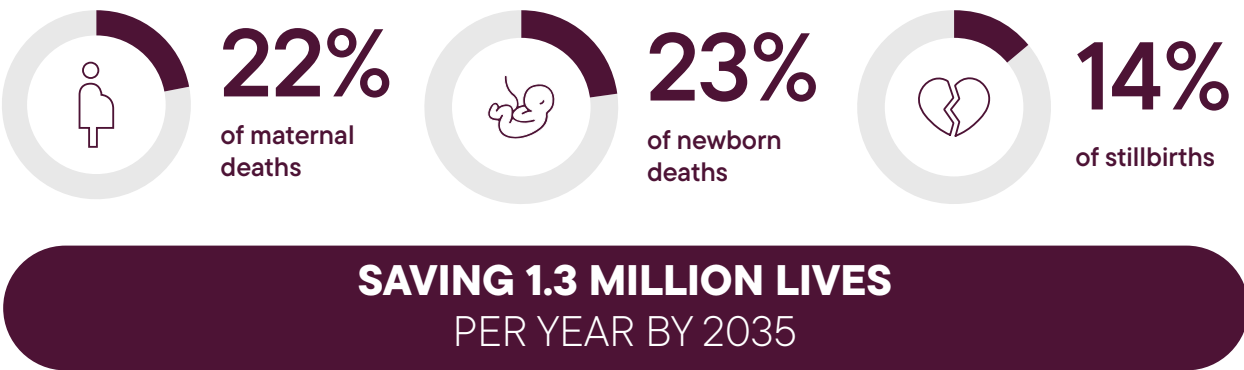
A 25% increase in coverage of midwife-delivered interventions every 5 years

COULD AVERT



Even a modest 10% increase in coverage every 5 years

COULD AVERT



## Midwifery models of care are a global health best-buy for six key reasons:

### 1 Improved health outcomes

High-quality care provided by midwives saves lives and enhances over 50 short- medium- and long-term health outcomes for women and newborns, significantly reducing maternal and neonatal complications and preventing long-term health challenges and disabilities.<sup>15</sup>

### 2 Increased access to maternal and newborn health services

Midwives care for women in their own communities, making healthcare more accessible and trusted. They help fill important gaps in the health system, ensuring more women, especially marginalized women, get the care they need, which reduces health inequity.

### 3 Improved experience and satisfaction for women

Midwives promote natural childbirth and use medical interventions only when necessary. This is cost-saving and ensures that women receive individualized, holistic care. Such care respects their unique needs and preferences, upholds women's rights, enhances their satisfaction and overall experience, and humanizes childbirth.

### 4 Facilitate access to sexual and reproductive health and rights

Care provided by midwives includes a comprehensive range of sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAL) services. This includes elimination of mother-to-child transmission of HIV, syphilis and hepatitis B (*WHO triple elimination initiative*<sup>16</sup>) and better access to family planning services. Family planning prevents unintended pregnancies and promotes healthy timing and spacing of pregnancies. This reduces maternal and newborn deaths and stillbirths, saving on healthcare costs.

### 5 Maximize resource efficiency

Investing in midwifery models of care is a cost-effective and sustainable strategy for maternal and newborn health. Through this approach, where midwives care for normal births, health systems can allocate resources more efficiently, reducing the need for expensive, complex interventions while ensuring quality, accessible care for mothers and newborns.<sup>12, 17, 18, 19</sup>

Sources of potential cost savings from care provided by midwives:

- › Staff salaries
- › Appropriate number, location and length of antenatal visits
- › Reduced length of hospital stay for mother
- › Mode of delivery (normal birth versus assisted birth or caesarean section)
- › Neonatal intensive care
- › The higher number of pregnant women midwifery models of care have the capacity to care for compared with other maternity models.

## Midwifery care contributes to social and economic development and gender equality.<sup>8,10</sup>



**Gender equality:** Investing in care provided by midwives is also an investment in gender equality and contributes to equity through wider social and economic development.



**Positive change in society:** Midwifery, a predominantly female profession, empowers women by increasing their participation in the workforce and enhancing independence, economic productivity and participation, advancing human capital. This in turn contributes to positive changes in societal, cultural and gender norms and traditions.



**Stronger leadership:** Strengthening the status of the midwifery profession can also help address systemic inequalities that persist in workplaces across the health sector. These inequalities manifest as discrimination, harassment, gender pay disparities, and a lack of female representation in leadership and management positions.



# Investing in midwifery care pays off

Expanding care provided by midwives delivers proven economic and health benefits.



**Morocco:** A \$638 million investment to achieve 95 per cent midwifery coverage will **yield \$10.15 billion in economic returns** – a 16:1 cost-benefit ratio.<sup>9</sup>



**United States:** Shifting all low-risk births from obstetrician-led to care provided by midwives will **save \$340 million annually** by reducing unnecessary caesareans and interventions.<sup>18</sup>

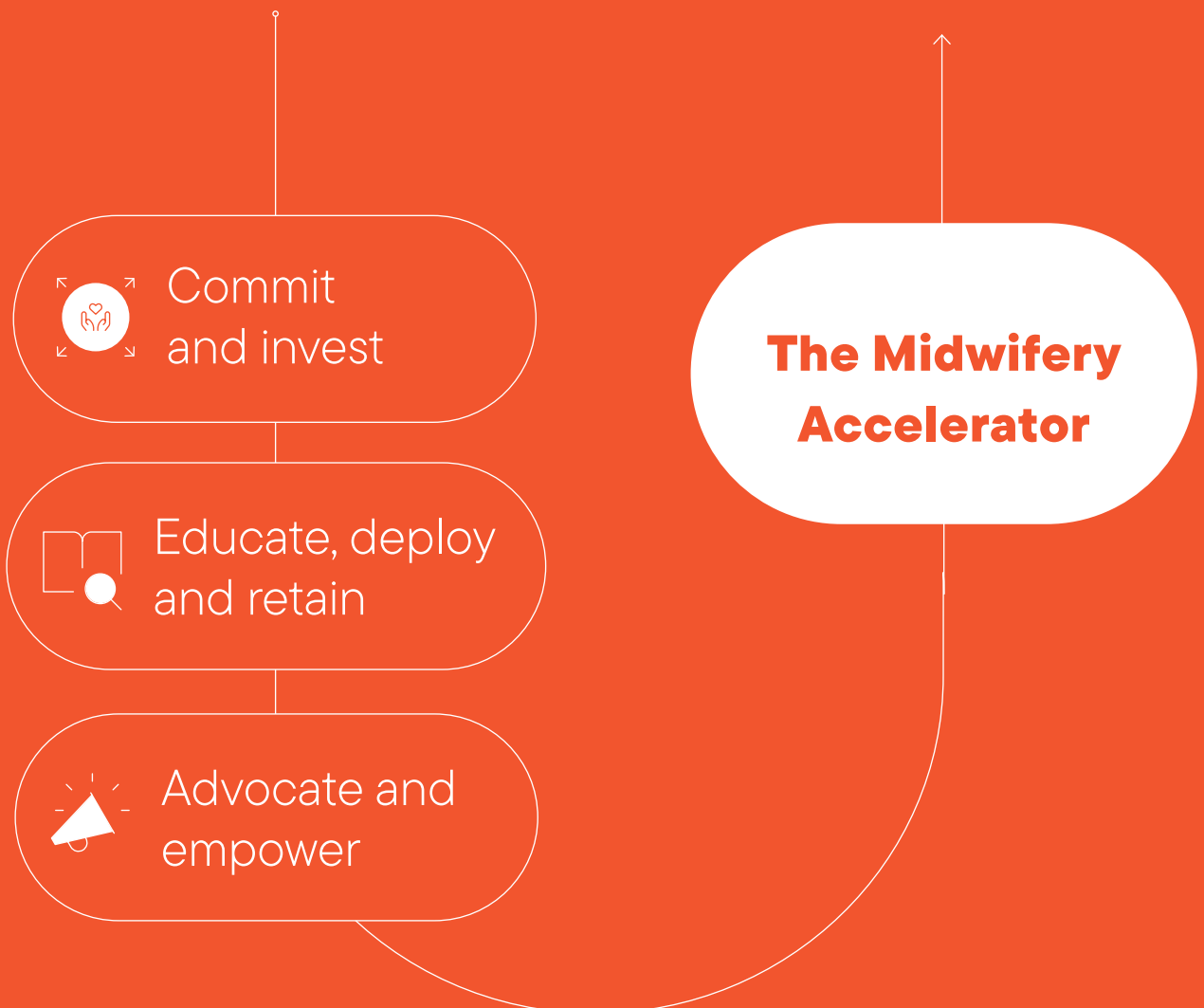


**Lao People's Democratic Republic:** Scaling up midwifery to 95 per cent coverage by 2030 – alongside full access to modern contraception – will **generate \$768 million in economic benefits**, prevent 377,602 unintended pregnancies, avert 254 maternal and 6,689 newborn deaths and 2,228 stillbirths.<sup>20</sup>



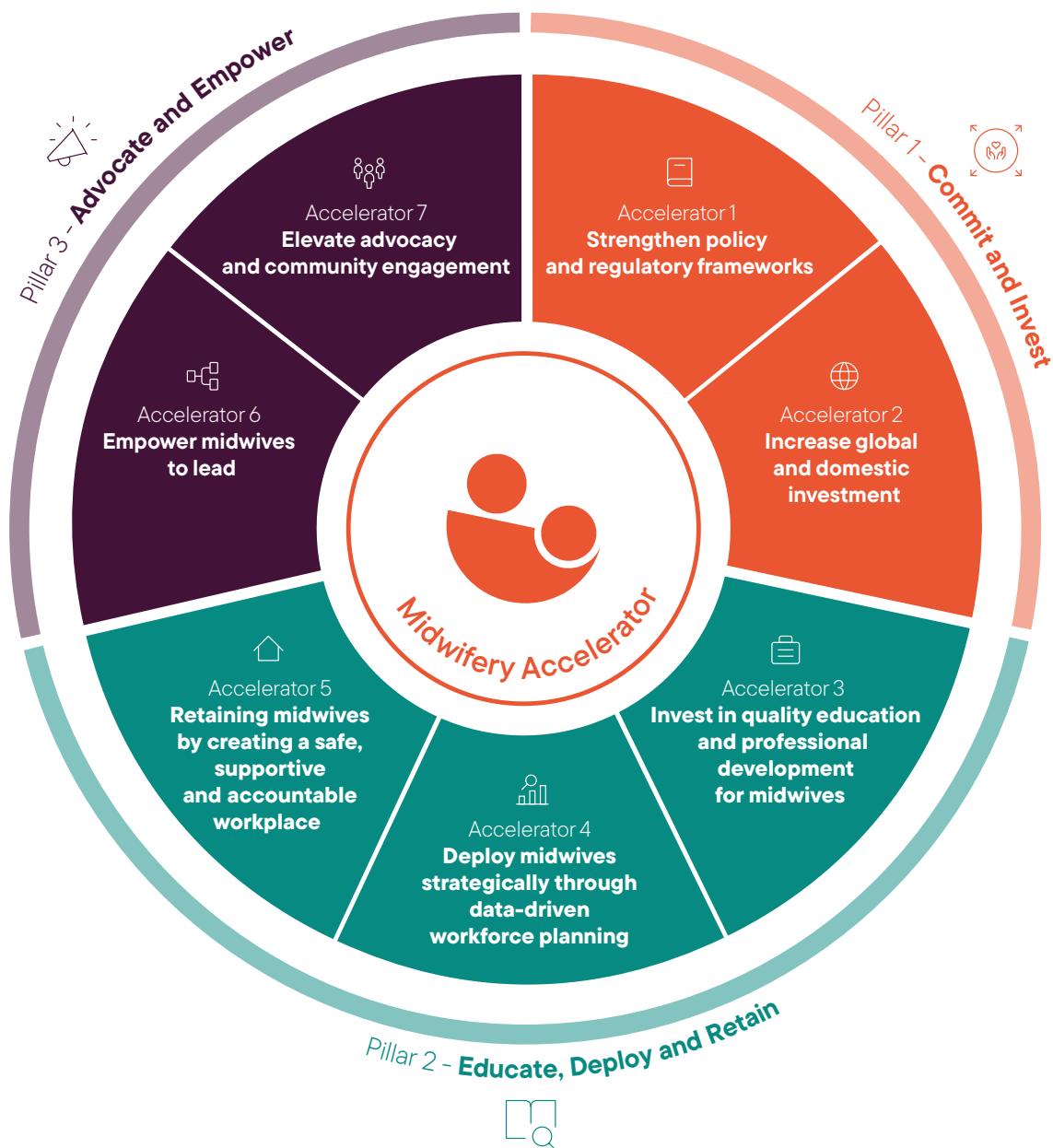
# Accelerating action

The Midwifery Accelerator was shaped through a consultative approach including country dialogues. It builds on *Transitioning to Midwifery Models of Care*, a global position paper that outlines why investing in midwifery is crucial and presents guiding principles.<sup>8</sup> The Midwifery Implementation Guidance provides step-by-step details on how these models can be effectively implemented.

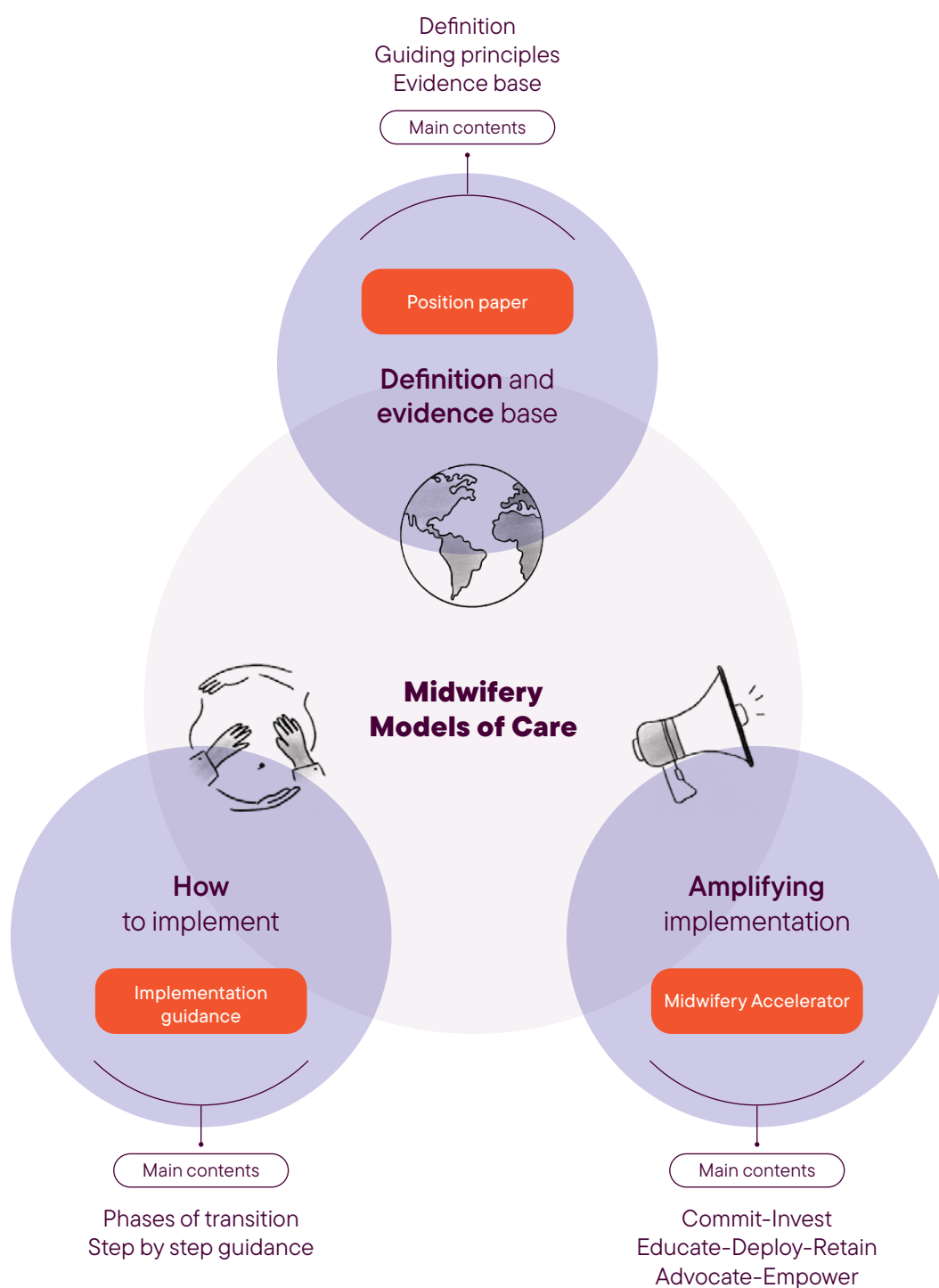


The seven accelerators across three pillars offer governments, funding partners and stakeholders a clear set of common, high-level priorities to align efforts, optimize investments and achieve measurable impact. Every health system is unique in how services are organized and delivered, financed, regulated and governed. Therefore, while the accelerators offer a set of priorities, countries need to tailor actions to their specific context.

> Figure 3 **The midwifery accelerator**



> Figure 4 **Linkage between ① Transitioning to Midwifery Models of Care: Global Position Paper, ② Transitioning to Midwifery Models of Care: Implementation Guidance and ③ The Midwifery Accelerator: expanding quality care for women and newborns**



## List of key resources

A number of key resources are available to support implementation and technical alignment. A comprehensive list of resources is included in the implementation guidance.

- **Transitioning to Midwifery Models of Care: Global Position Paper** outlines the evidence-based principles and benefits of midwifery models of care, highlighting how these models contribute to better health outcomes for women and newborns.
- **ICM Global Standards for Midwifery Education** sets global benchmarks for high-quality midwifery education. These ICM standards guide the design, implementation and evaluation of education programmes.
- **ICM International Definition and Scope of Practice of a Midwife** sets out the educational requirements of registered/licensed midwives and defines the boundaries of care a midwife can provide on her own responsibility.
- **Every Woman Every Newborn Everywhere (EWENE)** initiative works to harness evidence, track progress and foster learning. The initiative highlights what countries are already doing to reduce maternal and newborn deaths and stillbirths, celebrating their progress, sharing their expertise and equipping them with the latest evidence to reach their maternal and newborn deaths and stillbirth reduction goals.

The following resources are under development by the coalition and partners, and will be made available in the first year of action:

- **Transitioning to Midwifery Models of Care: Implementation Guidance** by the World Health Organization will provide a strategic framework.
- The **UNFPA Midwifery Investment Framework** is a key tool for developing a national investment case for midwifery outlining resource needs and expected benefits from care provided by midwives.
- The **WHO, UNFPA and UNICEF Maternal, Newborn and Stillbirth Programmatic Transition Framework** supports wider strategic prioritization of evidence-based proven practices for maternal and newborn health.



## Pillar 1

# Commit and invest

### Accelerator 1

#### Strengthen policy and regulatory frameworks



#### Goal

Establish and implement policies and regulations that recognize the midwife workforce as essential to national health workforce strategies and universal health coverage. Define the midwife scope of practice, education standards and midwife authority. In so doing, ensure life-saving, high-quality, respectful and woman-centred sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) services.



#### Why it matters

Weak regulations, undefined scopes of practice, and poor safety measures hinder midwives from providing timely and quality care to prevent maternal and newborn deaths and stillbirths. Midwives must be recognized, resourced and integrated as a core component of the health workforce in order to ensure quality care that will reduce maternal mortality and complications. They must be authorized to make professional decisions within their prescribed scope of practice. This requires clear national targets for maternal and newborn health, alongside health workforce planning including all key actors contributing to these national goals. Efforts should emphasize midwives' essential role and optimize a policy framework that elevates the profession, enables full-scope practice, and ensures midwives can work to their full potential.



#### Key actions

- > **Commit at the highest level:** Demonstrate political commitment towards the health and well-being of women and newborns by setting clear goals and targets and transitioning to or scaling up care provided by midwives. Strengthen the position of midwives in national health systems and at the centre of health workforce planning.
- > **Establish a national coalition for advocacy:** Mobilize key stakeholders to build a unified national strategy for ensuring access to the care provided by midwives towards improved national maternal and newborn health outcomes. Engage parliamentarians, midwives, professional associations of nurses and obstetricians, women's rights groups, academia and the private sector in a national coalition for advocacy.
- > **Enable midwives to practice to their full scope:** Develop and enforce regulations that formally recognize and enable midwives to make independent decisions regarding care. This ensures that care they provide fully reflects their education, allowing them to practice to the full extent of their capabilities in line with global standards.
- > **Strengthen regulation and governance:** Establish robust systems specific to midwifery to ensure high-quality education, deployment, licensing and accountability. Ensure regulatory systems and governance mechanisms are harmonized with other broader health workforce cadres for consistency.
- > **Strengthen health system integration and cross-sectoral linkages:** Align midwifery models of care with national primary health care (PHC) roadmaps and health system transformation agendas and provide guidance for integration with adolescent health, mental health, HIV and STIs, nutrition and non-communicable diseases (NCDs) services.

## Accelerator 2

**Increase domestic and global investment****Goal**

Increase domestic and global investments and optimize resource allocation in scaling midwifery models of care. Strengthen health system performance including service delivery. Provide financial protection for the public to ensure equitable access to affordable and high-quality care provided by midwives.

**Why it matters**

Investing in midwifery models of care is one of the most cost-effective strategies for improving maternal and newborn health, yet it remains critically underfunded. Sustainable domestic and global investments are essential to building resilient health systems that prioritize the delivery of quality care provided by midwives. There is untapped potential in the alignment of Global Health Initiatives in support of scaling up midwifery models of care to improve health outcomes.

**Key actions**

- > **Prioritize domestic investment:** Demonstrate the economic and social benefits of midwifery models of care to secure dedicated government budgets and long-term policy commitments. Integrate the service packages provided by midwives into universal health coverage frameworks and health insurance schemes to ensure sustainable financing for midwifery.
- > **Align global financing with national priorities:** Global funding mechanisms, including the Global Fund, Global Financing Facility, development banks and bilateral donors, must align investments with national strategies. Global institutions should embed care provided by midwives within their strategies, policies, technical guidance, funding eligibility criteria and indicators to drive systemic change.
- > **Enhance private sector engagement through establishing public-private partnerships:** Establish accreditation and quality assurance models, ensure public-private institutions collaboration to provide standardized midwifery education programmes. Fund scholarships and continuing education opportunities for midwives, especially in underserved areas. Utilize private sector technological resources for online training, simulations and skill development.



## Pillar 2

# Educate, deploy and retain

### Accelerator 3

### Invest in quality education and professional development for midwives



#### → Goal

Equip midwives with the competencies (knowledge, skills and attitudes) and continuous professional development needed to provide high-quality, evidence-based maternal and newborn care as part of resilient health systems.



#### → Why it matters

The quality of midwifery education directly impacts maternal and newborn survival. Poor-quality care remains a leading cause of preventable deaths, yet this can be addressed through competency-based education and lifelong professional development. A highly skilled midwifery workforce, integrated into a robust health system, is essential for delivering high-quality, respectful and evidence-based care to women. Invest in the best practices of pre-service education, including faculty development. Invest in continuous learning, in-service professional development, and workforce upgrading. Education and professional development enable midwives to maintain their skills and competencies for the provision of quality care.



#### → Key actions

- **Strengthen midwifery education, accreditation, and professional standards:** Ensure competency-based curricula are aligned with the latest global standards, national accreditation systems, and mandatory continuous professional development linked to re-licensing. Expand bridging programmes to upgrade existing healthcare cadres to become midwives, optimizing human resources and expanding skilled care at different levels of health care including the primary healthcare level. Ensure pre-service midwifery education enables midwife students to experience and learn about midwifery models of care.
- **Enhance faculty development, mentorship, and educational institutions:** Invest in educator faculty development, leadership skills and mentorship programmes while improving midwifery schools with modern facilities, simulation labs and skilled faculty to ensure high-quality education.
- **Expand digital learning and simulation tools:** Integrate e-learning platforms, telehealth tools, virtual reality and augmented reality to improve midwifery education, professional development and quality care, especially in remote and resource-limited settings.
- **Scale up lifelong learning opportunities:** Strengthen the quality of care provided by midwives through continuous professional development opportunities, ensuring midwives are equipped with the latest knowledge to maintain skills and competencies.

## Accelerator 4

**Deploy midwives strategically through data-driven workforce planning****Goal**

Ensure midwifery workforce deployment is strategic, data-driven and responsive, optimizing resources to expand coverage, with a focus on underserved areas. Strengthen midwife density and distribution to bridge urban-rural gaps, with a sharp focus on humanitarian settings, to ensure no woman is left without skilled care, even in crisis situations.

**Why it matters**

A well-planned midwifery workforce saves lives. Without real-time data and adaptable deployment strategies, midwifery coverage remains uneven, leaving women and newborns – especially in rural and remote areas and in conflict zones and disaster-affected areas – without essential care. Strategic deployment ensures every woman, regardless of location or crisis context, has access to skilled support when it matters most.

**Key actions**

- **Expand geographical coverage:** Assess and increase midwife density and equitable distribution, prioritizing remote and humanitarian contexts to ensure no woman is left without skilled care.
- **Improve workforce planning and forecasting:** Use real-time workforce data to anticipate shortages and develop targeted recruitment, professional development, deployment and retention strategies.
- **Create adaptable workforce policies and strategies:** Develop flexible deployment approaches, including mobile midwife units, emergency response teams, outreach services and telehealth-enabled care to reach women in crises and hard-to-reach areas.

## Accelerator 5

**Retain midwives by creating a safe, supportive and accountable workplace****Goal**

Foster a safe, supportive and well-resourced work environment that enables midwives to provide high-quality care and remain in the profession.

**Why it matters**

A strong, well-supported midwifery workforce is essential for scaling care provided by midwives. Midwives thrive in equipped, safe and respectful workplaces, leading to higher retention, greater job satisfaction and improved maternal and newborn outcomes. Without fair pay, professional respect and a supportive system, midwives experience burnout, leave the profession, or are unable to perform at their full potential.

**Key actions**

- **Strengthen midwives' retention strategies:** Ensure competitive remuneration, compensation and incentives at the workplace to meet the caseload demands and promote a rewarding work culture.
- **Create safe, respectful, and well-resourced workplaces:** Advance policies that promote equitable work environments, manageable workloads, zero tolerance for sexual and all forms of harassment, access to essential quality-assured medicines, well-equipped facilities and efficient referral systems.
- **Embed accountability and fair workforce policies:** Enforce compliance with fair pay, work-life balance, gender equality and decision-making representation, ensuring midwives are supported to provide high-quality care.



## Pillar 3

# Advocate and empower

### Accelerator 6

#### Strengthen midwifery leadership



#### Goal

Invest in midwifery leadership competencies, securing representation in decision-making, and fostering strategic partnerships and alliances with midwifery champions and promote interprofessional collaboration.



#### Why it matters

Midwives' leadership is critical to driving political commitment and shaping policies that strengthen health systems and promote sexual, reproductive, maternal and newborn health. Midwives can foster strong alliances across gender, health, decent work and other development agendas. When midwives are included in decision-making processes for policies and strategies, their leadership highlights the valuable contributions of care provided by midwives and enhances the overall health workforce.



#### Key actions

- **Strengthen midwifery leadership, research and governance:** Equip midwives with the skills, research capacities and leadership needed to influence reproductive, maternal and newborn health policies and the development of midwifery models of care. Establish senior midwifery roles in governance to ensure their expertise informs health system planning.
- **Enhance midwifery associations as advocacy and professional hubs:** Build the capacity of national and subnational midwifery associations to drive policy change, advocate for midwifery research, education, regulation and leadership for midwifery models of care and elevate the profile of midwives at all levels.
- **Strengthen midwives advocacy:** Equip midwives with the skills to advocate for their profession, engage with the media, and participate in policy discussions to ensure their voices are heard at all levels.
- **Advance gender equity:** Foster gender-responsive coalitions within the health sector by aligning shared interests and breaking down systemic gender barriers. Ensure midwives have a meaningful role in decision-making and leadership, creating an inclusive and equitable health workforce.
- **Strengthen interprofessional collaboration:** Promote teamwork, cooperation and alliance building among different healthcare professionals to enhance patient care. Encourage open communication and mutual respect to create a cohesive and effective health workforce.

## Accelerator 7

**Elevate advocacy and community engagement****Goal**

Foster recognition and support at all levels for the essential role the midwifery workforce plays in providing quality healthcare by increasing public awareness and community engagement.

**Why it matters**

Public perception and demand play a crucial role in shaping policy and funding priorities for care provided by midwives. This includes women's experience of and preference for care. When governments, women, families and communities understand and demand care provided by midwives, they become powerful allies in ensuring this model is prioritized.

**Key actions**

- **Cultivate midwifery champions and high-level advocates:** Identify and empower midwifery champions across government, financing institutions, communities, academia and the private sector to amplify advocacy efforts and sustain momentum for care provided by midwives. Strengthen collaboration among key stakeholders to influence health workforce policies and reforms.
- **Drive advocacy and media engagement:** Launch targeted and innovative advocacy campaigns, leverage digital and traditional media, and enlist social and cultural influencers to highlight the impact and potential of midwifery models of care. Engage policymakers, donors and the public to generate demand for access to integrated services for sexual, reproductive, maternal and newborn health (SRMNCAH) provided by midwives.
- **Mobilize communities and advocacy networks:** Partner with women's groups, grass-roots organizations and global health initiatives to amplify midwifery models of care. Promote its integration into universal health coverage, primary health care, gender equality, and economic development policies and frameworks to secure cross-sectoral support.
- **Strengthen financial stewardship and accountability:** Establish or reinforce effective national coordination and accountability mechanisms, led by governments. The aim is to align strategies and funding for midwifery models of care, maximize resource impact, and build financial literacy among midwives for better resource mobilization and management.



# Accountability:

## Delivering our commitment

The Midwifery Accelerator is the foundation for a unified, evidence-driven approach to transforming reproductive, maternal and newborn healthcare by deploying midwifery models of care. By aligning governments and partners around shared goals, targets and strategies, it provides a clear direction to integrate midwifery models of care as a cornerstone of health systems worldwide, ensuring sustainable impact at scale.

## Programmatic alignment and complementary efforts

Robust national and global plans with indicators are essential for tracking progress and guiding investments in a transparent way. Such plans ensure commitments to strengthening midwifery models of care translate into results, with tangible improvements in health outcomes.

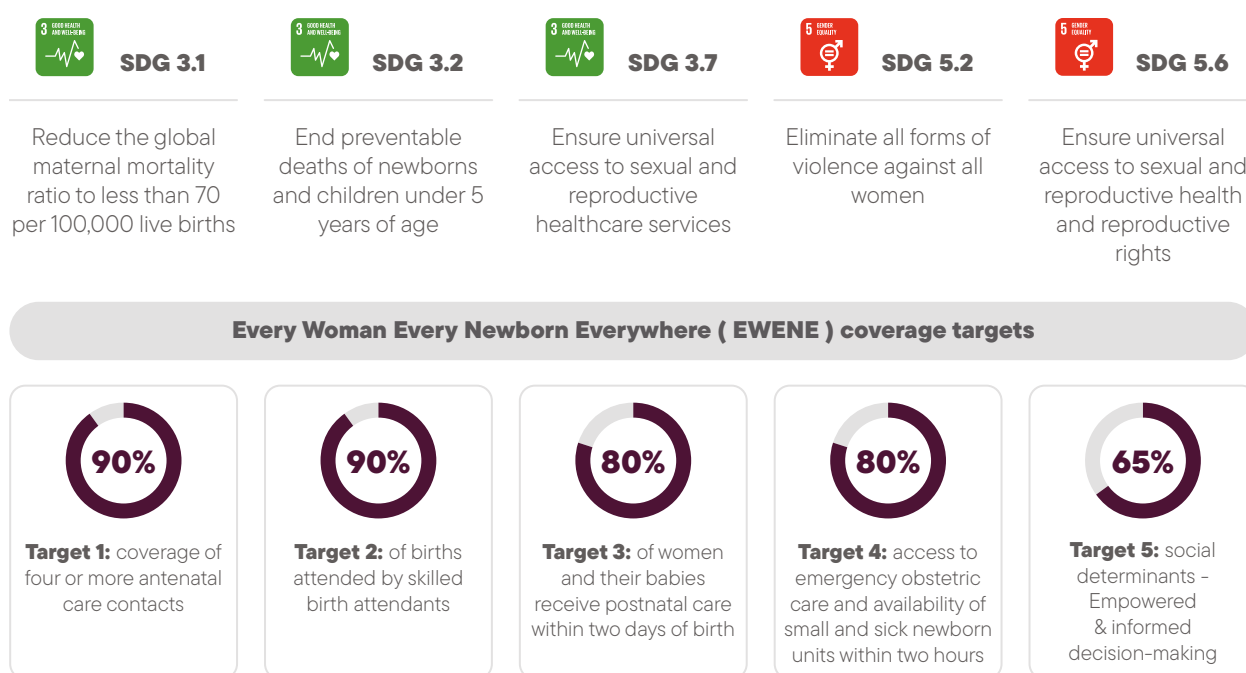
The Every Woman Every Newborn Everywhere (EWENE) partnership is playing a critical role in coordinating technical support to reduce maternal and newborn mortality and prevent stillbirths, including supporting governments to implement EWENE country acceleration plans. In this context, the Midwifery Accelerator coalition will work towards an aligned global programme providing technical support, including improved and aligned midwifery indicators across the global health architecture and initiatives.

## Tracking progress

At impact level the Midwifery Accelerator will contribute towards achieving the Sustainable Development Goals, in particular relevant targets under SDG 3 (health) and SDG 5 (gender equality).

The Accelerator will also track progress against the global EWENE coverage targets (Figure 5). Skilled and competent health workers, including midwives, are required to achieve all five targets with quality and equity.

> Figure 5 **The Midwifery Accelerator contributes to the SDGs and the EWENE targets**



These coverage targets will be revised in 2025, and quality targets are under development. In 2025, EWENE progress tracking tools will be strengthened with respect to midwifery and reported for the first time in the EWENE 2026 Progress Report.

A comprehensive assessment of midwifery workforce capacity, education, regulation and service is available in The State of the World's Midwifery Report from UNFPA, WHO and ICM (SoWMY, 2010, 2014 and 2021). Partners aim to regularly undertake a comprehensive SoWMY report as part of collective efforts to drive progress towards midwifery models of care.

## Advocacy and accountability mechanisms

- **National and regional accountability:** Leverage and where needed strengthen established accountability mechanisms such as the African Union's Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA plus) and its corresponding score card. Leverage national processes including through parliament, national annual review meetings of reproductive, maternal, newborn and child health (RMNCH) strategy, budget analysis and health workforce accounts.
- **Joint global advocacy and communications:** Pursue a joint agenda to leverage platforms such as EWENE and the Partnership for Maternal, Newborn and Child Health (PMNCH). The coalition intends to hold an annual Ministerial Breakfast at the World Health Assembly as a high-level forum for governments and partners to review midwifery progress, share best practices, and reinforce political commitments and financing.



## An evidence-based approach to accountability

Accountability is dependent on a strong foundation of evidence. This includes support for research conducted by midwives and health professionals. Key actions include:

- **Mapping critical gaps** in midwives' knowledge, skills and capabilities, particularly in underrepresented populations and settings.
- **Capturing real-time insights** to drive continuous improvements in maternal and newborn care.
- **Establishing systematic frameworks** to collect, analyse and apply lessons learned from care provided by midwives.
- **Using critical data** identified through the periodically published global and regional reports (SoWMy, EWENE Progress Reports) to address the key gaps in midwifery models of care, midwifery workforce development, deployment, service provision and retention.
- **South-South and triangular cooperation** to enhance midwifery capacities.
- **Prioritizing the research and learning agenda**, including care provided by midwives, to build the evidence base and understanding of midwifery models of care.



# Join the movement: Be the change

The Midwifery Accelerator is a unified global coalition to improve sexual, reproductive, maternal, newborn, child and adolescent health through the power of care provided by midwives. The accelerator kicks off an effort to engage new partners, inspire champions, and work closely with country leaders to increase access to high-quality, respectful care provided by midwives. The messages of the Midwifery Accelerator will be amplified through a social and digital media campaign and at key global and regional events. The aim is to revitalize momentum for midwifery models of care and secure new commitments to stronger financing, policies and programmes to accelerate country progress.

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graph TD; A([The Midwifery Accelerator]) --- B([A unified global coalition to drive collective action]); B --> C[↑];
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**The Midwifery  
Accelerator**

A unified global coalition  
to drive collective action

Champion countries are leading the way by prioritizing care provided by midwives as a cornerstone of their health systems. Bangladesh, Côte d'Ivoire, Germany, Luxembourg, Nepal, Rwanda, Sierra Leone, Sweden, the United Kingdom and Zambia participated in the development of this Accelerator. Some champion countries like Sweden have a proud history of care provided by midwives going back 300 years. Other champion countries have more recently made significant progress, reducing maternal mortality by over two thirds in the decades between 2000 and 2020 with midwifery at the centre of their investments.<sup>1</sup>

To succeed, we need to build a powerful coalition across actors with a stake in advancing maternal and newborn health and well-being:

- **Governments:** Commit to increased financial investments in the midwife workforce and the midwifery models of care to enhance quality of care and improve reproductive, maternal and newborn health outcomes.
- **International organizations and donors:** Align maternal and newborn health funding by prioritizing midwifery models of care and provide technical assistance to strengthen midwifery education, regulation, deployment and leadership.
- **Civil society and NGOs:** Advocate for care provided by midwives at national and community levels, support midwifery programmes, and empower women to demand woman-centred care making midwives the provider of choice.
- **Academia:** Conduct research on the impact of care provided by midwives. Document and amplify best practices in policy, education and service delivery, to help translate evidence into policy change.
- **Private sector:** Partner with governments and NGOs to develop technology, tools and innovations and garner funding that support midwifery initiatives.
- **Professional associations:** Mobilize midwives, ensure midwives' leadership is represented in decision-making spaces and build coalitions across professions.

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### A growing global coalition

This movement is a global coalition of champion countries and leading global partners. Together, we are driving policy change, investment and advocacy to advance midwifery models of care.

**Join the movement and be part of the global effort to end preventable maternal and newborn deaths and stillbirths, and promote health and well-being for women and children everywhere.**

## Annex 1

### Midwifery models of care: definition<sup>8</sup>

Reproduced from WHO (2024), *Transitioning to Midwifery Models of Care: Global Position Paper*, Box 2.2.

Midwifery models of care are models of care in which the main care providers for women and newborns, starting from pre-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, which:

- i. promotes a person-centred approach to care;
- ii. values the woman–midwife relationship and partnership;
- iii. optimizes physiological, biological, psychological, social and cultural processes; and
- iv. uses interventions only when indicated.

In midwifery models of care, midwives provide integrated care, addressing the needs of each individual woman and newborn, within functional and enabling health systems, equipped with necessary resources and streamlined consultation and referral processes. They collaborate within networks of care as part of interdisciplinary teams characterized by equality, trust and respect. This approach guarantees that every woman and newborn receives personalized care, tailored to their health needs.

Midwifery models of care are adaptable to all levels of care and contexts, including home-, community and hospital-based settings; the public and private sectors and public–private partnerships; resource-constrained environments; and humanitarian and crisis settings. This ensures wide accessibility, equity and relevance across different cultural contexts for women, newborns, partners, families and communities.



## Annex 2

## Outline of stakeholder engagement process

The updated UN estimates on maternal mortality in 2023 showed stagnation in progress on reducing maternal mortality during the first phase of the SDGs. In May 2023, a Global Call to Action and Commitment<sup>21</sup> was launched at the 5th Global Midwifery Symposium held during the International Maternal and Newborn Health (IMNH) Conference in Cape Town. In parallel, the World Health Organization (WHO) under the Strategic and Technical Advisory Group of Experts for Maternal, Newborn, Child and Adolescent Health and Nutrition (STAGE) developed the global position paper and implementation guidance, *Transitioning to Midwifery Models of Care*.

With a renewed sense of urgency, and in recognition of the lack of concerted and coordinated efforts to support policy reform and investments needed to urgently scale up Midwifery Models of Care, the idea of a **Midwifery Accelerator** was born. A planning meeting was convened in December 2023 by UNFPA and WHO, hosted by Jhpiego. The key objectives of this meeting were to build consensus on the need for a global shared roadmap for midwifery and to define its strategic priorities. The meeting established a timeline for the collaborative design, consultation process and launch, followed by accelerated action.

A core group including WHO, UNFPA, UNICEF, International Confederation of Midwives (ICM), Jhpiego and MOMENTUM was established. A first draft was developed in April 2024 with clearly defined content, purpose and accelerators. To ensure wide ownership and relevance of the direction, purpose, priorities and accelerators, a stakeholder engagement plan was implemented in 2024 with the following steps:

- **Advocacy and visibility** included side events at the UN Commission on Population and Development (New York), the 8th International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action (Oslo) and the World Health Assembly (Geneva).
- **Stakeholder consultation** took place at EWENE regional meetings in Asia and the Pacific, Eastern and Southern Africa, and Western and Central Africa as well as at the ICM regional conference in the Africa Region.
- **In-depth country consultations** were organized to review the three proposed accelerators (strategic priorities) through a national consultative process using a standardized methodology. The six champion countries were Bangladesh, Côte d'Ivoire, Nepal, Rwanda, Sierra Leone and Zambia. During October and November 2024, in-depth national stakeholder discussions were organized in all six champion countries, supported by the UNFPA Maternal and Newborn Health Fund. These discussions brought together representatives from the national midwifery association and midwifery regulatory body, pre-service midwifery training schools, representatives from the Ministry of Health including Directorates of Nursing and Midwifery, national implementing partners, development partners, women beneficiaries of the midwifery services and community representatives.

Following consultations, a second draft was presented during a finalization workshop to a consolidation meeting in December 2024 with partners including government representatives from the champion countries. A third and final version was developed in early 2025, informed by the stakeholder engagement process, and shared for two rounds of input by all partners including champion countries.

Funding for this initiative was provided by the United Kingdom's FCDO, the Gates Foundation through UNFPA, MSD for Mothers (WHO), USAID (Jhpiego/MOMENTUM), and the UNFPA Maternal and Newborn Health Fund's donors including Belgium, France, Germany, Luxembourg, Sweden and Takeda Pharmaceuticals.



## Endnotes

- 1 World Health Organization. (2025). Trends in maternal mortality 2000 to 2023: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. World Health Organization.
- 2 UNICEF (2025). United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Standing up for stillbirth, Current estimates and key interventions: Report of the United Nations Inter-agency Group for Child Mortality Estimation, 2024. United Nations Children's Fund, New York, 2025.
- 3 Reichenheim M, Zylberstajn F, Moraes C, Lobato G (2009). 'Severe acute obstetric morbidity (near-miss): a review of the relative use of its diagnostic indicators.' *Arch Gynecol Obstet* 2009;280:337–343. Available at: <https://doi.org/10.1007/s00404-008-0891-1>
- 4 Cresswell, JA et al. (2025). 'Global and regional causes of maternal deaths 2009–20: a WHO systematic analysis,' *The Lancet Global Health* [Preprint]. [https://doi.org/10.1016/s2214-109x\(24\)00560-6](https://doi.org/10.1016/s2214-109x(24)00560-6).
- 5 UNICEF (2025). United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Levels & Trends in Child Mortality: Report 2024: Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation. United Nations Children's Fund, New York, 2025.
- 6 Margaret E Kruk, Anna D Gage, Catherine Arsenault, et al. (2018). High-quality health systems in the Sustainable Development Goals era: time for a revolution. *The Lancet Global Health* 6, 11: e1196–e1252. Available at: [https://doi.org/10.1016/S2214-109X\(18\)30386-3](https://doi.org/10.1016/S2214-109X(18)30386-3)
- 7 Nove, A, Friberg, IK, de Bernis, L, McConville, F, Moran, A C, Najjemba, M., ... & Homer, C. S. (2021). Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: a Lives Saved Tool modelling study. *The Lancet Global Health*, 9(1), e24–e32. Available at: [https://doi.org/10.1016/S2214-109X\(20\)30397-1](https://doi.org/10.1016/S2214-109X(20)30397-1)
- 8 World Health Organization (2024). Transitioning to midwifery models of care: global position paper. World Health Organization. Available at: <https://iris.who.int/handle/10665/379236>. License: CC BY-NC-SA 3.0 IGO.
- 9 Boukhalfa C, Ouakhzan B, Masbah H, Acharai L, Zbiri S (2024). Investing in midwifery for sustainable development goals in low-and middle-income countries: a cost-benefit analysis. *Cost Effectiveness and Resource Allocation*. 2024;22(1):1. Available at <https://doi.org/10.1186/s12962-023-00507-y>
- 10 UNFPA (2021). The State of the World Midwifery Report 2021. Available at: <https://www.unfpa.org/publications/sowmy-2021>
- 11 Every Woman Every Newborn Everywhere. Available at: <https://ewene.org/>
- 12 Sandall J, Fernandez Turienzo C, Devane D, Soltani H, Gillespie P, Gates S, Jones LV, Shennan AH, Rayment-Jones H (2024). Midwife continuity of care models versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews* 2024, Issue 4. Art. No.: CD004667. DOI: 10.1002/14651858.CD004667.pub6.
- 13 Small K, Warton C, Fenwick J, Baird K, Bradfield Z, Homer C (2025). The psychological impact of working as a midwife in Australia: Findings from a scoping review. *Midwifery*. 2025 Mar 16;145:104377. doi: 10.1016/j.midw.2025.104377. Epub ahead of print. PMID: 40112610
- 14 International Confederation of Midwives (2023). Midwives delivering universal health coverage. Retrieved from <https://internationalmidwives.org/midwives-delivering-universal-health-coverage/>
- 15 Renfrew MJ, McFadden A, Bastos MH, Campbell J, Channon AA, Cheung NF et al (2014). Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *Lancet*. 2014;384(9948):1129–45. [https://doi.org/10.1016/s0140-6736\(14\)60789-3](https://doi.org/10.1016/s0140-6736(14)60789-3)
- 16 World Health Organization. Triple Elimination Initiative. Available at: <https://www.who.int/initiatives/triple-elimination-initiative-of-mother-to-child-transmission-of-hiv-syphilis-and-hepatitis-b>
- 17 Menezes MO, Knobel R, Andreucci CB, Magalhães CG, Amorim MMR, Katz L, et al. [Prenatal care for normal-risk pregnant women by obstetric nurses and midwives: cost-effectiveness from the perspective of the Supplementary Health System in Brazil]. *Cad Saude Publica*. 2021;37(8):e00076320.

- 18 McLean KA, Souter VL, Nethery E (2023). Expanding midwifery care in the United States: Implications for clinical outcomes and cost. *Birth*. 2023;50(4):935–45.
- 19 Callander EJ, Scarf V, Nove A, Homer C, Carrandi A, Abdullah AS, et al (2024). Midwife-led birthing centres in Bangladesh, Pakistan and Uganda: an economic evaluation of case study sites. *BMJ Global Health*. 2024;9(3):e013643.
- 20 UNFPA (2022). Lao PDR: Prioritizing Health Investments for Human Capital Development.  
<https://lao.unfpa.org/en/publications/investment-case-september-2022>
- 21 UNFPA (2023). Global call to action and commitment. 5th Global Midwifery Symposium “Midwives: Leading the Way in Improving Quality Maternal & Newborn Care”. 8 May 2023.  
Available at: [https://www.unfpa.org/sites/default/files/event-pdf/Call-to-Action\\_5th-Midwifery-Symposium.pdf](https://www.unfpa.org/sites/default/files/event-pdf/Call-to-Action_5th-Midwifery-Symposium.pdf)

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April 2025

