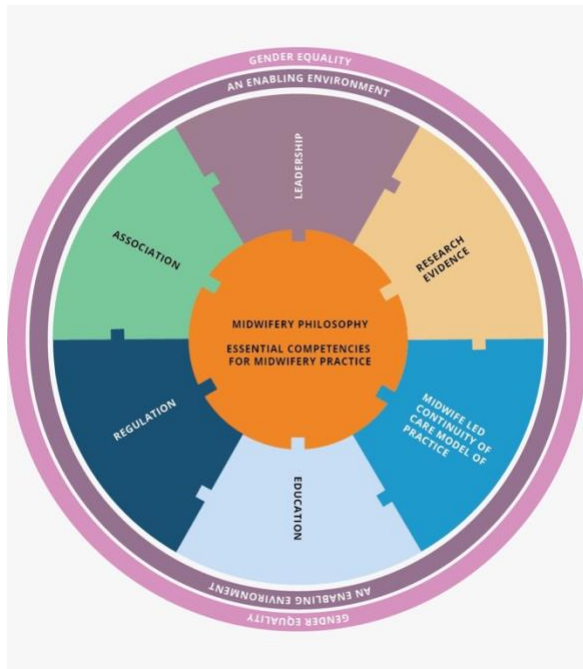


## ICM Professional Framework for Midwifery 2021



### **Why do we need a professional framework?**

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 ICM professional framework for midwifery acts as an informative and guiding tool for ICM, its members, partners and stakeholders.

### **Why did we update the professional framework for midwifery?**

In 2009 ICM established the original professional framework for midwifery. It was made up of three pillars: education, regulation and association. Two further elements underpinned the three pillars: the essential competencies of midwifery and midwifery research.

This original framework has now been in place for more than 10 years. However, neither the reasoning behind it nor the way its elements interact with one another were ever comprehensively explained. As a result, the framework was left somewhat open to interpretation. In particular, the relationship between the 'three pillars' (education, regulation and association) and the 'underpinning factors' (essential competencies of midwifery and midwifery research) remained somewhat unclear.

Over time, as the global health landscape has shifted and evolved, it has also become increasingly obvious that elements are missing from the framework. We began to see that in many countries around the world, education, regulation and association could not advance the profession, even when underpinned by the essential competencies and research, if they did not exist in a context conducive to supporting midwives and midwifery. We also questioned how the essential competencies for midwifery and midwifery research were operating in the framework, acknowledging that they played a more significant role than the phrase ‘underpinned by’ could convey.

And so, we began to factor in the context and environment midwives found themselves in. We considered the way the essential competencies intertwined with each of the other elements. We also started to look more closely at the links between midwifery research and our scope of practice. At the same time, we were increasingly aware of the potential of the leadership of individual midwives, of midwives’ associations, and of ICM itself. And, while midwifery has always been understood as women-led and women-centred profession, we recognised that the centrality of gender to midwifery had not been fully explored.

We also began to see that our original professional framework did not get right to the heart of what makes midwifery unique from other health professions – our philosophy and model of care. Underpinning ICM’s constitution, the [philosophy and model of care](#) captures the very essence of midwifery. We know that by championing women’s choice and voice, prioritising value and respect, and working alongside women to make their reproductive health experiences as positive as possible, midwives offer something that nurses or doctors cannot. We knew that this needed to be better articulated in the professional framework for midwifery.

And as our thinking evolved, so did the professional framework.

Drawing on years of conversations and collaborations, we have developed a new and improved professional framework for midwifery to reflect the evolution of our profession and better represent midwifery as it exists today. It is an illustration of why and how we exist as a profession, and a representation of our core beliefs.

The new and improved professional framework for midwifery will support our profession to remain relevant, innovative, and ahead of the curve. We are confident that if every country had this professional framework embedded, we would see higher quality midwifery services, more fulfilling careers for midwives, and enhanced reproductive health for women, their newborns, and their families.

## **What are the elements of the updated professional framework for midwifery?**

### **1. Midwifery Philosophy**

All professions are guided by certain core values – known as a professional philosophy – that shape the practice and conduct of all those within it. In midwifery, our philosophy informs

everything midwives do. It is what sets us apart from other health professions and makes midwives and their work essential in all areas of the world.

ICM's [midwifery philosophy](#) 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 childbearing 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 human, reproductive and sexual health and rights and respects ethnic and cultural diversity, and that as such, midwives are the most appropriate care providers to attend childbearing women. It captures the idea that midwifery care is holistic and continuous in nature, grounded in an understanding of the social, emotional, cultural, spiritual, psychological and physical experiences of women, and also that midwifery care is emancipatory, enhancing the health, social status and self-confidence of women.

Above all, the midwifery philosophy emphasises that all midwifery care takes place in partnership with women. Midwifery recognises the right to self-determination, and is respectful, personalised, continuous and non-authoritarian. These beliefs and values act as a guiding light for midwives around the world and influence every aspect of the midwifery profession.

## **2. Essential Competencies for Midwifery**

All midwives require a set of [essential competencies](#) for midwifery practice. The ICM reviewed and updated its essential competencies for midwifery practice in 2019. These competencies are split into 4 categories: pre-pregnancy and antenatal, care during labour and birth, ongoing care of women and newborns and competencies that apply across the entire childbirth continuum.

The essential competencies for midwifery practice are interconnected with each of the other elements of the professional framework. They reflect the midwifery philosophy and continuity of care approach to practice. The essential competencies for midwifery practice should be developed during pre-service midwifery education programmes and midwives should maintain competence through ongoing professional development and practice experience. Continuing competence is an important concept to ensure high quality midwifery care. Midwifery regulatory authorities can use the competencies as a measure of competence as midwives are registered and enter practice. Regulatory authorities can support quality care by requiring midwives to demonstrate their continuing competence. In this way the competencies are intertwined with the ICM global standards for midwifery education and for midwifery regulation.

Midwives Associations have an important leadership role in advocating for the integration of the ICM essential competencies with midwifery education and regulation in countries. They can also provide continuing professional development for midwives that can ensure the continuing competence. Midwives require an enabling environment to be able to apply their competencies effectively, and competencies are updated as new evidence emerges from research.

### 3. Education

Every profession has its own body of knowledge, and midwives hold knowledge not held by any other professional group. There is, of course, a great deal of common knowledge among health professionals, but the context for applying and developing that knowledge differs between professions. For example, all health professionals share knowledge of the physiology of the body. While this knowledge doesn't change because you're a midwife, the way in which the knowledge is applied does, since midwives work with women's bodies through the unique lenses of pregnancy, childbirth, postnatal or sexual and reproductive health.

To support its body of knowledge, the midwifery profession has its own education system, for which ICM sets [global standards and within which the ICM essential competencies are also embedded](#). In fact, midwifery is the only health profession to have global standards for its education system. These standards are intended for use by midwives and all others working to strengthen midwifery in the maternal and newborn health sector. The ICM Global Standards for Midwifery Education were reviewed and revised in 2021.

Currently, ICM is rolling out its Midwifery Education Accreditation Programme (MEAP) to offer accreditation to midwifery educational programmes that meet ICM's Global Standards for Midwifery Education. The MEAP is based on international best practices in the field of midwifery education and accreditation and serves as a benchmark and quality label for midwifery educational programmes worldwide.

A new programme on which we are working is the Midwifery Education Development Pathway (MPath) through which ICM is developing resources to support midwife educators in strengthening the development and delivery of pre-service midwifery education programmes. Examples of MPath resources soon to be available on our website include guidelines for curriculum design, guidelines for competency assessment, an assessment evaluation tool, guidelines for clinical sites, standards for midwife educators.

### 4. Regulation

Every profession has its own system of regulation to hold the profession accountable while enabling their autonomy and ensuring public safety. Midwifery regulatory functions include setting the scope of midwifery practice, setting pre-service education standards, registration of new midwives, relicensing and ensuring continuing competence throughout a midwife's career, managing complaints and disciplinary procedures within 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 regulatory authority such as a Midwifery Council. To support effective regulation, ICM has set [Global Standards for Midwifery Regulation](#) (2011), established an [International Code of Ethics for Midwifery](#), and produced a [Regulation Toolkit to guide development of midwifery regulation](#).

### 5. Association

Another core element of the midwifery profession is the existence of professional associations. ICM supports, represents and works to strengthen professional associations of midwives throughout the world. There are currently over 140 Member Associations, representing over 120 countries across every continent and over one million midwives globally. ICM provides mechanisms for communication and decision-making with and between members and is mandated by the ICM Council as the global voice for midwifery.

Associations play a vital role in connecting and supporting midwives by enabling individual midwives to come together in collective voice with others working in their countries and elsewhere around the world. ICM represents its members at the global level and works with them at regional and country level. Where necessary, ICM strengthens associations by providing resources that support capacity-building within associations and help associations to be recognised by in-country decision makers as the voice for midwives that needs to be involved in decisions related to midwifery and sexual, reproductive, maternal and newborn health services and rights. Several e-learning modules are available to our members on our website and more are in development.

## **6. Research**

Research and evidence are critical to the forward motion of the midwifery profession. The body of literature surrounding midwifery and reproductive health has grown significantly in recent years. Particularly, research has demonstrated the vast difference in outcomes between midwife-led continuity of care – where one midwife or a small group of midwives leads a woman's care throughout the childbirth continuum – and more 'traditional' midwifery models where women receive care from different midwives and a variety of other health professionals in a more fragmented process.

Midwifery is a profession informed by research evidence and ICM works to support midwife-led research, evidence-informed approaches to care and to ensure that evidence is both available and easily accessible to all MAs and midwives.

## **7. Midwife-led continuity of care model of practice**

Midwife-led continuity of care (MLCC) models, in which a known midwife or small group of known midwives supports a woman throughout the antenatal, intrapartum and postnatal continuum, are recommended for pregnant women in settings with well-functioning midwifery programmes. In high-income countries, MLCC models have been shown to lead to reductions in neonatal deaths, preterm births, still births, epidural, episiotomy and instrumental births, and to increases in spontaneous vaginal birth and women's satisfaction, with no increased risk of harm. Investment in midwives to achieve these outcomes is cost-effective. MLCC enables each woman and her midwife (or small team of midwives) to get to know each other and to build a relationship based on trust, equity, informed choice, shared decision-making and shared responsibility. Relationships are negotiated between the partners and are dynamic and empowering for both. Current evidence for MLCC comes mainly from high-income countries. Implementing and scaling

up MLCC models sustainably requires addressing the challenges to midwives' education, regulation and working environments identified in various reports including the State of the World's Midwifery 2021. This can lead to improved health outcomes, not only for women and newborns, but also for their families and societies.

## **8. Leadership**

The midwifery profession relies on strong leadership at every level, from individual midwives, to midwives' associations, to ICM and to governments. ICM has always championed the view that by the very nature of their work, every midwife is a leader. Midwives exemplify leadership through their daily work. Each time a midwife works with a woman, she influences that woman's views about childbirth, women's bodies, women's rights, and what it means to be respected. 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 and strengthen the profession. Additionally, leadership allows midwives and women to share a political voice with other groups advocating for women's rights.

Midwives are also needed in formal leadership roles within midwifery services, facilities, educational organisations, regulatory authorities, amongst policy makers and beyond. ICM is currently advocating to ministries of health for the establishment of Chief Midwives to lead midwifery at national level. ICM's [Young Midwife Leaders](#) programme provides selected young midwives with a unique opportunity to learn how to develop as leaders in their professional lives and the communities they work in.

## **9. Enabling Environment**

An enabling environment refers to the environment that midwives in a particular context need to find themselves in to be able to practise effectively and achieve the best outcomes.

The idea of the enabling environment stems from the understanding that the midwifery profession is entirely contextual. We have included it in the updated professional framework because we recognise that every other element of midwifery is dependent on – and influenced by – the health and social systems in place in any given country. These include, but are not limited to, legislation, policies, resources (human, supplies, equipment, travel, communication), facilities, data, safe and respectful working environments, fair pay, workforce development and deployment, evidence, health service integration, education, regulation, professional support and development, societal attitudes, and gender equality.

While the idea of the enabling environment has been discussed in various forms on various occasions, it was first discussed formally in the 2016 Midwives' Voices, Midwives' Reality report, produced by ICM in collaboration with WRA and WHO that identified some of the major barriers

to an enabling environment for midwives. Later, a 2019 literature review conducted by ICM found several explorations and discussions of the concept, but no agreed-upon definition. To begin to remedy this, ICM facilitated a session on the enabling environment at the 2019 Women Deliver Conference, co-hosted by UNFPA and the World Health Organization (WHO) and in collaboration with UNICEF, Jhpiego, the Canadian Association of Midwives and Laerdal Global Health, where the following [definition was proposed](#):

*“An environment which values and respects midwives, and values and respects women.”*

In 2021 ICM, in collaboration with Ariadne Labs, produced a policy brief and implementation guidelines to explain the enabling environment for midwifery and to guide in-country ministries of health and Midwives Associations about the policies, structures, systems, and resources needed to support midwives to provide high quality midwifery care within maternal and newborn health services. The policy brief is available on our website. Further work will include piloting of the policy brief and review and update of the implementation guidelines.

## **10. Commitment to Gender Equality and Justice, Equity, Diversity and Inclusion**

Midwifery is, and always has been, a women-centred profession. As such, it is deeply impacted by pervasive gender inequality. Acknowledging and understanding how gender inequalities affect the profession of midwifery is vital to enabling these issues to be tackled at local, national and global levels. Similarly, the midwifery profession must work to better value diversity, examining institutional biases such as racism, sexism, ageism, etc.

ICM strives to model and prioritise justice, equity, diversity, and inclusion (JEDI), and is committed to applying a gender lens to all work. These efforts will enhance outcomes and drive sustainable progress for midwives, women, and communities, regardless of their ethnicity, race, origin, religion, or sexual orientation/identity.

### **How do these elements interact?**

Our updated professional framework removes any hierarchy between elements because we know that a strong and supported midwifery profession requires all ten:

- 1) a philosophy
- 2) essential competencies for midwifery
- 3) education
- 4) regulation
- 5) association
- 6) research
- 7) a model of practice
- 8) leadership
- 9) an enabling environment
- 10) a commitment to gender equality and JEDI

The elements of the updated 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.