Policy Brief

Implementing Midwife-Led Birth Centres

2025

International Confederation of Midwives

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Introduction

Midwives are essential providers of primary health care and can play a major role in the provision of universal health care. Midwives are key providers of sexual, reproductive, maternal, newborn and adolescent health care (Appendix A for definition of a midwife) (1). One way for midwives to provide care is through midwife-led birth centres (MLBC). MLBCs essentially provide primary level care with criteria describing the level of care provided and guidelines to manage referral to secondary or tertiary level care.

The International Confederation of Midwives (ICM) MLBC study was undertaken in four countries – Uganda, South Africa, Bangladesh and Pakistan (2-4). This Brief outlines the key findings, presents the Pathway to Change which highlights the processes and mechanisms needed to scale up MLBCs and provides a series of actions to support successful implementation of MLBCs.

Definition of a midwife-led birth centre

A midwife-led birthing centre (MLBC) is a dedicated space - either within or separate from a higher-level health facility - where care is provided for pregnant women and newborns at low risk of complications. MLBCs must be integrated into the local health care services, so that midwives can consult and refer women to secondary and tertiary level services if needed. As a minimum, MLBCs provide care during labour and birth, but may also provide antenatal, immediate postnatal care and sexual and reproductive health care.

Midwives, working within their scope of practice, are the lead professionals and they work according to the midwifery philosophy and model of care. This philosophy views labour and birth as a physiological process and takes a woman-centred, rights-based approach to the provision of respectful, culturally sensitive, personalised, competent care, and when appropriate encouraging the participation of the birthing woman's partner, family and community. MLBCs consult with and arrange referral to other health facilities or services when required.

More detail on the definition is found in Appendix B.

Key findings from the MLBC study

Our first scoping review (3) found that MLBCs were reported in 57 low- and middle-income countries. Low- and lower-middle-income countries were more likely than upper-middle-income countries to have MLBCs. The most common type was freestanding. Public-sector midwife-led birthing centres were more common in middle-income than in low-income countries. Some were staffed entirely by midwives and some by a multidisciplinary team. There were a range of challenges to the midwifery philosophy of care and to effective referral systems.

Our second scoping review (4) showed that MLBCs can provide high-quality care when there is a positive policy environment, can meet the needs of women and the community with an effective referral system, collaboration across different levels of health service and a competent workforce committed to a midwifery philosophy of care. Challenges include a lack of supportive policies, leadership, inter-facility and interprofessional collaboration and insufficient financing.

Our four-country case study (2) showed that the key enablers to a successful MLBC were:

1	having an effective financing model
2	providing quality midwifery care that is recognised by the community
3	having interdisciplinary and interfacility collaboration, coordination and functional referral systems, and
4	ensuring supportive and enabling leadership and governance at all levels. The findings of this study have significant implications for improving maternal and neonatal health outcomes, strengthening healthcare systems, and promoting the role of midwives in LMICs.

Our economic analysis (5) showed that the cost per birth in MLBCs varied greatly within and between countries, from 21 USD to 2,374 USD per birth. Midwife salary and facility operation costs were the primary drivers of costs in most MLBCs. Nine of the 12 MLBCs produced better health outcomes, and six did so at a lower cost compared to the usual model of care.

Two of the MLBC case study countries, Uganda (6) and Bangladesh (7), published their research corroborating the above findings.

What makes MLBCs work?

Our **Pathway to Change** articulates what is needed to make an MLBC work and what the long-term outcomes and impact might be (see Figure 1). In developing this Pathway to Change, we reviewed definitions and standards produced by other groups (8-11). These materials and resources will be of benefit to those implementing MLBCs and scaling up services at a country and local level. Four elements make an enabling environment for MLBCs.

1 Leadership and governance

- There is a supportive policy context, regulations, laws, policies and protocols that define and support midwife-led care and midwife leadership.
- Midwifery regulation supports midwives working to their full scope of practice within the MLBC.

2 Effective, sustainable financing model

- An effective and sustainable financing model assures access to affordable, high-quality care at the MLBC.

3 Quality midwifery care that is recognized by the community

- Midwives are educated to hold competencies as defined by ICM, use the midwifery philosophy of care, work in a team, have access to continuing professional development (CPD), renumeration, leadership and organizational support.
- The MLBC is developed and implemented in partnership with the community it serves and is therefore recognised and valued by community members.

4 Interdisciplinary and interfacility trust and collaboration

- The MLBC is integrated within, and supported by, the wider health system with interdisciplinary collaboration, access to consultation and referral.

These need to be set within an enabling environment for midwives (see Appendix C).

What makes MLBCs work?

1. Leadership and governance: There is a supportive policy context, regulations, laws, and protocols that define and support midwife-led care and midwife leadership

2. An effective, sustainable financing model that assures access to affordable, high-quality care at the MLBC

3. Quality midwifery care that is recognized by the community provided by midwives who are educated to global standards, use the midwifery philosophy of care, work in a team, and have access to CPD and organizational support

4. Interdisciplinary and interfacility trust and collaboration: The MLBC is integrated within, and supported by, the wider health system with access to consultation and referral

Monitoring, Evaluation and Learning

What might be the MLBC contribution?

Medium term outcomes	Longer term outcomes	Impact
Greater access to sustainable MLBCs offering affordable, high quality, respectful care	More women and newborns have a positive childbirth experience and received high-quality, respectful care	Improved maternal health
	Heightened trust and positive relationships between women/ families and communities and the maternity health care system	Improved newborn health
MLBs are embedded within functional networks of care that purposefully interconnect service delivery points to create continuity in care	Improved: prevention and early recognition of maternal and newborn complications, referrals, documentation and use of data	Improved women's experience with care, improved SRMNA and mental health
	Increased respect for the midwifery profession and philosophy of care; and increased job satisfaction for midwives	Reduced burnout for midwives and increased staff retention of midwives

Figure 1: Pathway to change – Midwife-Led Birthing Centres (MLBCs)

Action points to implement and scale up MLBCs

Leadership and governance

There needs to be a supportive policy context: financing, regulations, laws, policies and protocols define and support the MLBC.

a) Analyse the context setting, policy environment and financing models and ensure that strategies are developed to maximise successful implementation.

b) Ensure high level leadership at government and health service level including local midwifery leadership.

c) Ensure that the midwifery regulatory framework enables midwives in MLBCs to work to their full scope of practice.

Effective, sustainable financing model

Financing models must include mechanisms for women to access the MLBC and financing to ensure the MLBC can function including adequate infrastructure and access to commodities and supplies. Where possible, care should be free at the point of care.

a) Assess the elements of an enabling environment (see Box 2) and develop and implement an action plan.

b) Ensure adequate financing to have enough staffing to be able to provide respectful maternity care.

Quality midwifery care is provided and recognised by the community

The MLBC needs to be developed in a way that ensures community trust is built through partnerships and engagement and the space is accessible, welcoming and appropriate to provide the care.

a) Ensure the community is informed and engaged at every level to facilitate trust, ownership and support.

b) Involve the community, relevant women's groups, health service managers, obstetricians and paediatricians in planning and decision making.

c) Ideally, the MLBC is an identified space that is accessible, welcoming, provides space for women to move around and have a birth companion

d) Recognise and value the unique contributions of midwives and promote a culture of mutual respect and trust.

Midwives are educated and trained to hold Essential Competencies for Midwifery Practice as defined by ICM, use the ICM Midwifery Philosophy of Care, work in a team, have access to CPD, renumeration, leadership and organisational support.

a) Design the model of care (full continuum or labour and birth only, +/- SRH) within a midwifery philosophy based on the policy and financing models.

b) Recruit, deploy and pay midwives who have been educated to meet the ICM Essential Competencies for Midwifery Practice and can provide care to women and newborns throughout pregnancy, birth and postnatally, including in collaboration with obstetricians when needed.

c) Ensure midwives have access to regular CPD and professional support and the financial resources to ensure access.

Effective, sustainable financing model

The MLBC is integrated within, and supported by, the wider health system with interdisciplinary collaboration, access to consultation and referral.

a) Develop and implement criteria for access to the MLBC, systems of consultation and referral.

b) Ensure equitable access to transportation for effective and timeous referral.

Monitoring, Evaluation and Learning.

a) Build in monitoring, evaluation and lessons learned to ensure continuous quality improvement.

b) Establishment of core health outcome measures, and routine data collection of these outcomes to allow monitoring and evaluation over time and across sites to drive quality improvement.

c) Routine collection of standardised cost data and de-identified data sharing to allow benchmarking across services and shared learning to improve efficiency and value.

d) Encourage participation in interdisciplinary research projects and quality improvement initiatives to promote evidence-based practice and data collection.

Appendix D provides more detail on how to achieve these Action Points.

Appendix A

ICM International Definition and Scope of Practice of the Midwife

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant (12). This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.

A midwife may practise in any setting including the home, community, hospitals, clinics or health units.

Appendix B

Revised definition of an MLBC

Definition of a midwife-led birth centre

A midwife-led birthing centre (MLBC) is a dedicated space - either within or separate from a higher-level health facility - where care is provided for pregnant women and newborns at low risk of complications. MLBCs must be integrated into the local health care services, so that midwives can consult and refer women to secondary and tertiary level services if needed. As a minimum, MLBCs provide care during labour and birth, but may also provide antenatal, immediate postnatal care and sexual and reproductive health care.

Midwives, working within their scope of practice, are the lead professionals and they work according to the midwifery philosophy and model of care. This philosophy views labour and birth as a physiological process and takes a woman-centred, rights-based approach to the provision of respectful, culturally sensitive, personalised, competent care, and when appropriate encouraging the participation of the birthing woman's partner, family and community. MLBCs consult with and arrange referral to other health facilities or services when required.

Key questions addressed in the MLBC definition

Who is the care for?

Pregnant women at low risk of complications including her partner, family and those in the community, as identified by the woman.

Who provides the care?

a midwife or midwives is/are the lead professional working to their full scope of practice with integration with the wider health system which enables consultation and referral to higher level services as required.

What care is provided?

At a minimum, MLBCs provide labour and birth care (intrapartum) but may also provide antenatal, immediate postnatal care and/or sexual reproductive health care.

How is the care provided?

The care provided adheres to the midwifery philosophy of care (13) and is integrated within, or supported by, the wider health system (14).

Where is care provided?

The MLBC is a dedicated space that may be separate from, or on the same site as, a higher-level health facility. A stand-alone MLBC may be based close to, or within the community it serves.

Explanatory notes

Care is provided primarily to women and their newborns across the continuum of pregnancy, labour and birth and the postnatal period

MLBCs provide care during labour and birth, and they may also offer care across the continuum throughout pregnancy and immediate postnatal care, including newborn care and sexual and reproductive health care. The focus of care needs to be individualised, culturally sensitive and adapted to suit the setting and needs.

Care is provided for women and newborns at low risk of complications

Primarily, MLBCs provide care to healthy women and gender diverse people at low risk of pregnancy-related complications, while recognising that any woman may develop complications at any stage of pregnancy, labour, birth or the postnatal period including complications for the newborn, and therefore may require a different model of care at a secondary or tertiary level facility. It may be useful for MLBCs to develop 'levels of care' criteria supported with referral criteria and clinical management guidelines to ensure that every woman can access the level of care she requires at an appropriate location.

Midwives are the lead professionals

Midwives, working to their full scope of practice within their national legal framework (12, 15) (see Appendix 1 for ICM International Definition and Scope of Practice of the Midwife), take primary professional responsibility for the quality of the care provided at MLBCs. This means they are accountable for the decisions they make regarding care. MLBC midwives must work within the legal and regulatory frameworks for practice as a midwife in their country or state.

Other health care providers may work in the MLBC and be part of the wider team. The midwives have a role in training and supporting the wider team including medical staff, nurses, community health workers and volunteers, to ensure that all care is based on the midwifery philosophy of care.

Care is provided according to a midwifery philosophy and model of care

Midwifery philosophy and model of care centres the woman as decision maker and the midwife as bringing professional knowledge and expertise (see Box 1). Care is individualised and provided in partnership which means decisions are made by the woman, informed and supported by the midwife (13, 16). Cultural safety is embedded in the concept of the midwifery philosophy and in a partnership model where the midwife provides care to meet the individual needs of the person.

Box 1: The ICM Midwifery Philosophy

The midwifery philosophy states that (13):

- Pregnancy and childbearing are usually normal physiological processes.
- Pregnancy and childbearing is a profound experience, which carries significant meaning to the woman, her family, and the community.
- Midwives are the most appropriate care providers to attend childbearing women.
- Midwifery care promotes, protects and supports women's human, reproductive and sexual health and rights, and respects ethnic and cultural diversity. It is based on the ethical principles of justice, equity, and respect for human dignity.
- Midwifery care is holistic and continuous in nature, grounded in an understanding of the social, emotional, cultural, spiritual, psychological and physical experiences of women.
- Midwifery care is emancipatory as it protects and enhances the health and social status of women and builds women's self confidence in their ability to cope with childbirth.
- Midwifery care takes place in partnership with women, recognising the right to self-determination and is respectful, personalised, continuous and non-authoritarian.
- Ethical and competent midwifery care is informed and guided by formal and continuous education, scientific research and application of evidence.

The MLBC is integrated within, and supported by, the wider health system

MLBCs should be an integral part of local health care services, so that midwives can consult and refer women to secondary and tertiary level services if needed. MLBCs should have criteria describing the level of care provided and guidelines to manage referral from primary level care to secondary or tertiary care. In some settings, midwives in MLBCs will participate in activities with the wider health system, for example, maternal and neonatal death or "near miss" audits at community or facility level.

Location and structure of the MLBC

The most appropriate location for the MLBC will vary by context. Regardless of location, the professional and physical boundaries of the MLBC must be clear both to women and to health care workers. The MLBC must be easily accessible by the pregnant woman, especially when in labour.

Within the MLBC, the space should be welcoming and supportive. During labour, there should be enough space for women to be mobile during labour and sufficient space for the provision of privacy and so that companions can be present during labour and in the postpartum period.

Appendix C

Revised definition of an MLBC

Box 2 - Components of an enabling environment for midwives (ICM) (14)

Gender Equality	**Empowerment and respect for women and gender diverse people:** • Voices are heard, rights are upheld, and preferences are respected **Empowerment and respect for midwives:** • Increased employment and respectful working environment for midwives • Professional autonomy and scope of midwife practice is recognised and respected • Midwives are viewed as community leaders and SRHR advocates in addition to healthcare professionals **Social, physical, and psychological safety:** • Safety and security in the workplace and when traveling to and from • Social well-being of midwives, including mental health and other supports
Infrastructure	**Supply and resource availability:** • Access to functional health facilities, beds, diagnostic services, equipment, drugs, and supplies • Access to amenities including toilets, water, and hygienic changing facilities **Communications and transportation systems:** • Communications and transportation systems are in place to enable efficient and respectful referral pathways across the continuum of care

Professional Status & Agency	**Professional autonomy:** • Midwives have occupational autonomy and flexibility, so that they can control, organise and prioritise their own work; reflect on practice with peers and colleagues; share ideas and information; and optimise service provision • Midwives can interact with and be supported by the health system in the same way as obstetricians, nurses, and other health professionals • Midwives are supported to work independently within their defined and protected full scope of practice and responsibilities. • Midwives have access to continuing professional development, career pathways and professional support **Awareness and demand:** • Wide-scale demand generation to ensure social and cultural awareness and recognition of midwives, what they do, and how they improve care **Financial fairness and support:** • Financial fairness and support including payment parity with health professionals of similar skill level and education, or doing work of equal value • Opportunities for career and salary progression for midwives • Government, NGO, or grant funding to promote and sustain the enabling environment

Appendix D

Supporting notes to the Action Points

A focus on women and their community

- Midwives and MLBCs aim to provide safe, high-quality, and holistic care that supports the health and well-being of women and their families. Midwifery care must always be focused on the woman and address her needs. This care must be individualized, culturally appropriate, respectful, and responsive to the woman's preferences and values.
- Strong partnerships between midwives, women and communities must be developed and sustained. Such partnerships require trust, engagement, and local ownership. The community must have a voice in the design and provision of services, as well as in decision-making processes related to maternal and newborn health. The public demand for midwife-led care, MLBCs and the public support for midwives and MLBCs are critical factors in achieving sustainable MLBCs.
- Effective partnerships require a deep understanding of the community's culture, beliefs, and values. Midwives need to be sensitive to cultural norms and practices and understand how they impact health outcomes. This understanding is critical in providing informed consent, respectful care, and ensuring that the woman's needs are met. Engaging with communities to gain insights into their unique needs and preferences enables midwives to provide care that is culturally appropriate, sensitive, and responsive to the woman's needs.
- Important aspects of care include respect, the option to have companions present throughout the continuum of care and an environment that fosters support for physiological birth with access to higher level referral when needed.

- When midwives establish trusting relationships with women and communities, they create an environment that fosters open communication, shared decision-making, and mutual respect. This relationship empowers women to take an active role in their care, make informed decisions, and feel confident in their choices. This sense of ownership can lead to improved health outcomes, increased satisfaction with care, and greater trust in the healthcare system.
- In conclusion, building strong partnerships between midwives and the communities they serve is essential in providing woman-centred, culturally appropriate, and respectful midwifery care. These partnerships require trust, engagement, and ownership and must involve the community in the design and provision of services. When midwives establish trusting relationships with their patients and communities, they create an environment that fosters open communication, shared decision-making, and mutual respect. By focusing on the woman's Individual needs and building strong partnerships, midwifery care can help ensure that every woman receives the care she deserves.

Midwives who provide quality care

- Midwives in MLBCs need to be able to work to their full scope of practice, abiding by the regulatory and legislative frameworks in their country. They are accountable for the decisions they make regarding care.
- Other health care providers may work in the MLBC and be part of the wider team. Physicians are not usually part of the MLBC unless they are required. Access to medical consultation and back-up and acceptance of referral is critical.
- The midwives have a role in training and supporting the wider team including nurses, community health workers and volunteers, to ensure that all care is based on the midwifery philosophy of care (see Box 1).
- The midwives must receive quality education that meets the ICM Global Standards for Midwifery Education that enable them to be confident, competent and autonomous professionals who provide accountable and responsible care in the MLBC. They need access to life-long learning through continuing professional development to keep their knowledge and skills current and effective and have opportunities for personal development and growth.
- The midwives will have a clear understanding of the midwifery philosophy of care and be able to implement strategies with the MLBC to ensure the care is woman centred.
- Midwifery leadership is essential at all levels, from the MLBC to the referral level, policy level, regulatory level, and educational programs.

- Effective management of the midwives and the wider team in the MLBC includes access to supportive supervision, a capacity to have flexibility in the way they work and a workplace that meets occupational health and safety principles.
- In conclusion, midwives who are educated to meet global competencies will provide high quality woman centred and respectful care. Midwives will work according to the midwifery philosophy of care and have regular access to ongoing training / CPD to keep skills current and effective. There should be sufficient numbers of midwives to meet the service need and to ensure the MLBC can meet the needs of the community.

A positive policy context

- MLBCs need to have the support of government policy, regulation and financing mechanisms to enable women to have easy access.
- National-level policy support is required for midwife-led care and to enable the establishment and sustainability of the MLBC model of care. The policy must be clearly articulated and be able to be implemented.
- Midwifery needs to be recognised in regulation and legislation and allow midwives to provide care according to their philosophy and expertise. Effective regulation is also essential to ensure that midwives can practice safely and with accountability.
- Advocacy for policy changes may be required to ensure that midwifery care is recognized as an essential component of maternal and newborn health and that midwife-led care and MLBCs can flourish.
- In conclusion, MLBCs need a policy context that is supportive of midwife-led care. This includes recognition of midwifery and effective regulation. Financing needs to be accessible and sustainable, consider the out-of-pocket expenses faced by woman, and midwives were paid and reimbursed for the costs incurred in providing care.

Financial models that are implemented, accessible and relevant for the context

- Accessible and sustainable financing means that women can access care with few or no out-of-pocket expenses. Financing mechanisms should be designed to minimize the financial burden on women and families. Ideally, women should not have to pay at the point of care.
- Financing also means that midwives are fairly paid and reimbursed for the costs incurred in providing care. This would help to ensure that midwives can sustain their practice and continue to provide high-quality care to the community.

- Financial models that meet the country context may include fully public, public-private combinations, fully private with health insurance coverage or various combinations. Regardless of the approach, the costs to the woman should be clear and transparent and ensure easy access when needed.

Integration with the wider health system

- The MLBC must be integrated within, and supported by, the wider health system within a network of care including hospitals, clinics, community outreach services and other healthcare facilities. This includes access to consultation and referral at secondary or tertiary level services and a commitment by these services to welcome women referred from MLBCs without penalty. This meant that women who need additional support or care can be referred to the appropriate healthcare professional or health facility with confidence, knowing that their referral would be accepted.
- Multidisciplinary collaboration and teamwork are essential to the success of MLBCs. This includes respectful relationships with other healthcare professionals (such as obstetricians, paediatricians, community health workers), and systems to enable the transfer of information and funding to ensure that women receive the best possible care.
- Multidisciplinary collaboration and teamwork also means that other health professionals recognise and respect the role of the midwife and the capacity of midwives to provide care according to their scope of practice and the regulation and legislation in the country.
- In conclusion, access to consultation and referral, and guaranteed referral acceptance and multidisciplinary collaboration and teamwork, ensures that women received the care they need when they need it.

An enabling environment

- An enabling environment is essential to the ability of the MLBC to provide quality care.
- An enabling environment includes a committed to gender equality, adequate infrastructure and professional status and agency.
- An enabling environment means having sufficient numbers of midwives, adequate working conditions which means the MLBC has access to the supplies, technology, and infrastructure they need to provide care. An environment that ensures midwives can practice according to the midwifery philosophy includes adequate space and a welcoming atmosphere.

- Organisational support is a critical component of an enabling environment. The midwives needed have effective leaders and managers who ensure the midwives are recruited, deployed and retained and have access to continuing professional development.
- In summary, an enabling environment includes an adequate working conditions (including supplies, appropriate technology, infrastructure) and organisational support within an effective network of care.

Monitoring, evaluation and learning

- Monitoring, evaluation, and learning includes access to quality data. Access to data and analysis is essential to the ability to monitor the performance of the MLBC and for midwives to evaluate their practices. This includes consistent and routine data collection, of common data items over time and across sites. This means that midwives have access to data that can be used to identify areas for improvement and implement changes.
- Data collection should be based upon what women value as health outcomes. Collecting feedback from women and the community is also important to ensure that women's voices guide the practice of the MLBC and can also drive improvements.
- Audit and feedback are important components of monitoring, evaluation and learning. This will also ensure that areas of risk, poor quality and adverse outcomes can be identified early, and actions can be taken to improve safety.
- Regular review of morbidly and mortality surveillance and responses to improve safety and quality of care are needed.
- By regularly reviewing practices and receiving feedback on their performance, the midwives will be able to identify areas for improvement and implement changes that would improve the quality of care they provide.
- In conclusion, these processes will ensure the midwives and the MLBCs can learning from the outcomes and experiences of women and using this knowledge to make changes and improvements to the services.

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