



# Powering Choice

Unlocking midwives' full potential  
in family planning

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**Start With Her** policy brief series

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# Every US\$1 invested in family planning yields **US\$26.80** in health and economic benefits.

**Enabling and empowering midwives to provide the full range of contraceptive methods expands access and improves quality of care and reduces maternal deaths.**

Millions of women and adolescents still lack access to modern contraception – a cornerstone of reproductive health and rights. Midwives are often the first, and sometimes only, health professionals available to meet this need, yet legal and regulatory barriers prevent them from providing the full range of contraceptive services. Empowering midwives to deliver all methods, including long-acting reversible contraceptives, through task sharing and policy reform, is a proven, cost-effective way to reduce maternal deaths, expand choice and advance gender equality. Evidence from Ethiopia, Indonesia and Sweden, among others, shows that when midwives are enabled through supportive policy, education and investment, contraceptive uptake rises and unmet need declines.

Empowering midwives saves lives, strengthens health systems, and advances gender equality. Policy and regulatory reform to enable midwives to provide the full range of contraceptive methods delivers measurable results – expanding access,

improving quality of care and reducing maternal deaths. Investing in midwives also delivers a strong return: every US\$1 invested in family planning yields US\$26.80 in health and economic benefits.

## **Governments and partners are urged to:**

- **Reform laws** and policies to authorize and protect midwives in providing all contraceptive methods;
- **Strengthen education** and certification to ensure competency-based training in comprehensive family planning services;
- **Increase investment** in the midwifery workforce and ensure reliable supplies of affordable contraceptives.

*Two UNFPA strategies inform the actions and recommendations in this brief, [the UNFPA Strategy for Family Planning Strategy](#) and [Start with Her](#), the UNFPA Strategy for Reproductive, Maternal and Newborn Health and Well-being.*

**M**illions of women still lack access to modern contraception, a fundamental component of reproductive health and rights.<sup>1</sup> Approximately 259 million women who wish to avoid pregnancy are not using safe, modern contraceptive methods, leaving them at risk of unintended pregnancies and preventable maternal deaths.<sup>2</sup>

Evidence shows that midwives are central to expanding equitable access to contraception, yet policy and regulatory barriers continue to limit their role. In many countries, midwives are authorized to provide counselling and short-acting methods but remain excluded from offering long-acting reversible contraceptives such as implants and intrauterine devices. These services have been effectively provided in both the public and private sectors.

A recent multi-country analysis found that only 12 of 25 countries (48 per cent) were fully aligned with International Confederation of Midwives (ICM) Essential Competencies for Midwifery Practice, which establish that midwives administer contraceptives as part of their professional scope of practice.<sup>3</sup> These gaps and barriers are particularly acute in low- and middle-income settings and in humanitarian contexts, where midwives are often the only available healthcare providers. The [ICM Midwives' Data Hub](#) includes World Health Organization data on the number of methods of modern contraception midwives are authorized to provide across countries.

Empowering midwives to deliver a full range of contraceptive methods, including long-acting reversible contraceptives, is a proven, cost-effective approach to reducing maternal mortality, meeting unmet need for family planning. It also advances Sustainable Development Goal 3 to ensure healthy lives and promote well-being. Investments in family planning yield an average return of US\$26.80 in benefits for every US\$1 invested, reflecting long-term health savings and productivity gains.<sup>4</sup>

Countries that have enabled midwives and other non-physician cadres (in line with Table 1) to provide comprehensive family planning have

achieved major increases in contraceptive uptake and reductions in unmet need.<sup>5</sup> Task sharing for contraceptive services entails delegating specific tasks away from doctors and nurses in underserved populations to midwives, community health workers and other non-specialist healthcare workers (in line with Table 1), including women and girls practising self-care.

Task sharing accelerates progress towards universal health coverage by expanding access and affordability.<sup>6</sup> In particular, the provision of family planning including contraceptive services by midwives increases access in hard-to-reach areas and fragile and humanitarian settings. Educating midwives to international standards and integrating family planning into their practice can avert over 80 per cent of all maternal deaths, stillbirths and newborn deaths.<sup>7</sup>



# 259 million

**women who wish to avoid pregnancy are not using safe, modern contraceptive methods**





## What needs to happen?

Reform is urgently needed to enable midwives to reach their full potential in delivering family planning services. This brief calls for:

- **Government leadership for task shifting:** Renewed financial and political commitments to review and implement national reproductive, maternal and newborn health strategies that enable family planning provision by midwives, community health workers and other non-specialist healthcare workers (in line with Table 1).
- **Regulatory action:** Midwifery councils and education institutions to update pre-service and in-service curricula to include comprehensive training on family planning service provision, including long-acting reversible contraceptives.
- **Government and donor investment:** Increased funding to strengthen midwives' capacity, expand service provision and ensure sustainable access to modern methods of contraception at all levels of the health system.

### Policy and regulatory change for family planning provided by midwives

**Educated, regulated and supported midwives can deliver 90 per cent of essential sexual, reproductive, maternal, newborn and adolescent health services, including modern contraception.**<sup>8</sup> Empowering midwives to perform to their full scope is critical for realizing life-saving and societal benefits.

Strengthening family planning requires providing a full range of contraceptives, including the most commonly used short-term and long-acting reversible contraceptives such as implants and intrauterine devices. It also requires rights-based information, counselling and informed consent to empower individuals to make voluntary and informed decisions about their reproductive health.<sup>9</sup> An enabling policy environment and education of healthcare providers, including midwives, may increase the uptake of high-quality, rights-based and effective contraceptives among current or new users of contraception based on individual values and preferences in lower- and middle-income countries.<sup>10</sup>

Many countries have policies and regulations that restrict midwives from providing services to their full scope of practice.<sup>11</sup> This hinders the provision of the full range of contraceptives by midwives, especially long-acting reversible contraceptives. These barriers are particularly pronounced in regions such as Europe and the eastern Mediterranean, where midwives are often limited to offering only short-acting methods, while medical doctors are the sole providers of long-acting contraceptives.<sup>12</sup>

Addressing regulatory barriers is crucial to expanding access to comprehensive family planning services. Attention is needed on age of consent for adolescents on changes that enable midwives to better support the reproductive health needs of women, girls and men. National experiences demonstrate an improvement in access to family planning when midwives are empowered through supportive policy and regulatory environments. In Sweden, midwives have long served as primary providers of family planning as well as contraceptive counselling. Progressive regulatory frameworks and robust professional education back this role.

As a result, Sweden has some of the lowest rates of unmet contraceptive need globally and high levels of satisfaction with reproductive health services.<sup>13</sup> Ethiopia also offers a powerful example of how policy reform and task sharing strategies in lower- and middle-income countries can improve access to family planning services,<sup>14</sup> with similar progress observed in Burkina Faso and Ghana.<sup>15</sup>

### **The solution: family planning provided by midwives**

Midwives are trusted providers who deliver care within communities to women and adolescents, especially in rural and underserved areas. When educated to international standards, empowered and enabled, midwives can provide high-quality, person-centred contraceptive health education, counselling and services, including long-acting contraceptives across the life course.<sup>16</sup> In Indonesia, for example, midwives significantly improve contraceptive utilization by facilitating equitable access, particularly in rural regions, leading to a rise in contraceptive adoption.<sup>17</sup>

There is often a significant unmet need for contraception in humanitarian contexts compared with stable, non-crisis settings.<sup>18</sup> This results in high unintended pregnancies and a risk of maternal deaths during pregnancy and childbirth, which doubles in humanitarian crises.<sup>19</sup> In humanitarian settings, midwives are critical front-line providers who ensure continuity of life-saving sexual and reproductive healthcare. They should be adequately supported to provide the full Minimum Initial Service Package (MISP) for sexual and reproductive health in crisis situations, including emergency contraception.<sup>20</sup>

### **Key policy and regulatory barriers to midwives providing family planning**

Despite global consensus on the effectiveness of family planning provided by midwives, policy and regulatory environments in many countries remain restrictive, limiting the potential of midwives to expand access and choice for women and girls.<sup>21</sup> Recent evidence shows that removing barriers to midwives prescribing medications, especially for contraception, can effectively enhance both maternity and family planning care.<sup>22</sup> Partnering

with the private sector is also essential for reaching comprehensive family planning goals<sup>23</sup> as it plays a crucial role in expanding access to contraceptives through pharmacies and drug stores, private clinics, as well as social marketing.<sup>24</sup>

### **Restrictive scope of practice and legal barriers**

The World Health Organization task sharing guidelines<sup>25</sup> and ICM Essential Competencies for Midwifery Practice<sup>26</sup> support the capacity of midwives to safely and effectively deliver a broad spectrum of contraceptive methods. The World Health Organization recognizes that many different cadres, other than just physicians, can safely provide a range of contraceptive methods.

Outdated laws and regulatory frameworks limit the contraceptive services that midwives are permitted to provide, particularly long-acting reversible contraceptives.<sup>27</sup> In certain countries – particularly within the European and Eastern Mediterranean regions – these limits affect access to comprehensive family planning services.<sup>28</sup> Legislation and regulatory barriers limiting midwives as autonomous providers of family planning have been reported in other regions, in countries such as India and Zambia.<sup>29</sup> In Uganda, policy documents allow nurses and midwives to perform contraceptive implant insertions; however, in practice, they do not yet have the legal protection required to perform the insertions, creating a legally restrictive practice environment.<sup>30</sup>

### **Unclear or outdated national guidelines**

Many countries lack explicit national guidelines or protocols that authorize midwives to deliver the full range of family planning services. In some settings, existing guidelines are ambiguous or outdated and do not reflect international best practices and the World Health Organization's recommendations on task sharing. In a global study exploring national policies on midwives' scope of practice, only 6 out of 25 countries (24 per cent) had updated their national standards within the past 5 years, reflecting practices not aligned to the global standards in family planning.<sup>31</sup> This creates uncertainty among providers, limits midwives' confidence and discourages service delivery at the primary care level.

Contraceptive service <sup>1</sup>	Self-user	Lay health workers	Pharmacy workers	Pharmacist	Auxiliary nurse	Auxiliary nurse/mid-wife	Nurse	Midwife	Associate/advanced associate clinicians	Non-specialist doctors	Specialist doctors
<b>Products and methods recommended by WHO for over-the-counter access for self-use, including:</b> <ul style="list-style-type: none"> <li>» male and female condoms</li> <li>» oral contraceptive pills</li> <li>» emergency contraceptive pills</li> <li>» DMPA-SC (with prescription)</li> <li>» fertility awareness-based methods</li> <li>» lactational amenorrhoea</li> </ul>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Injectable contraceptives</b> (DMPA-IM, norethisterone enanthate (NET-EN) or combined injectable contraception (CICs))	✓ <sub>2</sub>	✓ <sub>3</sub>	✓ <sub>4</sub>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Implant insertion and removal</b>	✗	✓ <sub>R</sub>	✗	✗	✓ <sub>5</sub>	✓ <sub>6</sub>	✓	✓	✓	✓	✓
<b>Intrauterine device (IUD)</b>	✗	✗	✗	✗	✓ <sub>R</sub>	✓	✓	✓	✓	✓	✓
<b>Vasectomy (male sterilization)</b>	✗	✗	✗	✗	✓ <sub>R</sub>	✓ <sub>R</sub>	✓ <sub>R</sub>	✓ <sub>R</sub>	✓	✓	✓
<b>Tubal ligation (female sterilization)</b>	✗	✗	✗	✗	✗	✗	✓ <sub>R</sub>	✓ <sub>R</sub>	✓	✓	✓

Key:

✗	✗	✓ <sub>R</sub>	✓	✓	✓
Considered outside of the typical scope of practice; evidence not assessed.	Recommended against	Recommended in the context of rigorous research	Recommended in specific circumstances	Recommended <sup>7</sup>	Considered within the typical scope of practice, evidence not assessed.

**TABLE 1:** World Health Organization, 2025. Guidance on Planning, Implementing and Scaling up Task Sharing for Contraceptive Services. Geneva: WHO. Licence: CC BY-NC-SA 3.0 IGO.

### Training and certification gaps

Inclusion of comprehensive family planning content is limited in both pre-service and in-service midwifery education programmes, and competency-based certification that meets ICM Global Standards is lacking.<sup>32</sup> Even when curricula include family planning topics, practical skills training is often insufficient or absent. Additionally, ongoing professional development opportunities in family planning remain inadequate for many providers.

### Limited financing and supply chain issues

Even in settings with supportive policies, inadequate funding and frequent contraceptive stockouts prevent midwives and other healthcare providers (in line with Table 1) from consistently delivering high-quality family planning services.<sup>33</sup>

## **Pathway to progress: Policy and regulatory reforms to strengthen midwives' role in family planning service delivery**

### **Sweden's successful integration of midwives as primary providers of contraceptive services**

Sweden is internationally recognized for its integration of midwives into family planning services. Since the 1970s, Swedish health policy has enabled specially trained midwives to serve as the main providers of contraceptive counselling and prescriptions.

#### **Policy and regulatory environment**

Swedish midwives are legally permitted to prescribe most hormonal contraceptives, which enhances their professional autonomy and increases the accessibility of family planning services.<sup>34</sup> They primarily work in youth clinics and maternal health centres, where they provide counselling, distribute contraceptives and refer clients to specialized care when necessary.<sup>35</sup> Contraceptive counselling in Sweden is free, but method costs vary. Some counties offer subsidies for people under 25.

#### **Implementation and strategies**

The Swedish model is supported by structured education and training, ongoing professional development, and evidence-based counselling methods such as motivational interviewing. Training programmes also emphasize cultural competence, which is essential for meeting the needs of diverse populations.<sup>36</sup> The requirement for midwives to undertake additional postgraduate training and specialized courses, such as contraceptive counselling and prescribing rights, is a strategic move to empower midwives as autonomous primary providers.

#### **Impact**

The professional autonomy of midwives has led to broad, timely access to contraception.<sup>37</sup> The integration of care provided by midwives has proven both efficient and responsive to women's reproductive health needs.

#### **Lessons learned**

Despite its strengths, the Swedish system continually addresses challenges such as ensuring immediate access to contraception following abortion. Ongoing investment in training and system improvements is essential. Sweden's experience highlights the value of professional autonomy, comprehensive training, and progressive regulation in strengthening family planning service delivery and reproductive health outcomes.<sup>38,39</sup>



# Policy recommendations

Countries can accelerate progress by:

## 01

### Support midwives through policy, advocacy and financing

- **Reform legal and regulatory frameworks** to ensure midwives are fully authorized and legally protected to provide the complete range of contraceptive methods, including long-acting reversible contraceptives, in line with World Health Organization guidance and ICM Global Standards.
- **Prioritize task sharing policies** that formally recognize midwives and other qualified non-physician providers (in line with Table 1) as essential contraceptive service providers, accompanied by clear scopes of practice, regulatory oversight and system-level support.
- **Engage ministries, professional associations, legal experts, parliamentarians, women's groups and communities** to build consensus, ensure shared ownership and sustain momentum for change.

#### Key actions

1. Convene a technical working group to systematically review and map national laws, regulations and guidelines against World Health Organization guidance and ICM Global Standards for midwifery and family planning.
2. Use community-based participatory research and legal reviews to document and advocate for the removal of restrictions on midwives' ability to prescribe and administer contraceptives.
3. Work with experts to draft amendments to national health laws to explicitly include family planning within the midwifery scope of practice and streamline approval for contraceptive commodities.
4. Ensure all policy changes are grounded in gender equity and human rights, engaging women's rights and human rights groups throughout the process.
5. Work with drug regulatory authorities and pharmaceutical companies to streamline the approval process for contraceptives (including new methods).
6. Advocate for dedicated budget lines and sustainable funding for family planning services provided by midwives, training and supplies.
7. Support financial mechanisms that subsidize or abolish user costs for family planning services, with attention to expanding access to private sector provision.
8. Compile and disseminate local/global evidence on family planning provided by midwives, develop policy briefs, and engage media and policymakers.

#### Tools and resources

- [High Impact Practices for Family Planning: Comprehensive Policy Processes \(HIPs, 2022\)](#)
- [Human Rights-Based Approach to Family Planning: UNFPA Support Tool \(UNFPA, 2024\)](#)
- [High Impact Practices for Family Planning: Task Sharing Family Planning Services to Increase Health Workforce Efficiency and Expand Access: A Strategic Planning Guide \(HIPs, 2019\)](#)
- [Ensuring human rights within contraceptive service delivery: implementation guide \(UNFPA and World Health Organization, 2015\)](#)
- [Medical eligibility criteria for contraceptive use \(World Health Organization, 2015\)](#)
- [Costed Implementation Plan Resource Kit \(FP2030, USAID and UNFPA, 2022b\)](#)
- [Tools to support the integration of stakeholder and community engagement in quality of care initiatives for maternal, newborn and child health \(World Health Organization, tools 2002 to 2020\)](#)
- Investing in Midwifery Models of Care, A framework for estimating resource needs and benefits of care provided by midwives (UNFPA, 2025), (forthcoming)

# 02

## Strengthen standards through education and training

- **Align education, training and service delivery standards** by updating national clinical guidelines, pre-service curricula and continuing education requirements to include competency-based comprehensive contraceptive training.
- **Invest in professional development and quality assurance systems**, including competency-based certification, supportive supervision, mentoring and regular refresher training to maintain clinical excellence.

### Key actions

1. Conduct a comprehensive review and update of pre-service and in-service midwifery curricula to ensure full integration of family planning content, using standardized modules, mentorship programmes and alignment with international standards. Provide ongoing support, including training and follow-up mentoring of midwife educators, and monitor implementation of the updated family planning content.
2. Develop and implement competency-based certification/credentialling for midwives in family planning, aligned with international best practices.
3. Establish ongoing professional development and supportive supervision systems, including mentorship, peer learning and regular skills assessment.

### Tools and resources

- [ICM Essential Competencies for Midwifery Practice \(International Confederation of Midwives, 2024\)](#)
- [Safe Delivery App \(Maternity Foundation, 2025\)](#)
- [Family planning and comprehensive abortion care toolkit for the primary health care workforce: Volume 1: Competencies and Volume 2: Programme and curriculum development guide \(World Health Organization, 2022\)](#)
- [Training manual on reproductive health counselling \(Training Resource Package for Family Planning, 2018, with USAID, WHO and UNFPA\)](#)
- [ICM Global Standards for Midwifery Education \(International Confederation of Midwives, 2025\)](#)



# 03

## Integrate, innovate and advocate for impact

- **Deliver integrated sexual and reproductive health services** that combine family planning with cervical cancer screening, STI and HIV management, safe abortion care to the full extent of the law, and maternal health services.
- **Strengthen readiness in humanitarian and fragile settings** by ensuring availability of contraceptives and other essential commodities, regular MISP assessments and provider training for crisis response.
- **Actively involve midwives and midwives' associations in emergency preparedness** and response planning, ensuring their critical role in delivering life-saving interventions is recognized and funded.
- **Promote evidence-based advocacy and inclusive policy dialogue** by working with women's groups, academia, civil society and communities to amplify success stories, share lessons and highlight the transformative impact of family planning services provided by midwives.
- **Ensure sustainable financing and system readiness** by removing user fees or subsidizing services, securing supply chains, and embedding strong monitoring and accountability mechanisms.

### Key actions

1. Collaborate with national drug authorities to ensure reliable procurement, distribution and availability of contraceptives at all levels.
2. Integrate family planning into primary healthcare and community settings.
3. Design and implement service models that embed family planning provided by midwives into primary healthcare and community-based platforms.
4. Establish a technical group to create or update national clinical guidelines and protocols for family planning provided by midwives, including task sharing frameworks.

### Tools and resources

- [Family Planning Service Integration National Implementation Guideline \(Ministry of Health, Ethiopia, 2021\)](#)
- [Ensuring contraceptive security through effective supply chains: evidence brief \(World Health Organization, 2017\)](#)
- [Implementation guidance on transitioning to midwifery models of care \(World Health Organization, 2025\)](#)
- [Scaling up postpregnancy family planning: practical guide \(World Health Organization, 2025\)](#)
- [Family Planning: A Global Handbook for Providers \(WHO, USAID and Johns Hopkins, 2022\)](#)
- [Task sharing to improve access to family planning/contraception \(World Health Organization, 2018\)](#)

# 04

## Invest in data for accountability

- **Embed strong monitoring and accountability mechanisms** for quality family planning services by midwives.
- **Track, monitor and evaluate** uptake and utilization of family planning services provided by midwives.
- **Use coverage and utilization of family planning services** by midwives data to inform quality family planning programming in all settings, including hard-to-reach, fragile and humanitarian settings.

### Key actions

1. Establish robust monitoring and evaluation (M&E) systems to track implementation and impact, using data for continuous improvement.
2. Integrate midwife-specific family planning indicators in national Health Management Information Systems to track data relevant to the midwives' role in family planning.
3. Establish feedback and redress mechanisms to publicize safe, anonymous channels for clients to report on quality and practices of family planning services provided by midwives.
4. Track and monitor governments' financial commitments/budget allocations for midwifery-specific family planning training and contraceptive commodities for primary care facilities and humanitarian settings staffed by midwives.

### Tools and resources

- [Quality of care in contraceptive information services, based on human rights standards: a checklist for healthcare providers \(World Health Organization, 2014\)](#)
- [Family planning and comprehensive abortion care toolkit for the primary healthcare workforce, Volume 3: Dissemination, implementation, monitoring and evaluation \(DIME\) \(World Health Organization, 2023\)](#)





## Building on the UNFPA Strategy for Family Planning & the Start With Her Strategy

This policy brief on unlocking midwives' full potential in family planning is guided by two UNFPA strategies and its Strategic Plan:

- UNFPA Strategy for Family Planning Strategy 2022–2030: Expanding Choices, Ensuring Rights in a Diverse and Changing World
- Start with Her: UNFPA Strategy for Reproductive, Maternal and Newborn Health and Well-Being 2025–2030
- UNFPA Strategic Plan, 2026–2029

In particular, the brief is aligned with Start With Her, which underscores how investing in women's and girls' health, rights and agency drives progress across the Sustainable Development Goals.

Together, these strategies underpin UNFPA's commitment to expanding method choice, strengthening health systems and ensuring that family planning services are rights-based, equitable and of high quality.





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