Realising the Promise of Midwifery in India: Dignity, Care and Safer Births

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This note highlights the evolving role of midwifery in India and its importance in delivering respectful, equitable, and high-quality maternal and newborn care. Using national data and global evidence, it reviews the current status, key barriers, and provides actionable recommendations. The aim is to inform stakeholders and support a sustainable, midwifery-led care model aligned with international best practices and Sustainable Development Goals 3 and 5.

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01 Midwifery in India

To implement respectful, woman-centered maternity care aligned with global best practices, the Government of India launched the Midwifery Services Initiative in 2018. This landmark initiative aims to establish a dedicated cadre of Nurse Practitioners in Midwifery (NPMs), trained to the standards of International Confederation of Midwives (ICM).

The initiative represents a strategic shift in India's maternal health policy—promoting physiological birthing practices, evidence-based care, and dignified woman-led service delivery. By moving away from unnecessary medical interventions and to scale up respectable services for safer births, this approach holds significant potential to transform maternal and newborn care across the country and serve as a catalyst for systemic change.

Midwifery stands out as a high-impact, cost-effective solution for strengthening India's maternal and newborn health care, supported by global evidence and aligned with national priorities.

02 India's Maternal Health Landscape: Progress and Challenges

Progress

The country's Maternal Mortality Ratio (MMR) has significantly declined to 88 per 100,000 live births (SRS 2020–22) (2), with UN estimates showing a drop from 103 to 80 between 2000 and 2023, an 86% reduction, outpacing the global average of 48% and on track to achieve the national SDG target of 70.

It is estimated that India has saved 1 million lives of women since 2000. The remarkable progress in improving maternal health has been driven by targeted policies, increased investments for quality care, strengthened healthcare infrastructure, and initiatives aimed at reducing out-of-pocket expenses for women.

With about 30 million pregnancies annually (4), India faces a unique public health challenge as well as an opportunity to further transform and provide high-quality, dignified, and equity of maternity care.

This progress is driven by key national initiatives under the National Health Mission (NHM), such as Janani Suraksha Yojana (JSY) for promoting institutional deliveries through conditional cash transfers, Janani Shishu Suraksha Karyakram (JSSK) for free care to pregnant women and newborns, Surakshit Matritva Aashwasan (SUMAN) for respectful, quality care up to six months postpartum and zero service denial, and LaQshya for improving labour room services. These programs have increased institutional births, reduced financial barriers, and enhanced care quality, significantly reducing maternal mortality in India.

At the primary care level, over 170,000 Ayushman Arogya Mandirs, aimed at providing comprehensive primary health care services at the community level (3) offer essential maternal services, including antenatal care, basic diagnostics, nutrition and mental health support, immunisation, and referrals for high-risk pregnancies.

Infrastructure for emergency obstetric care has been bolstered through the expansion of Maternal and Child Health (MCH) wings, Obstetric High Dependency Units (HDU)/Intensive Care Units (ICUs) and First Referral Units (FRUs) supporting a more resilient Comprehensive Emergency Obstetric and Newborn Care (CEmONC) system.

Human resources have been strengthened through capacity-building programs like Skilled Birth Attendant (SBA) training and Dakshata, alongside structured basic and comprehensive emergency obstetric & neonatal care (BEmONC and CEmONC), ensuring better preparedness of healthcare providers.

Digital platforms such as the Maternal Perinatal Child Death Surveillance and Response (MPCDSR) portal and the quality initiative for continuum of care, Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) played pivotal roles.

Finally, Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Activists (ASHAs) remain vital in connecting communities to care, identifying high-risk pregnancies, supporting referrals and deliveries, and ensuring postnatal follow-up. Performance-based incentives have enhanced effectiveness, particularly in underserved regions.

Challenges

India continues to bear the burden of being the second-highest contributor to maternal deaths globally, despite commendable progress in reducing the Maternal Mortality Ratio. Disparities persist between states, with higher maternal mortality rates concentrated in economically disadvantaged regions and among vulnerable population groups, including adolescent mothers, tribal communities, and women in conflict-affected areas.

India's C-section rate increased from 8.5% in 2005-06 to 21.5% in 2019-21 (NFHS). The highest rates are seen in Telangana (60.7%), Tamil Nadu (44.9%), Andhra Pradesh (42.4%), and Jammu and Kashmir (41.7%), indicating a trend toward over-medicalization of childbirth in the country. This trend, often influenced by provider preferences and financial incentives, exposes mothers and newborns to unnecessary risks. WHO found that increasing caesarean section rates up to 10% reduces maternal and neonatal mortality, but rates above 10% do not further decrease these mortality rates. Caesarean sections, while lifesaving when medically needed, carry short- and long-term risks, especially if unnecessary or performed in settings with limited obstetric care. Unjustified caesareans can harm both mother and baby (5).

Community Health Centers (CHCs) faced a severe shortage of specialists—with an 80% shortfall—and a critical deficit of skilled nurses, particularly in rural areas, according to the Health Dynamics of India (Infrastructure and Human Resources) 2022–23 report (6). Furthermore, increased institutional deliveries also underscore the need for further strengthening of healthcare infrastructure to meet the growing demand, including labour rooms and essential equipment.

Respectful maternal care (RMC) aims to provide every woman with dignified, compassionate, and non-discriminatory support during pregnancy, childbirth, and the postpartum period, while safeguarding her rights, privacy, and informed choices. RMC is a key element of the Government of India's LaQshya initiative and national midwifery guidelines, ensuring dignified and compassionate care for all pregnant women in public health facilities. However, a systematic review of seven studies indicates that instances of disrespectful maternity care remain common in India (7), while other studies documented high rates in Manipur, Aligarh, and Varanasi (8,9,10). This negatively impacts women's experiences and discourages future healthcare seeking, particularly among marginalized groups.

Emerging evidence shows that climate-induced disasters (such as heatwaves, floods, and cyclones) disproportionately disrupt access to maternal healthcare. India's maternal health care delivery system must be strengthened to be climate-resilient, as increasing risks during emergencies threaten the health and safety of pregnant women.

Midwifery service initiatives is a strategic solution to help address many of the current maternal health challenges.

03 Global Evidence: Why midwifery deserves greater investments?

Midwifery services are considered as a cornerstone of maternal and newborn health systems globally. The World Health Organization (WHO), International Confederation of Midwives (ICM), and United Nations Population Fund (UNFPA) emphasize that midwives, when educated to international standards and integrated into health systems, can deliver approximately 90% of essential sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH) interventions (11).

Averting maternal, neonatal deaths and still births: Midwives can provide high-quality, woman-centered care, potentially reducing unnecessary interventions and improving birth experiences. According to the Lancet, a full package of midwifery services can avert 83% of all maternal deaths, stillbirths, and newborn deaths (12).

The study based on 88 countries, accounting for the majority of the world's maternal and neonatal deaths and stillbirths, a substantial increase in coverage of midwife-delivered interventions (25% every 5 years) could avert 41% of maternal deaths, 39% of neonatal deaths, and 26% of stillbirths, equating to 2.2 million deaths averted per year by 2035. Even a modest increase in coverage of midwife-delivered interventions (10% every 5 years) could avert 22% of maternal deaths, 23% of neonatal deaths, and 14% of stillbirths, equating to 1.3 million deaths averted per year by 2035. Relative to current coverage, universal coverage of midwife-delivered interventions (ie, to 95%) would avert 67% of maternal deaths, 64% of neonatal deaths, and 65% of stillbirths, allowing 4.3 million lives to be saved annually by 2035 (13). The global leaders at the World Economic Forum called for increased investment in midwives to prevent maternal deaths (14).

Coverage of maternal and newborn health services: A midwife trained and practicing according to the ICM Global Standards for Midwifery Education can provide 87% of the health care needed during pregnancy and following birth (15).

Midwifery and obstetric collaboration a proven approach: According to multiple reviews and studies conducted across various countries, the World Health Organization (WHO) endorses that midwifery care, when complemented by obstetrician care in cases of maternal complications, is recognized as a highly effective strategy for improving maternal and neonatal health outcomes while optimizing resources (16).

Keeping cesarean section rates at check: The evidence proves the effectiveness of midwifery-led care in maintaining a reasonable cesarean section rate for low-risk women without compromising fetal or maternal outcomes (17).

Economic returns: Based on estimated additional investment and benefits, the Morocco study demonstrated a cost-benefit ratio of 15.91 for midwifery investments, indicating a nearly 16-fold return (18). Projections suggest that scaling-up midwife-based programs in developing countries will be more than twice as cost-effective as physician-based programs, assuming similar effectiveness (19).

Positive birth experience and multifaceted benefits: Investing in midwifery is not just about improving maternal and newborn health; it's a strategic investment with profound returns across multiple sectors. As highlighted by the State of the World's Midwifery (SoWMY) 2021 report, strengthening midwifery services leads to improved health outcomes, drives economic empowerment and fosters broader macroeconomic benefits (20).

Building climate resilient health systems: Furthermore, Midwives play a vital role in ensuring health systems are resilient to the impacts of climate change by ensuring continued maternal care in a changing world as underscored by the International Confederation of Midwives (21).

High-impact investment for health and development: Investing in midwives through education, training, and supportive legislation delivers one of the highest returns in development. Midwives do more than assist with childbirth—they provide crucial emotional support, fostering safety, confidence, and well-being throughout pregnancy and delivery. Additionally, they offer essential education on nutrition, contraception, breastfeeding, and self-care, empowering women to protect their health across the life course.

Midwives play a vital role in strengthening health systems by expanding access to quality care in underserved areas, delivering respectful and dignified care that centers on women's needs, supporting the growth and diversification of the health workforce, and improving system efficiency by helping reduce overall healthcare costs.

Midwifery is not just a health investment, it's an investment in equity, dignity, and women's lifelong well-being (22).

What's working: Lessons from other countries: Several countries worldwide have demonstrated the transformative power of integrated midwifery models, as detailed in the SoWMy 2021 report:

- In Denmark and Sweden, nearly all births occur in hospitals, and autonomous midwives are employed by national health services (23).
- New Zealand and the UK recognize midwives as autonomous lead maternity care providers, empowering them to deliver comprehensive care.
- Bangladesh has scaled up community-based midwifery education to reach rural and underserved populations
- Ethiopia has effectively established task-sharing between midwives and obstetricians strengthening service coverage

These examples emphasise a whole-of-government approach for midwifery, where multiple government agencies and departments work together for a more unified and effective response. Fully integrating midwifery into national health systems is pivotal in optimizing maternal and newborn outcomes.

04 What are the compelling reasons for India to strengthen and expand midwifery?

A cost-effective solution for high delivery load facilities: India's rise in institutional deliveries to 88.6% (NFHS-5, 2019–21) presents a timely opportunity to leverage midwifery as a cost-effective strategy for maternal and newborn care. Trained midwives can provide skilled, continuous care for low-risk pregnancies—reducing complications, promoting physiological births, and minimizing unnecessary interventions like cesarean sections. This not only improves outcomes and patients' experience but also optimizes healthcare resource use by easing the burden on doctors and enabling specialists to focus on high-risk cases.

Reducing cesarean section rate, other medical interventions and promoting respectful continuity of care: Optimizing the cesarean section rate, instrumental births, and episiotomies, while increasing the likelihood of spontaneous vaginal births can significantly help reduce the cost of providing maternal care. The Government of India's Guidelines on Operationalization of Midwifery Units emphasize Respectful Maternity Care (RMC) through a woman-centred approach (24). Trained midwives play a key role in delivering RMC by building trust, offering continuous support during pregnancy and birth, and respecting women's choices.

Cost-effectiveness - Midwifery versus physician-based services: Scaling up midwifery programs is anticipated to be more cost-effective compared to physician/obstetrician-based services. Key cost drivers include differences in salaries, benefits, incentives, preservice and in-service training, attrition rates, and administrative costs. However, this is not an either-or situation: while midwifery care is appropriate and justified for normal or low-risk pregnancies, physician involvement remains essential for managing complications.

Achieving universal health coverage and sustainable development goals by 2030: For the production of the required health force: A recent World Health Organization (WHO) report highlighted a significant shortage of approximately 1.8 million healthcare workers in India alone (25). To address this gap, scaling up midwifery programs is particularly warranted for pregnancies and childbirth without complications.
For universal coverage: The universal coverage of midwife-delivered interventions would avert 67% of maternal deaths, 64% of neonatal deaths, and 65% of stillbirths, allowing 4·3 million lives to be saved annually by 2035 (26).

Building a climate resilient health system: India faces escalating climate challenges that threaten the health and well-being of its most vulnerable populations. Rising temperatures, floods, cyclones and displacement due to climate change can disrupt essential healthcare services, especially for women and children.

By investing in midwifery and including it in India's climate response, vulnerable regions can sustain care delivery in crisis situations without any disruption in essential maternal and newborn care services, while supporting a stronger, more prepared healthcare infrastructure for the future.

05 Status of roll-out of midwifery service initiative in India as of 2024

Milestone	Status
National and State Midwifery Training Institutes	8 NMTIs and 23 SMTIs across India
Service Delivery	MLCUs functional in select DH/SDH
Development of Guidelines	**Documents released:** • Midwifery Guidelines (2018) • Guidance Note on Midwifery Initiative (2019) • Curriculum for NPMs & MEs (2019) • Checklist of assessment of NMTI/SMTI (2019) • Guidance not on selection criteria of MEs and NPMs (2020) • Scope of practice for Midwifery educator & Nurse Practitioner Midwife (2021) • Advocacy material (Midwifery IEC and Video) (2021) • Financial guidelines for Midwifery. (2022) • Learning resource package for MEs (2023) • MLCU Brochure (2022) • Guidelines on operationalization of Midwifery Led Care Units (MLCUs) (2024) • Learning Resource Package for NPMs (2024) Mentoring Guideline for ME & NPM (2024)

06 Challenges faced by midwifery in India

Restricted clinical autonomy: Lack of clear guidelines and insufficient task-sharing from the traditional practices, where decision-making is solely the domain of doctors, restricts the clinical autonomy of NPMs as midwives. This ambiguity often relegates NPMs to supportive roles, undermining the effectiveness of midwifery-led care models and limiting the full potential of their professional contribution

Limited interprofessional acceptance: Interprofessional acceptance of midwives remains limited among obstetricians, medical officers, nursing cadres, and hospital managers, largely due to persistent misconceptions regarding their subordinate status and the tendency to equate them with traditional birth attendants from India's past. These perceptions hinder collaborative practice and delay the full integration of midwives into interdisciplinary teams, which is essential for delivering high-quality, woman-centered care.

Limited opportunities for career progression: The lack of clear career progression and the midwifery education as an 18-month post nursing in-service training course, distinct from mainstream nursing education, fails to attract candidates to pursue careers as NPMs.

Challenge of workforce retention: In some states, MEs and NPMs are appointed on contractual terms without job permanency or structured career advancement incentives. This precarious employment situation undermines motivation and retention.

Lack of awareness and cultural identity: Midwifery as a profession remains poorly understood in Indian society, frequently being confused with traditional birth attendants (dais) or lower-tier nursing staff. The absence of a distinct cultural identity for professional midwives leads to limited demand for midwifery-led services.

Restricted deployment and reach: NPMs are currently deployed in medical college hospitals, district and sub-district hospitals, with no integration at the primary or secondary healthcare levels. In contrast, countries like the UK and Sweden position midwives as the primary providers of maternity care. This limited deployment reduces access to essential midwifery services in underserved areas, limiting the role that the midwives/NPMs can play in advancing equitable maternal health care for all.

Insufficient mentoring support: While the Ministry has issued comprehensive guidelines on mentoring, effective on-ground support remains a challenge. This is primarily due to the shortage of highly skilled and competent Midwifery Educators, which affects the quality and consistency of training and service delivery

Gender diversity in midwifery: In several African countries and increasingly in the UK, male midwives are accepted and integrated into the healthcare system. In contrast, midwifery in India is still seen as a female-only profession, with few exceptions in Karnataka and Rajasthan. This gender stereotyping restricts workforce diversity and limits talent acquisition, particularly in regions facing critical shortages of skilled maternal health providers.

Incomplete integration into key health programs: Midwifery is not yet fully integrated into major maternal and child health initiatives such as the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) programmes. Strengthening this integration can enhance service continuity, reduce fragmentation, and unlock synergies that improve maternal and newborn health outcomes..

07 Charting the Way Forward: Advancing midwifery in India

Strengthen legal and regulatory framework: Ensure that the National Nursing and Midwifery Commission Bill explicitly defines the roles, responsibilities, and standards for midwives. Streamline state nursing council examinations to enable timely licensure and uphold uniform professional standards. A strong legal framework is critical to formally recognize and support Nurse Practitioners in Midwifery (NPMs) as a specialized cadre.

Foster collaborative care: Promote collaboration between Nurse Practitioner Midwives (NPMs) and obstetricians by sensitizing all healthcare cadres to the critical role of midwives in managing normal pregnancies. Strengthening this collaboration can improve service efficiency and enhance the quality of maternal care

Establish career pathways: Ensure long-term sustainability of the midwifery workforce by establishing permanent roles and well-defined career progression for Midwifery Educators and Nurse Practitioner Midwives.

Create interest among nursing students: Conduct targeted orientation sessions and awareness campaigns within nursing colleges to encourage both undergraduate and postgraduate nursing students to pursue specialized midwifery (NPM) courses. Position midwifery as a respected, autonomous, and high-impact career path for emerging healthcare professionals. These efforts will help address information gaps, improve perceptions of the profession, and attract more high-potential candidates to midwifery, ultimately strengthening the future workforce and quality of maternal health services in India.

Promote midwifery awareness and acceptance: Build demand for midwifery services by increasing public understanding of the midwifery model of care and fostering respect for midwives as integral to quality maternal and newborn health. Enhance the visibility and credibility of midwifery-led care by promoting success stories and community-level engagement, positioning midwives as trusted providers of care

Expand midwifery led care to more delivery points, including those at lower levels: Strategically deploy NPMs beyond tertiary care hospitals to PHCs and CHCs, especially in rural, tribal, and underserved areas. This will bridge critical service gaps, bring respectful care closer to communities, and improve maternal and neonatal outcomes. Incentivize deployment in remote regions for equitable distribution.

Investments by states for sustainable midwifery services: States should allocate dedicated resources for implementing midwifery roadmaps, including training, deployment, mentorship, and service delivery for Nurse Practitioner Midwives (NPMs). State-level financial commitment is key to ensuring sustainability and scaling beyond centrally sponsored schemes.

Promote gender-inclusive midwifery: Encourage male nurses to pursue midwifery education through affirmative action, awareness drives. Diversifying the workforce expands the pool of skilled maternal health providers.

Enhance monitoring, evaluation, and data use: Integrate midwifery-specific indicators into existing National Health Management Information Systems, the Reproductive and Child Health (RCH) Portal, and state-level Maternal Health Dashboards to systematically track the contributions and outcomes of midwifery-led care. Systematic tracking of midwifery outcomes is vital for evidence-based decision-making and for strengthening the effectiveness of maternal and newborn health interventions.

Generate India-specific midwifery evidence: Invest in operational research, implementation studies, and cost-effectiveness evaluations of India's midwifery education and services to generate robust local evidence for policymaking, advocacy, and continuous improvement. Strengthening India-specific research will provide actionable insights into the effectiveness of midwifery-led care, support evidence-based strategies for integration into health systems, and inform the design and delivery of midwifery education and services.

08 Conclusion

India's Midwifery Services Initiative presents a transformative opportunity to deliver respectful, evidence-based, and cost-effective maternal and newborn care. With strong global evidence and clear national relevance, midwifery-led care models, grounded in women-centered approaches, have the potential to significantly reduce maternal and newborn mortality, enhance birth outcomes, and contribute to a more responsive and resilient health system.

India stands at a pivotal moment to harness the full potential of midwifery by advancing autonomy, integration, and financing, while also fostering collaboration, professional growth, and public engagement. Investing in midwifery is a transformative step toward a more equitable, resilient health system and the achievement of the Sustainable Development Goals.

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