



Core Document

Bill of Rights for Women and Midwives

Background

The International Confederation of Midwives calls for governments globally to recognise and support accessible and effective midwifery care as a basic human right of all women, babies and midwives.

The issues for women around gender equity and access to education also extend to midwives as a woman-dominated profession. The Bill of Rights for Women and Midwives addresses those basic human rights of women and midwives that have been systematically denied and adds another framework to approach governments when demanding change to improve midwifery and maternity services.

Recognition and support of the ICM's vision, mission, philosophy and standards by governments will enable nations to meet the United Nation's Sustainable Development Goals. Specifically:

Goal 3: Ensure healthy lives and promote well-being for all at all ages,

- 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births,
- 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Goal 5 – Achieve gender equality and empower all women and girls

- 5.1 End all forms of discrimination against all women and girls everywhere
- 5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
- 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

ICM believes women have a right to a midwife as the most appropriate care provider in most situations and midwives have a right to obtain adequate education, regulations to foster their practice and associations to forward their mission.

Bill of Rights

In keeping with other similar documents, the ICM believes that there should be recognition of the following as basic human rights for women and midwives across the globe; namely that:

Women's Rights

1. Every woman has the right to receive care in childbirth from an autonomous and competent midwife
2. Every newborn baby has the right to a healthy and well informed mother
3. Every woman has a right to be respected as a person of value and worth
4. Every woman has a right to security of her body
5. Every woman has a right to be free from any form of discrimination
6. Every woman has a right to up-to-date health information
7. Every woman has a right to participate actively in decisions about her health care and to offer informed consent
8. Every woman has a right to privacy
9. Every woman has a right to choose the place where she gives birth

Midwives' Rights

1. Every midwife has the right to a midwifery-specific education that will enable her to develop and maintain competency as a midwife
2. Every midwife has the right to practise on her own responsibility within the International Confederation of Midwives definition and scope of practice of a midwife
3. Every midwife has the right to be recognised, respected and supported as a health professional
4. Midwives have the right to access a strong midwifery association that can contribute to midwifery and maternity policy and services at a national level

Women's and Midwives' Rights

1. Midwives and women have the right to a system of regulation that will ensure a safe, competent and autonomous midwifery workforce for women and their babies.
2. Midwives and women have the right to national midwifery workforce planning to ensure sufficient midwives to meet the needs of women and babies
3. Women and midwives have the right to be respected by governments and government institutions for health and education
4. The midwifery profession has the right to be recognised as a separate and distinct profession

Relevant ICM Documentation

ICM. 2014. Core Document. International Code of Ethics for Midwives.

ICM. 2017. Core Document. International Definition of The Midwife.

ICM. 2010. Core Document. Essential Competencies for Basic Midwifery Practice. (Amended 2013)

ICM. 2010. Global Standards for Midwifery Education. (Amended 2013)

ICM. 2011. Global Standards for Midwifery Regulation. (Amended 2013)

ICM, WHO and ICN. 2007. Joint Statement Islamabad Declaration on Strengthening Nursing and Midwifery March 4-6, Pakistan.

Adopted at Durban Council meeting, 2011

Reviewed and adopted at Toronto Council meeting, 2017

Due for next review 2023



Position Statement

Midwives, Women and Human Rights

Background

The ICM International Code of Ethics for Midwives¹ emphasises the importance of midwives recognising, advocating for, and respecting the Human Rights of all people, especially for women. Specifically, section 3-d reads: *“Midwives understand the adverse consequences that ethical and human rights violations have on the health of women and infants and will work to eliminate these violations”*. The World Health Organization (WHO) has identified the need to enhance the rights of women to safeguard and promote their health and that of their families. ICM testifies to its support for the Human Rights of all women. It also recognises that the majority of midwives are women and therefore likely to experience the same neglect of their Human Rights as the women who come to them for health care.

Position

In accord with the International Code of Ethics for Midwives, and the UN Universal Declaration of Human Rights, ICM underscores that women are worthy of respect and are to be treated with dignity in all situations.

ICM supports all efforts to empower women - including midwives - to gain their Human Rights, and the understanding of the responsibilities that accrue in exercising such rights.

ICM acknowledges the complexities of working towards Human Rights, especially where there may be tension for the individual midwife or woman between the general ethical principles she supports and the values or practices prevalent in her own family or community.

Recommendations

Member associations are urged to:

- support all women in the achievement of Human Rights by taking action to adopt this statement within their organisations; disseminating it widely among midwives, colleagues in other disciplines and health policy-makers;

¹ ICM. 2014 International Code of Ethics for Midwives

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- provide continuing education on topics related to Human Rights for women in their communities.

Midwives are urged to:

- strive to implement an ethical and Human Rights approach to health care in all settings
- promote the inclusion of the principles of ethics and Human Rights within the midwifery curriculum worldwide

Related ICM Documents

ICM. 2008. Core Document. Vision Statement

ICM.2014. Core Document International Code of Ethics for Midwives

ICM. 2017. Definition of the Midwife

Other Relevant Documents

WHO. 2015. Factsheet No 323. Health and Human Rights.

<http://www.who.int/mediacentre/factsheets/fs323/en/>. [accessed 15-12-2016] WHO. 2015. Sexual health, human rights and the law.

http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1 [accessed 15-12-2016]

IPPF Charter on Sexual and Reproductive Rights: Vision 2000 (1996)

IPPF. 2008. Sexual Rights. An IPPF Declaration.

http://www.ippf.org/sites/default/files/sexualrightsippfdeclaration_1.pdf [accessed 15-12-2016]

UNFPA. Beijing at 15. UNFPA and Partners Charting the Way Forward. (2010)

UN. 1948. Universal Declaration of Human Rights.

http://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf [accessed 15-12-2016]

UN. 1979. Convention on the Elimination of All Forms of Discrimination against Women.

<http://www.un.org/womenwatch/daw/cedaw/> [accessed 15-12-2017]

Adopted at Vienna International Council meeting, 2002

Revised Toronto International Council meeting, 2017

Due for next review 2023



Position Statement

Partnership between Women and Midwives

Background

Midwifery is a profession that is based upon a partnership between women and midwives aiming to promote health outcomes. The ICM *International Code of Ethics for Midwives*¹ urges Midwives to develop a partnership with individual women in which they actively share information and support women in their right to actively participate in decisions about their and their newborns' care. Midwives help to create an environment where women are free to speak for themselves on issues affecting their health and that of their families in their culture/society.

Position

ICM will take every opportunity to work with groups representing the interests of women at international, regional and national levels to achieve worldwide equitable reproductive health outcomes. All initiatives undertaken to aid the further development of the midwifery profession will be premised on:

- The health care needs of women and their newborns
- The involvement of women in the process of identification of those needs
- Encouraging midwives to proactively have women, as the consumers of midwifery care, participate in the activities directed at the provision of quality care
- Secure women-friendly services through midwives who value women's self-governance and clinical guidelines
- Promote the adoption of practice guidelines supporting women's informed choice and the importance obtaining consent for all aspects of care

Recommendations

Member Associations are urged to

- Use this statement for action in their own environment.
- Involve women in their activities

Related ICM Documents

ICM. 2014. Core Document. International Code of Ethics for Midwives

ICM. 2014. Core Document. Philosophy and Model of Midwifery Care.

Other Relevant Documents

De LaBrusse C. et. Al. 2016. Patient-centered Care in Maternity Services: A Critical Appraisal and Synthesis of the Literature. *Women's Health Issues*, Volume 26, Issue 1, 100 - 109

Every Woman Every Child. 2015. The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). Moore, J. et.al. Transforming Patient-Centered Care: Development of the Evidence Informed Decision making through Engagement Model. *Women's health Issues*. Volume 25, Issue 3, 276-282

Henshall et al. 2016. A systematic review to examine the evidence regarding discussions by midwives, with women, around their options for where to give birth *BMC Pregnancy and Childbirth*16:53 DOI 10.1186/s12884-016-0832-0

Adopted at Brisbane International Council meeting, 2005

Revised at Toronto International Council meeting, 2017

Due for next review 2023



Position Statement

Midwives and Violence against Women and Children

Background

It is a fundamental Human Right to live free from violence. Violence against women is defined by the UN as: “[...] any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”ⁱ

Violence against women occurs worldwide, regardless of country or culture. It originates in social and cultural norms and behaviours privileging men over women. Abuse can have many forms such as intimate partner violence, sexual violence, female genital mutilation, forced marriage and femicideⁱⁱ. The form of violence and its prevalence may vary throughout the world, influenced by factors such as poverty, gender inequality, cultural practices, conflict or disaster and the legal status of women.

Child maltreatment is the abuse and neglect that occurs to children under 18 years of ageⁱⁱⁱ. Approximately 20% of people report being physically or sexually abused as children. The consequences of child maltreatment may be lifelong, and include physical and mental health problems. A multi-sectoral approach and effective programming that support parents and teach positive parenting skills may prevent child maltreatment before it starts^{iv}.

Violence against women and children causes significant public health problems^v. Violence directly impacts health –physical, mental and sexual – and consequences may persist long after the violence has stopped^{vi}. The effects on sexual and reproductive are diverse and include gynaecological trauma, psychological trauma HIV, STIs, and urinary tract infection. An unwanted pregnancy may be followed by an unsafe abortion. Physical and sexual violence are also linked to low-birth-weight babies, miscarriage, stillbirth and maternal death^{vii viii ix x xi xii}.

Position

ICM believes that women and children must be respected and that their human rights should be recognised in all societies. Abuse prevention must be carried out and care for those abused be provided according to the situation in each country or region.

The ICM will work towards the prevention of violence against women and children as a basic Human Right by:

- Lobbying international governmental and non-governmental organisations to address the issue of violence against women and children actively.
- Encouraging its Member Associations to support educational campaigns and strategies towards prevention of violence against women and children.

Recommendations

Member Associations are encouraged to:

- Declare their commitment, as representatives of a profession protecting the health of women and children, to active promotion of abuse prevention
- Demonstrate their anti-abuse position not only to their members but also to the general public
- Extend co-operation to those pursuing campaigns and measures for prevention of abuse, particularly abuse of women and children
- Collaborate with networks, governmental and non-governmental organisations concerned with abuse prevention
- Enable their members to enhance their knowledge of violence recognition and prevention measures and anti-abuse networks, in order to give professional advice as necessary to women
- Support their members in assisting women and children to recognise their rights.
- Member Associations should encourage individual midwives to:
- Be aware of abuse through physical, verbal and non-verbal evidence, and to support women appropriately
- Help women recognise the abuse and refer to abuse support organisations for further consultation, if applicable
- Support women and children to participate in available follow-up programmes.

Related ICM Documents

ICM. 2011. Position Statement. Midwives, Women and Human Rights.

ICM. 2011. Position Statement. Female Genital Mutilation (FGM).

Other Relevant Documents

Campbell JC. Health consequences of intimate partner violence. *Lancet*, 2002, 359(9314):1331–36.

Heise L, Garcia Moreno C. Violence by intimate partners. In: Krug EG et al., eds. *World report on violence and health*. Geneva, World Health Organization, 2002:87–121.

UN. 1948. Universal Declaration of Human Rights.

UN. 1979. Convention on the Elimination of All Forms of Discrimination against Women.

UN. 1999. Reproductive Health Rights. Kobe Declaration.

WHO. 2013. Factsheet No 239. Violence against Women.

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Plichta SB. Intimate partner violence and physical health consequences: policy and practice implications. *Journal of Interpersonal Violence*, 2004, 19(11):1296–1323

UN 1993. Declaration on the Elimination of Violence against Women.

www.un.org/documents/ga/res/48/a48r104.htm

UN General Assembly. 2006. In-depth study on all forms of violence against women. New York, United Nations, 2006. WHO. 2014. Factsheet No 150. Child Maltreatment.

Adopted at Glasgow Council meeting, 2008*

Reviewed and adopted at Prague Council meeting, 2014

Due for next review 2020

**Original title of the document: Midwives and the abuse of women and children.*

¹United Nations Declaration on the Elimination of Violence against Women, 85th plenary meeting, December 1993

²WHO Health consequences of violence against women

³WHO 2014 Factsheet 150 Child maltreatment

⁴WHO 2014 Factsheet 150 Child maltreatment

⁵WHO Understanding and addressing violence against women

⁶WHO Health consequences of violence against women

^{vi}Dube SR et al. Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, 2005, 28(5):430–38.

^{vii}Pallitto C. *Domestic violence and maternal, infant, and reproductive health: a critical review of the literature*. Paper submitted to the Pan-American Health Organization, Washington, DC, 2004.

^{ix}Valladares E et al. Physical partner abuse during pregnancy: a risk factor for low birth weight in Nicaragua. *Obstetrics & Gynecology*, 2002, 100(4):700–05.

^xFauveau V et al. Causes of maternal mortality in rural Bangladesh, 1976–85. *Bulletin of the World Health Organization*, 1988, 66(5):643–51.

^{xxi}Ganatra BR, Coyaji KJ, Rao VN. Too far, too little, too late: a community-based case-control study of maternal mortality in rural west Maharashtra, India. *Bulletin of the World Health Organization*, 1998, 76(6):591–98.

^{xii}Martin SL et al. Pregnancy-associated violent deaths: the role of intimate partner violence. *Trauma, Violence & Abuse*, 2007, 135–48



Position Statement

Human Rights of Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) People

Background

The United Nations (UN) Universal Declaration of Human Rights¹ proclaims that *“the recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world”*. The International Confederation of Midwives (ICM) states the importance of midwives recognizing, advocating for, and respecting the human rights of all people in its International Code of Ethics for Midwives². In 2015 the World Health Organization (WHO), along with UNFPA and 10 other UN entities have stated that they *“remain seriously concerned that around the world, millions of LGBTI individuals, those perceived as LGBTI and their families face widespread human rights violations. This is cause for alarm – and action.”*³

Historically, LGBTI people have been marginalized within pregnancy and birth care by care providers, associations and governments assuming that all pregnant people are in heterosexual relationships and that they identify as women. Discrimination in the provision of services can cause LGBTI people to delay or avoid necessary health care services while pregnant or after birth for their newborns, often putting their overall health at risk⁴. Health equity depends upon care providers being informed about the needs of LGBTI people, and possessing the skills, e.g. language used, to provide an environment where all individuals are welcomed and treated with dignity and respect.

Position

ICM supports the right of all people to receive humanised and inclusive midwifery care regardless of their sexual orientation, gender identity, or gender expression.

ICM believes that it is critical for midwives to honour and respect all people’s right to self-determination and their right to receive health care that is free from discrimination,

¹ UN. 1948. Universal Declaration of Human Rights. <http://www.un.org/en/universal-declaration-human-rights/>

² ICM. 2014. International Code of Ethics for Midwives.

³ ILO, OHCHR, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN Women, WFP, WHO and UNAIDS. 2015. Ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex people

⁴ Institute of Medicine, 2011

homophobia, transphobia and prejudice.

ICM recognises the right of all people to pursue midwifery designation and to be supported in their practice and profession regardless of their sexual orientation, gender identity or gender expression. The practice of midwifery is strengthened and enriched by having a diversity of practitioners that reflect the diversity of families for whom we provide care.

Recommendations

Member associations are encouraged to:

- Welcome all those who need midwifery services and provide them with compassionate, culturally safe care regardless of gender identity, gender expression, or sexual orientation.
- Support LGBTI midwives in their practice and their profession within the confines of the law, and likewise.
- Advocate for the inclusion of the principles of ethics and human rights within the midwifery curriculum in their country.

Related ICM Documents

ICM. 2008. Core Document. Vision Statement

ICM. 2014. Core Document. International Code of Ethics for Midwives.

ICM. 2017. Core Document. International Definition of the Midwife

Other Relevant Documents

UN. 1948. United Nations Declaration of Human Rights

UN Human Rights Office of the High Commissioner. 2015. Ending Violence and Discrimination Against Lesbian, Gay, Bisexual, Transgender and Intersex People

Canadian Association of Midwives. 2015. Statement on Gender Inclusivity and Human Rights
ILO, OHCHR, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN Women, WFP, WHO and UNAIDS. 2015. Ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex people

IOM. 2011. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, DC: The National Academies Press.
The Lancet. 2016. Series on Transgender Health. Volume 388, Issue 10042.

Adopted at Toronto Council meeting, 2017

Due for next review 2023

