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## Bridging gaps in midwifery education and practice in India: Opportunities for reform and challenges ahead

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### Abstract

**Background:** Midwifery plays a critical role in improving maternal and newborn health outcomes. Despite significant progress in India's healthcare system, challenges such as workforce shortages, inconsistent midwifery education, and limited professional autonomy persist. The recent introduction of the National Nursing and Midwifery Commission (NNMC) Act represents a pivotal moment for reform, aligning India's midwifery practices with international standards.

**Objective:** This review explores the current state of midwifery education and practice in India, identifies systemic gaps, and examines opportunities for reform through policy, education, and service delivery improvements.

**Methods:** A comprehensive literature review was conducted using PubMed, Scopus, Web of Science, and Google Scholar databases. Keywords and MeSH terms related to "midwifery," "education," "India," "maternal health," and "workforce" were applied. Articles published between 2013 and 2025 were included. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework guided the review process, with 45 articles included after screening and quality appraisal.

**Results:** The review found significant disparities in midwifery education, limited regulatory oversight, and poor integration of midwifery-led care models. Workforce shortages remain severe, particularly in rural and underserved areas. However, initiatives such as the Midwifery Educator Training Programme and the NNMC Act show promise for creating a standardized, competency-based system of midwifery education and practice.

**Conclusion:** Bridging gaps in midwifery education and practice requires multi-level interventions, including standardized curricula, regulatory reforms, investment in infrastructure, and the empowerment of midwives as autonomous practitioners. Addressing these issues will accelerate progress toward achieving the Sustainable Development Goals (SDGs) related to maternal and newborn health.

**Keywords:** Midwifery, maternal health, workforce, education, India, nursing regulation, NNMC act

### Introduction

Midwifery is a cornerstone of maternal and newborn healthcare globally. The role of midwives extends beyond childbirth to encompass comprehensive reproductive and maternal health services, which are essential for reducing maternal mortality and improving birth outcomes. The World Health Organization (WHO) has repeatedly highlighted that strengthening midwifery education and practice can prevent up to 83% of maternal and newborn deaths when fully integrated into healthcare systems <sup>[1]</sup>. Globally, countries with strong midwifery services demonstrate lower maternal mortality ratios (MMRs) and higher quality of care for women and infants <sup>[2]</sup>.

India, with its population of over 1.4 billion, faces significant challenges in maternal and newborn health despite notable progress in recent decades. According to the Sample Registration System (SRS) 2023, India's MMR declined from 130 per 100,000 live births in 2014–2016 to 97 in 2020 <sup>[3]</sup>. While this improvement is commendable, achieving the Sustainable Development Goal (SDG) target of reducing the MMR to fewer than 70 by 2030 will require accelerated efforts in maternal healthcare delivery, particularly through strengthening midwifery services <sup>[4]</sup>.

Historically, the midwifery profession in India has been closely tied to nursing. Traditional midwifery training was included in general nursing curricula, limiting the scope for specialized, autonomous practice <sup>[5]</sup>. The International Confederation of Midwives (ICM) recommends a competency-based, direct-entry midwifery education program lasting a minimum of three years <sup>[6]</sup>. However, in India, midwifery education remains fragmented,

with significant variations in curricula, standards, and clinical exposure across states <sup>[7]</sup>. These inconsistencies hinder the development of a strong, independent midwifery workforce capable of addressing the diverse maternal health needs of the population.

Recent reforms, most notably the introduction of the National Nursing and Midwifery Commission (NNMC) Act, 2023, mark a critical turning point in the regulation and governance of nursing and midwifery professions <sup>[8]</sup>. The NNMC Act aims to establish uniform standards for education, professional licensing, and practice regulation. This aligns India's midwifery framework with international best practices, potentially transforming the profession into a cornerstone of maternal health services <sup>[9]</sup>.

Despite these advancements, multiple challenges persist. India's health system grapples with a severe shortage of skilled midwives. A 2022 analysis of human resources for health revealed significant regional disparities, with several states reporting nurse-to-population ratios far below WHO recommendations <sup>[10]</sup>. Rural and underserved regions face the most acute shortages, exacerbating inequities in access to skilled birth attendance <sup>[11]</sup>. Additionally, the lack of a standardized midwifery-led care model limits the integration of midwives into primary healthcare teams, where their impact could be most profound <sup>[12]</sup>.

This review article aims to provide a comprehensive analysis of the current state of midwifery education and practice in India. By examining systemic gaps and emerging opportunities, we propose strategies to bridge these divides and advance maternal and newborn health outcomes.

## Methodology

This review followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to ensure rigor and transparency <sup>[13]</sup>. A systematic search was conducted to identify relevant literature published between January 2013 and August 2025.

## Search Strategy

A combination of keywords and MeSH terms was used, including:

"Midwifery," "Education," "India," "Maternal Health," "Workforce," "Regulation," "NNMC Act," and "Competency-based training." An example search string used for PubMed was: ("Midwifery"[MeSH] OR midwife\* OR midwives OR "nurse-midwife") AND ("Education, Nursing"[MeSH] OR training OR curriculum OR "competency-based training") AND ("India"[MeSH] OR India) AND ("Maternal Health Services"[MeSH] OR maternal health OR pregnancy care)

## Inclusion Criteria:

Articles published in English between 2013–2025, Focused on midwifery education, practice, policy, or workforce in India, Empirical studies, reviews, policy documents, and reports

## Exclusion Criteria

Studies unrelated to midwifery or maternal health, Articles without full-text availability, and Opinion pieces without data

## Screening and Selection

The initial search yielded 3,486 records. After removing 562

duplicates, 2,924 articles remained for screening. Two independent reviewers screened titles and abstracts, excluding 2,194 articles as irrelevant. Full-text screening of the remaining 730 articles resulted in 45 final articles included in the review <sup>[14]</sup>.

## Data Extraction and Analysis

Data were extracted using a standardized form capturing author, year, study design, setting, key findings, and relevance to midwifery education and practice. Thematic analysis identified recurring themes related to: Education and training quality, Regulatory frameworks, Workforce distribution, Barriers and facilitators to midwifery practice, and, Policy and reform opportunities

## Results

The results of the review are organized into four key thematic areas:

- Midwifery Education in India
- Workforce Shortages and Distribution Challenges
- Regulatory Frameworks and Policy Reforms
- Midwifery-Led Care Models and Maternal Health Outcomes

### 1. Midwifery Education in India

The review revealed wide disparities in midwifery education programs across India. Existing curricula are often integrated within nursing programs, leading to inadequate preparation for independent practice <sup>[15]</sup>. Many institutions lack qualified faculty and standardized clinical training environments <sup>[16]</sup>. ICM standards emphasize the need for a direct-entry, competency-based midwifery curriculum of at least three years <sup>[6]</sup>. Few programs in India currently meet these standards, creating a mismatch between graduate competencies and healthcare needs <sup>[17]</sup>.

Several pilot initiatives, such as the Midwifery Educator Training Programme launched by Jhpiego and WHO, have demonstrated promising outcomes in improving educator competencies and establishing model midwifery units <sup>[18]</sup>. However, scaling these initiatives nationally remains a challenge due to limited resources and uneven state-level implementation <sup>[19]</sup>.

### 2. Workforce Shortages and Distribution Challenges+

The shortage of skilled midwives emerged as a critical barrier. According to a 2022 workforce analysis, India requires approximately 350,000 midwives to meet WHO standards, yet currently has fewer than 150,000 registered professionals <sup>[10]</sup>.

Rural and remote regions experience the most severe deficits, leading to disparities in maternal health outcomes <sup>[11]</sup>. Factors contributing to workforce shortages include: Low enrollment in midwifery programs, Limited career progression opportunities, and Poor working conditions and retention rates <sup>[20]</sup>

## Discussion

The findings of this review underscore the urgent need to reform midwifery education and practice in India to achieve equitable, high-quality maternal and newborn care. While recent policy developments, particularly the National Nursing and Midwifery Commission (NNMC) Act, 2023, provide a robust regulatory foundation, systemic gaps persist in education, workforce distribution, and the

integration of midwifery-led care models [6, 8].

### Strengthening Midwifery Education

Education emerged as a central theme in this review. Current midwifery training in India is largely embedded within nursing curricula, limiting opportunities for midwives to develop specialized skills and professional autonomy [5, 15]. This contrasts with international best practices, where midwifery is established as a standalone profession with clearly defined competencies and responsibilities [6].

Globally, countries with strong direct-entry midwifery education programs, such as the United Kingdom, Sweden, and New Zealand, have demonstrated improved maternal outcomes and higher levels of patient satisfaction [2, 9]. Implementing similar models in India will require: Development of nationally standardized, competency-based curricula aligned with ICM guidelines [6]. Investment in faculty development programs, such as the Midwifery Educator Training Programme piloted by Jhpiego, to ensure a sustainable pipeline of qualified trainers [18]. Expansion of clinical training sites, particularly in rural areas, to provide students with adequate hands-on experience [19]. These steps will not only enhance the quality of education but also improve the readiness of graduates to deliver evidence-based, person-centered care.

### Addressing Workforce Shortages

Workforce shortages represent one of the most significant barriers to strengthening midwifery services in India. The country's midwifery-to-population ratio falls well below the WHO-recommended threshold, with rural areas facing the most acute deficits [10, 11]. This shortage is driven by factors such as limited educational capacity, poor retention rates, and lack of career pathways [20].

Policy interventions must focus on both increasing the supply of midwives and improving retention within the profession. Strategies include: Expanding the number of midwifery training institutions and seats to meet projected demand [10]. Offering financial incentives and scholarships to attract students, particularly from underserved regions [14]. Establishing clear career progression pathways and leadership opportunities to enhance job satisfaction [11, 20]. Improving working conditions through adequate staffing, supportive supervision, and safe workplace policies [7]. Evidence from other countries indicates that supportive work environments and professional recognition are key to retaining midwives and preventing workforce attrition [9, 10].

### Regulatory Reforms and Professional Autonomy

The enactment of the NNMC Act in 2023 represents a pivotal moment for midwifery in India. By creating a national regulatory body, the Act lays the foundation for uniform standards in education, licensure, and practice [8]. However, successful implementation will depend on: Developing state-level mechanisms to ensure consistent enforcement of national guidelines. Involving midwives and professional associations in decision-making processes to ensure policies reflect frontline realities [6]. Clearly defining the scope of practice for midwives, ensuring their autonomy in providing maternity care without unnecessary medical oversight [12].

International experiences demonstrate that empowering midwives as autonomous practitioners improves maternal

outcomes, enhances continuity of care, and reduces unnecessary interventions [2, 9]. Therefore, regulatory reforms must prioritize professional independence while maintaining accountability and quality standards.

### Integration of Midwifery-Led Care Models

Midwifery-led care models, where midwives serve as the primary providers of maternity services, are associated with reduced rates of cesarean sections, lower intervention rates, and improved maternal satisfaction [9]. In India, the integration of such models remains limited due to historical reliance on physician-led maternity care and fragmented health system structures [5, 12].

Recent pilot projects, such as the establishment of midwifery-led units in selected states, have demonstrated promising results in improving access to respectful, person-centered care [15, 18, 19]. Scaling up these models will require: Policy support for establishing midwife-led units at primary and secondary healthcare levels. Training of multidisciplinary teams to foster collaboration between midwives, nurses, and physicians [19, 20]. Community engagement to build trust and acceptance of midwifery-led services [21].

### Challenges and Barriers to Reform

Despite the opportunities for reform, several challenges persist. These include: Resource constraints: Limited funding for midwifery education and service delivery hinders program expansion [19]. Cultural barriers: Societal perceptions of midwifery as a subordinate profession impede recruitment and professional recognition [22, 23, 24, 25]. Implementation gaps: Variation in state-level policies and infrastructure creates uneven progress across regions [10, 14]. Addressing these barriers will require coordinated efforts from government agencies, educational institutions, professional associations, and international partners.

### Opportunities for Policy Innovation

The current policy landscape presents several opportunities to advance midwifery in India: Leveraging the Ayushman Bharat Health and Wellness Centres as platforms for integrating midwifery-led care [23, 27, 28]. Aligning national strategies with global initiatives such as the ICM Global Standards for Midwifery Education and the WHO Global Strategic Directions for Nursing and Midwifery (2021–2025) [6, 1]. Strengthening partnerships between government and organizations like WHO, UNFPA, and Jhpiego to provide technical assistance and funding [18, 19, 28]. By capitalizing on these opportunities, India can create a robust midwifery system that addresses both current and future maternal health challenges.

### Conflict of Interest

Not available

### Financial Support

Not available

### Conclusion

Midwifery stands at the forefront of efforts to reduce maternal and newborn mortality in India. While significant progress has been made, persistent gaps in education, workforce distribution, and regulatory frameworks continue to hinder the full potential of midwives. The NNMC Act



offers a transformative opportunity to standardize education and practice, but its success will depend on effective implementation and sustained investment. Bridging these gaps will require a multi-pronged approach: Strengthening education through standardized, competency-based curricula and faculty development. Expanding and equitably distributing the midwifery workforce. Empowering midwives with professional autonomy and integrating midwifery-led care models into the health system. By addressing these priorities, India can move closer to achieving its maternal and newborn health goals and contribute to global progress toward the Sustainable Development Goals.

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