

Description

Midwife-Led Maternity Care in Afghanistan

Bibi Samrina Siddiqui Foshanji (she/her) – RMNCAH National Coordinator, Aga Khan Foundation Afghanistan and Vice President, Afghan Midwives Association

Gette Saduzai (she/her) – Chief Executive Director, Afghan Midwives Association

Zarmina Safi (she/her) – Lecturer Kabul University of Medical Sciences, Midwifery Faculty

Published in The Practising Midwife Volume 29 Issue 3 May 2026, Pages 47-50

https://doi.org/10.55975/RJVN6577

Summary

Midwife-led birth centres provide safe, evidence-based, respectful maternity care, promoting physiological birth and continuity of care. In humanitarian settings, they are vital. Afghanistan faces high maternal health needs amid conflict, poverty and gender restrictions, where midwives are essential. This article describes how the Afghan Midwives Association (AMA), with partners, established Midwife Led Care Centres, outlining policy, implementation, organisational structures and lessons, demonstrating how midwife-led models advance quality, women-centred care in fragile, resource-limited context.



Introduction

Midwife-led birth centres are internationally recognised for providing safe, evidence-based and respectful maternity care, particularly through promoting physiological birth and continuity of care.[1,2,3] In fragile and humanitarian settings, their role is especially critical. Afghanistan presents a context of profound maternal health need, where midwives remain central to life-saving care amid conflict, poverty and gender-based restrictions.[4] This article describes how the Afghan Midwives Association, in collaboration with national and international partners, established Midwife-Led Maternity Care Centres adapted to the Afghan context. It outlines the policy evolution, implementation experience, organisational structure and lessons learned, highlighting the contribution of midwife-led models to quality maternity care in humanitarian settings.[5]

Afghanistan's maternal health reality

Afghanistan continues to live through one of the world's most protracted humanitarian emergencies, fuelled by economic crisis, conflict, climate-related shocks and population displacement. In 2023, over 28 million Afghans depended on humanitarian aid, reflecting a situation in which more than 90% of the population was living in poverty.[6]

The cumulative impact on women's health has been profound. Maternal, neonatal and child mortality rates remain among the highest globally.[7] Gender-based restrictions and social limitations have reduced access to care and women's participation within the health workforce. Pregnant women frequently face barriers related to malnutrition, mental distress and geographical isolation. Nearly one-third of deaths among mothers and newborn remain preventable with timely access to skilled, respectful maternity care.[4]

In this environment, midwives are critical. They are often the primary, and sometimes only, skilled birth attendants available in rural and remote districts.[4] Midwife-led care models therefore represent not just a clinical choice, but a social and humanitarian necessity.

> "In Afghanistan, midwives are the backbone of maternal and newborn services, especially in rural areas, yet they work under immense strain: salary insecurity, shortages of essential supplies, restrictions on education and limited professional progression.[4]"

Why midwife-led care matters in fragile settings

Global evidence consistently demonstrates the effectiveness of midwife-led care. Research shows that these models reduce unnecessary interventions, improve birth experiences, enhance maternal and neonatal outcomes and strengthen trust in health systems.[1] They are also highly cost-effective, which makes them particularly valuable in resource-limited and crisis-affected settings such as Afghanistan.[8]

In Afghanistan, midwives are the backbone of maternal and newborn services, especially in rural areas, yet they work under immense strain: salary insecurity, shortages of essential supplies, restrictions on education and limited professional progression.[4] Against this backdrop, Midwife-Led Maternity Care Centres (MLMCCs) provide a structured platform for strengthening quality and safety. They promote continuity of care, enabling women to build trusting relationships with the same midwives throughout pregnancy, labour and the postnatal period.[9]

These centres support physiological birth and apply interventions only when clinically required, while embedding respectful and trauma-informed practices to ensure women feel protected, heard and treated with dignity.[10] Community engagement further increases acceptability and access to culturally-sensitive care. At the same time, MLMCCs reinforce professional identity and autonomy for Afghan midwives, strengthening leadership, confidence and clinical decision-making.

International evidence supports these outcomes. Sandall, et al.,[3] for example, highlight that midwife-led care improves maternal experience, reduces intervention rates and enhances professional satisfaction among midwives, findings directly aligned with the emerging MLMCC experience in Afghanistan.

The Afghan Midwives Association: Leading vision and policy change

The establishment of MLMCCs in Afghanistan reflects sustained professional leadership rather than short-term project design. Since 2011, AMA has advocated for a shift from fragmented, medically-dominated maternity care towards midwife-led models grounded in compassion, equity and cultural relevance. AMA worked closely with the Ministry of Public Health and development partners to generate evidence, articulate national relevance and negotiate funding pathways. Through sustained advocacy and engagement with UNFPA and other donors, the necessary political space, technical support and resources were secured.

Afghanistan's first MLMCC was formally launched in Kabul in 2021, shortly before the political transition. This milestone represented more than the opening of a new service; it signified institutional recognition of midwifery leadership within national maternity care. Today, three MLMCCs are operational, serving as demonstration sites for respectful, women-centred care.

Establishing midwife-led maternity care centres

The MLMCC model was designed as a woman-centred alternative to conventional hospital-based maternity services, prioritising dignity, continuity and physiological birth. With support from the Ministry of Public Health and international partners, the Kabul centre became a blueprint facility, demonstrating how midwives can safely lead intrapartum care for women with low-risk pregnancies while ensuring timely referral when complications arise.

Within these centres, women benefit from enhanced privacy, respectful communication and care guided by a bio-psycho-social philosophy that supports emotional wellbeing alongside clinical safety. Subsequent centres, including the newly established MLMCC in Logar Province, have demonstrated that the model is feasible even within severely constrained humanitarian systems. The approach delivers high-value, low-cost care through the local workforce rather than reliance on external specialists.

A comprehensive study evaluating MLMCC implementation is currently underway, led by AMA with support from the Burnet Institute of Australia. A sub-component assessing MLMCC standards implementation is being technically supported by City St George University of London. Findings are expected to provide robust validation of the model, with publication anticipated in 2026.

"Within these centres, women benefit from enhanced privacy, respectful communication and care guided

by a bio-psychosocial philosophy that supports emotional wellbeing alongside clinical safety."

How the centres are organised: structure and accountability

All MLMCCs operate under a unified organisational structure to ensure safety, consistency and professional autonomy. Each centre employs 24 midwives across three rotating shifts, with a senior midwife providing supervision on every shift. A Head Midwife oversees on-site operations, quality assurance and workflow management.

At organisational level, a Midwifery Coordinator within AMA oversees professional development, conducts performance appraisals and provides regular supervisory visits. A Midwife Manager consolidates data across centres to support donor accountability and strategic planning. Multidisciplinary support staff, including nurses and operational personnel, further strengthen service delivery.

Collectively, the MLMCCs support approximately 600 births per month and reach more than 2,000 women and families. Despite heavy caseloads, an 85% client satisfaction rate reflects strong trust, dignity and compassionate care.

MUnet partnership: embedding biopsychosocial care

The Midwifery Unit Network (MUNet) and City St George's, University of London, played a key role in embedding biopsychosocial midwife-led care within Afghan MLMCCs. MUNet provided technical guidance, supported development of MLMCC standards, introduced self-assessment tools for quality improvement and strengthened leadership capacity related to workflow and birth-space organisation.

MUNet also delivered extensive digital learning to AMA Champions, educators and supervisory midwives through self-paced modules on midwifery units, shared decision making, optimal intrapartum care, intermittent auscultation, physiological labour and woman-centred communication. Expert-led discussion sessions enabled Afghan midwives to analyse clinical scenarios, share experiences and contextualise international evidence.

This remote learning model proved particularly valuable amid restrictions on women's education, allowing continued professional development and safeguarding the future workforce. Together, AMA and MUNet have developed a coherent learning ecosystem that strengthens standards implementation and supports confident, skilled and respectful midwifery practice.

Facilitating factors and lessons learned

Several enabling factors have contributed to MLMCC success. AMA's sustained leadership ensured programme continuity despite political instability. Ministry endorsement provided legitimacy, while international partnerships offered philosophical grounding and technical support. Strong governance structures standardised operations and safeguarded quality and safety.

Above all, Afghan midwives themselves have driven transformation. Their leadership, cultural knowledge and resilience demonstrate that respectful, women-centred care can thrive even under extreme pressure.

Barriers to implementation

MLMCC implementation has faced significant challenges. Following the 2021 political transition, services were temporarily suspended, and midwives experienced emotional distress, workforce instability and organisational disruption. Ongoing financial constraints affect salaries, supplies and infrastructure. Introducing midwife-led philosophy within a traditionally medicalised system also generated institutional resistance.

Workforce distribution remains difficult, particularly recruitment from remote provinces due to security and mobility constraints. Most critically, restrictions on women's higher education threaten long-term workforce sustainability. These barriers highlight the fragility of humanitarian systems, where development must proceed alongside crisis response.

Continuous improvement and future directions

Looking ahead, priorities for MLMCC development include extending services to additional provinces, strengthening

locally led research and deepening the integration of respectful and trauma-informed approaches. Building midwives' leadership and decision-making capacity will be central to long-term sustainability, while continued international collaboration and advocacy remain critical in the context of ongoing restrictions on women's education. Afghanistan's experience highlights how sustained professional leadership, persistence and collaboration can enable midwife-led care to function effectively within fragile health systems.

Conclusion

Afghanistan's experience shows that midwife-led maternity care can thrive even in crisis. Through strong leadership, partnership and commitment to respectful, evidence-based practice, Afghan midwives are safeguarding dignity, improving outcomes and demonstrating that women-centred care remains possible, and essential, in humanitarian settings. **TPM**

References

1. Transitioning to midwifery models of care: global position paper. World Health Organization. WHO, ICM, United Nations Population Fund, United Nations Children's Fund. https://internationalmidwives.org/resources/transitioning-to-midwifery-models-of-care-global-position-paper/. Updated April 05, 2025. Accessed November 23, 2025.
2. Implementation guidance on transitioning to midwifery models of care. WHO. https://iris.who.int/server/api/core/bitstreams/bd2e2a20-e5f4-4d2daa19-cbf2ee45fc0d/content. Accessed November 21, 2025. Published June 17, 2025.
3. Sandall J, Fernandez Turienzo C, Devane D, Soltani H, Gillespie P, et al. Midwife continuity of care models versus other models of care for childbearing women. Cochrane Database Syst Rev. 2024;4:CD004667. doi.org/10.1002/14651858.cd004667.pub6.
4. The state of Afghanistan's midwifery 2021 – final report. UNFPA. https://afghanistan.unfpa.org/sites/default/files/pub-pdf/the_state_of_afghanistans_ midwifery_2021_-_final_report.pdf. Published May 01, 2023. Accessed November 21, 2025.
5. Saduzai G, Naziri F, Siddiqui Foshanji BBS, Rocca-Ihenacho L. Transitioning to midwife-led models of care in Afghanistan. ICM. https:// internationalmidwives.org/transitioning-to-midwife-led-models-of-care-in-afghanistan/. Published January 09, 2026. Accessed February 02, 2026.
6. Afghanistan humanitarian needs overview 2023. UNOCHA. https://www.unocha.org/attachments/2f525ec0-622e-47ee-bb0b-d411323dc054/AFG-HNO2023-v06.pdf. Published January, 2023. Accessed November 21, 2025.
7. World Health Organization. Public health situation analysis – Afghanistan: emergency situation update. WHO https://cdn.who.int/media/docs/ default-source/2021-dha-docs/phsa-afghanistan-270825-final.pdf. Updated August 28, 2025. Accessed November 21, 2025.
8. Homer CSE, Turkmani S, Wilson AN, et al. Enhancing quality midwifery care in humanitarian and fragile settings: a systematic review of interventions, support systems and enabling environments. BMJ Glob Health. 2022;7(1):e006872. doi.org/10.1136/bmjgh-2021-006872.
9. Rocca-Ihenacho L, Yuill C, McCourt C. Relationships and trust: two key pillars of a well-functioning freestanding midwifery unit. Birth. 2021;48(1):104-113. doi.org/10.1111/birt.12521.
10. Nove A, Friberg IK, de Bernis L, et al. Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: a Lives Saved Tool modelling study. Lancet Glob Health. 2021;9(1):24-32. doi.org/10.1016/S2214-109X(20)30397-1.

Category

1. Global Issues
2. Global Perspectives
3. TPM Articles
4. TPM Journal

Tags

1. 2026
2. global midwifery
3. midwifery led units

4. midwifery-led
5. midwifery-led care

Date Created
5th May 2026