Policy Brief

Improving Access and Saving Lives :

Woman-Centered Comprehensive Abortion Care Provided by Midwives in the Democratic Republic of Congo

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Midwives are transforming the health of women and girls

Improving access to quality, woman-centered comprehensive abortion care (CAC) provided by midwives will enhance the health and well-being of women and adolescents and help the Democratic Republic of Congo (DRC) meet its FP2030 commitments and achieve the Sustainable Development Goals (SDGs). Yet, in the DRC, nearly 16,000 women of reproductive age die each year from unsafe abortions, partly due to inaccessible and stigmatized health services.

The Ministry of Health, with its partners, has consistently supported the implementation of the Maputo Protocol since 2018. The publication of national standards and guidelines for CAC provision in 2020 marks a significant step toward inclusive health services. It is especially commendable that midwives are now recognized as autonomous providers of these services.

This document summarizes evidence and recommendations to expand access to CAC provided by midwives in the DRC, improve service quality, and save lives.

WHO's definition of quality abortion care is that it is :

effective, efficient, accessible, acceptable, person-centred, equitable, and safe.

Evidence Supports Midwife-Provided Comprehensive Abortion Care

National standards in the DRC, global recommendations, and studies show that when trained, encouraged, and supported, midwives can provide quality abortion care in safe and trusted settings.

Examples include:

- Randomized controlled studies show midwives can independently and effectively provide CAC, comparable to physicians.
- Countries in sub-Saharan Africa such as Ghana, Ethiopia, Mozambique, and South Africa have successfully implemented midwife-led CAC.
- DRC national standards and WHO guidelines recommend supporting midwives to independently provide CAC.
- In Kinshasa, trained midwives are providing CAC, are well-received, and play a key role in increasing access within communities.

New 2023 Study Highlights the Potential of Integrating Midwife-Provided CAC in the DRC.

- As the first point of contact for women and girls, especially in rural areas, midwives are well-positioned to provide CAC.
- Women and girls report that midwives are accessible and maintain confidentiality around CAC.
- Physicians support midwife-provided CAC when midwives are well-informed and trained.
- Trained midwives are confident and competent, providing respectful, woman-centered care.
- Women and girls are more likely to confide in midwives than physicians, even within the same facility.
- The midwifery association, SCOSAF, ensures its members receive training, ongoing education, and knowledge of the Maputo Protocol to provide CAC.

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Policy and Advocacy Recommendations

To ensure women and adolescents have access to woman-centered, midwife-led CAC, policymakers can take the following evidence-based actions:

COLLABORATE WITH THE MIDWIFERY ASSOCIATION

- Integrating new competencies for midwives is more likely to succeed when done in collaboration with their professional association and stakeholders. SCOSAF, a respected and influential voice, actively advocates for expanding midwife-led CAC. Present in all provinces, it is a strategic ally for ensuring buy-in, legitimacy, and impact.
- Engage SCOSAF in planning and decision-making for implementing midwife-led CAC at national, provincial, and facility levels.

MIDWIFE TRAINING

- Access to ongoing training is critical, especially in rural areas where midwives are isolated and lack easy access to referral centers.
- Post-training support through peer mentorship is essential to build confidence, especially for midwives who are the first trained in their facility.

COHERENT LEGISLATION

- The new scope of practice for midwives in the DRC supports CAC provision. However, without clear governance structures, the profession cannot fully optimize its role. Informing and involving midwives and stakeholders is essential for effective and sustainable implementation.

SUPPORTIVE WORK ENVIRONMENTS

- Outdated salary structures mean midwives are often employed as nurses and underpaid.
- National authorities must establish a clear nomenclature of midwife-performed procedures to recognize and value their skills, strengthen their role in the health system, and ensure fair compensation.
- Support health leaders and policymakers to ensure adequate supplies, training resources, and implementation of task-sharing policies. Communicate policy changes to stakeholders and allocate sufficient human and financial resources for implementation.

Toward Widespread Access

Midwife-led comprehensive abortion care can transform the health and lives of women and adolescents. But realizing this potential requires strong political commitment, supportive policies, and adequate funding. Policymakers, donors, implementing organizations, supply chain partners, the private sector, and advocates must work together to ensure broad access to CAC—an essential step toward saving lives in the DRC.

Contact us

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Recommendations

For sustainable CAC services provided by midwives.

- **Collaborate** with the professional association of midwives, SCOSAF.
- **Train** midwives by supporting the new national midwifery training curriculum and the Comprehensive Abortion Care for Midwives (SCACF).
- **Increase the critical mass** of midwives trained as trainers and mentors in SCACF to cover all provinces.
- **Support the autonomy** of midwives through legislation that includes SCACF.
- **Facilitate enabling work** environments by training doctors and health administrators on the role of midwives and SCACF.