

European Commission  
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07 May 2026

Dear President von der Leyen,  
Dear Vice-President Mînzatu,  
Dear Commissioners,

## **Open Letter from European Midwifery Leaders and Stakeholders on the Revision of Directive 2005/36/EC**

We write to you today as leaders of the midwifery profession and representatives of civil society organisations and institutions across Europe. We are united in our concern about the current update process for Directive 2005/36/EC on the Minimum Professional Qualifications for Midwives.

To be direct: this update, the first in more than 20 years, risks leading to decades of stagnation. The draft proposals put forward by the Commission so far lack the ambition, the evidence-base, and the alignment with international standards that this moment requires. If they are adopted in their current form, they will weaken the EU's position in as a global leader in this field.

We are writing because we believe this outcome is avoidable, but only if the Commission acts with urgency and rigour.

### *Europe's Midwifery Advantage is Worth Protecting*

The European Union has a well-documented position of global leadership in midwifery. The State of the World's Midwifery 2021 report, produced by UNFPA, WHO, and the International Confederation of Midwives (ICM) across 194 countries, identifies Europe as having the strongest educational and regulatory environment for midwives of any region in the world (1). This means that when emerging economies, development partners, and neighbouring countries seek to build or reform their midwifery systems, they look to Europe.

Our standards shape global policy and practice. This is not simply a matter of clinical quality; it is a strategic asset. When EU technical assistance supports SRMNAH workforce development in Sub-Saharan Africa, in the Western Balkans, in EU neighbourhood countries, it carries European midwifery standards with it (2). This asset is now at risk, and the risk is internal.

### *A 1980 Standard in a 2026 World*

Directive 2005/36/EC is the legal instrument that establishes the minimum education and training standards that enable the automatic recognition of midwives' qualifications across EU and EEA countries. However, the Directive's midwifery provisions have seen almost no substantive change since 1980 (3). Forty-six years later, that text no longer reflects what midwives do, what services the scientific evidence has proven they provide best, or what the international community has recognised as the standard for high-quality sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) care.

Most importantly, the current Directive does not reflect the ICM Essential Competencies for Midwifery Practice, the globally recognised benchmark against which the EU Directive should be aligned (4).

### *The Current Update is Not Fit for Purpose*

The 2024 announcement that the Directive would be revised has been described as a historic, generational opportunity (3). The midwifery and SRMNAH community engaged with it seriously, with more than 96 midwifery stakeholders from 24 EU and EEA countries participating (3). However, the draft proposals for the update shared by the Commission do not adequately reflect these inputs.

The peer-reviewed academic literature has reached the same conclusion: the update process exhibits 'key limitations' and falls short of the 'once-in-a-generational opportunity' it represents (5). These are not procedural concerns; they go to the credibility, legitimacy, and effectiveness of the resulting Directive.

### *When the Minimum becomes a Maximum*

One of the most damaging practical consequences of the current Directive is a dynamic where many EU and EEA countries treat the Directive as a maximum standard rather than a minimum, limiting midwives' professional mobility and development (6). This is not an accident. Regulators in some conservative jurisdictions treat the Directive as the ceiling of sufficiency rather than the floor of ambition. A midwife trained to ICM Essential Competencies in the Netherlands or Denmark – including a full range of SRMNAH services – may find that her competencies are not recognised in a Member State where the 1980 Directive still defines adequacy, like Slovenia or Spain. Likewise, a midwife educated in a country like Croatia or Greece may find that her competencies are inadequate to work as a midwife in Germany or Sweden.

This is a failure of the single market that prevents the EU from realising the full value of its most qualified professionals. It creates healthcare quality inequalities between women in different Member States that are not scientifically or clinically justified. And it signals to the global community something that undermines Europe's normative leadership: that the EU is willing to set standards for itself that fall below those it promotes internationally.

This update is the moment to change that – but only if the update is substantive.

### *European Competitiveness and Resilience at Risk*

Europe has been a leader in midwifery and SRMNAH, a position that is at stake if this update produces only minor technical updates, as the current proposals suggest.

**Workforce quality and mobility risk.** The automatic recognition system under Directive 2005/36/EC handled almost 78,000 professional recognition decisions between 2020 and 2024 (7). At that scale, the quality of the Directive's underlying standard is a population health concern, not a technicality. A recognition system that certifies midwives against a 1980 standard is not providing what automatic recognition promises: assurance that a practitioner can deliver safe, comprehensive, contemporary care.

**Normative leadership and global credibility risk.** The EU's ability to shape global SRMNAH standards depends on its own framework being credible, current, and aligned with international best practice. The ICM Essential Competencies were updated in 2024. WHO's Midwifery Models of Care Guidance advanced in 2025. If the EU Directive remains rooted in 1980 provisions, the EU's legal framework ceases to be the reference standard that the world looks to. This has implications beyond the EU: when the EU technical assistance supports SRMNAH workforce development in low- and middle-income countries, they carry visibly outdated EU standards with them. This weakens the EU's credibility as a technical authority, and countries and development partners will look elsewhere.

**Health system resilience risk.** Midwives educated to a 1980 standard are a workforce whose utility narrows precisely when systems are under greatest stress. A Directive that keeps European midwives below their capable scope degrades the EU's emergency health architecture.

**Anticompetition risk.** By encoding an outdated scope of practice, the Directive itself becomes a source of anticompetitive harm within the single market. A midwife educated to the Directive's 1980 provisions is an educated professional whose labour market participation has been artificially restricted, preventing a competent, predominantly female workforce from contributing its full economic and clinical value, and it is doing so through a legal instrument that the Commission itself is responsible for maintaining.

**Internal health equality risk.** Women in Member States where the Directive is used as a ceiling, rather than a floor, receive less comprehensive midwifery care than women in Member States that exceed the minimum. This is a failure of rights and internal market and competition that the Directive update has the power to address – but only if it sets a standard high enough to drive convergence upward.

## **We are Calling for the EU Commission to:**

1. **Adopt an updated Directive text that fully aligns to the ICM Global Standards and WHO Guidance.** These standards are regularly updated benchmark that reflects the latest scientific evidence.
2. **Ensure a strategic Directive update that delivers on health system resilience and gender equality.** Strong midwifery makes health systems more resilient, even in crises. It delivers on gender equality, women's health and demography.
3. **Connect this Directive update explicitly to the EU's global health strategy.** The Directive's content has implications far beyond the EU's internal market. It shapes the standards that European midwives carry into development programmes, humanitarian settings, and bilateral partnerships.

The EU is a global leader in midwifery as a result of decades of investment in the profession – a position that is in danger because of the legal standards that are supposed to underpin it. If this Directive update does not close that gap, it will widen further, and other jurisdictions will advance. The EU's normative leadership in midwifery and SRMNAH will erode – not dramatically or visibly, but steadily and consequentially.

Fully resourced, midwifery care that meets ICM Global Standards could avert an estimated 4.3 million deaths per year by 2035 globally (1). Europe has both the opportunity and the obligation to be the region that shows the world how to get there. A strengthened, internationally aligned Directive would be among the most powerful and cost-effective steps the EU could take toward that goal.

The window for the Directive update is narrow. The opportunity is real. We respectfully and urgently call on the Commission to seize it.

**Signed by over 200 senior European midwifery leaders, educators, and civil society organisations from 27 countries across the EU and EEA.**

## List of Open Letter Signatories

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194. European Women's Lobby (Lucia Anna Demeny, Policy and Campaigns Officer) – Belgium
195. Fertility Europe (Anita Fincham, Advocacy Manager) – Belgium
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201. Foundation for Women and Family Planning FEDERA - Poland
202. Women's Circles (Zuzana Krišková, Chairwoman) - Slovakia
203. Možnosť voľby [Freedom of Choice] (Adriana Mesochoritsová, Legal representative) - Slovakia
204. Saplinq, o.z. (Róbert Furiel, Director) - Slovakia
205. Institute Umbilica (Špela Slovša, Director) - Slovenia
206. Birth Rights Sweden (Jolin Mårtensson, President) - Sweden

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