



# Midwifery Supply and Demand Compendium Report

April 2026



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## Midwives in Australia

The midwifery workforce faces significant sustainability challenges which threaten Australia's ability to meet the future demand for midwifery services.

The health and wellbeing of women during and after pregnancy and the services they receive have important implications for their pregnancy, labour and birth experience, and the health outcomes for themselves and their baby. In 2022, there were 297,725 babies born to 293,435 mothers in Australia<sup>1</sup> and evidence suggest that women consistently rate access to continuity of midwifery care as a key enabler for addressing their maternity care needs.<sup>2</sup>

Australian midwives are a critical component of the maternity workforce and provide high quality and safe care during a person's pregnancy, labour and birth, and the postpartum period.<sup>3</sup> Maintaining a sufficient midwifery workforce is crucial to the ongoing provision of safe and effective maternity care.

Midwifery, and the work of midwives, operates within the broader healthcare system and various models of care, intersecting with professions such as nursing, medicine and allied health to deliver comprehensive maternity services. Despite a decline in fertility rates over the past decade, the average age of mothers has risen from 30.0 in 2010 to 31.2 in 2022.<sup>4,5</sup> These trends along with changing population demographics are associated with increasing complexity of births and hence likely to influence the demand for maternity services.<sup>1,6,7</sup>

Over the last decade, the proportion of midwives who have dual registration (i.e. those registered as midwife and nurse) has declined (see Table 3), a trend that aligns with changes to recency of practice requirements introduced in 2016 which introduced a specified minimum number of practise hours to meet the standard.<sup>8</sup> At the same time, there has been a rise in midwives entering the profession through direct entry programs, which offer a faster pathway to bolster the midwifery workforce.<sup>9</sup> In 2024, 40.8% of midwives aged 29 years and

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<sup>1</sup> Australian Institute of Health and Welfare, 2024, [Australia's mothers and babies, Summary](#), accessed 3 February 2025.

<sup>2</sup> Faktar L., Small K., Bradfield Z., Baird K., Fenwick J., Gray J. E., Robinson M., Warton C., Cusack S., & Homer C SE., 2024, [What do women in Australia want from their maternity care: A scoping review - ScienceDirect](#), Volume 37, Issue 2, accessed 3 February 2025.

<sup>3</sup> Nursing and Midwifery Board of Australia, 2024, [Midwifery Futures: The Australian Midwifery Workforce Project](#), accessed 3 February 2025.

<sup>4</sup> Centre for Population, 2023, [Australia's future fertility: A quick guide to potential impacts on future population](#), accessed 12 February 2025.

<sup>5</sup> Australian Institute of Health and Welfare, 2024, [Australia's mothers and babies, Maternal age](#), accessed 13 February 2025.

<sup>6</sup> Australian Institute of Family Studies, 2024, [Births in Australia](#), accessed 14 February 2025.

<sup>7</sup> Australian Institute of Family Studies, 2023, [Population, households and families](#), accessed 14 February 2025.

<sup>8</sup> Nursing and Midwifery Board of Australia, 2016, [Revised registration standards and standards for practice published today](#), 2016, accessed 13 February 2025.

<sup>9</sup> Direct entry programs can be found at [Australian Health Practitioner Regulation Agency - Approved Programs of Study](#).

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under held single registration in midwifery, up from 33.0% in 2014 (see Table 3). Despite this growth, dual qualifications remain highly valued in smaller maternity units, particularly in regional and rural areas, where a broader scope of practice and workforce flexibility are critical. Despite efforts to attract more dual registrants, midwifery shortages continue to affect these areas across Australia.<sup>10,11</sup>

Another emerging challenge in maternity care is the growing financial pressure on private maternity services. Currently private hospitals manage approximately 25.0% of all births and 70.0% of elective procedures for women. However, decline in child births, high out of pocket charges and high cost of private health insurance products are threatening their financial sustainability. Between 2015–16 and 2022–23, nine private hospitals closed their maternity wards, while two hospitals offering maternity services ceased operations entirely.<sup>12,13</sup> As these closures continue, the already overburdened public health system is left to absorb the increased demand, exacerbating pressure on resources and reducing access to timely care.

The midwifery workforce has a critical role in providing maternity care for First Nations people including through *Birth on Country* (BoC) models of care.<sup>14</sup> The Department of Health, Disability and Ageing (the department) currently funds 10 BoC services, which aim to provide culturally safe continuity of care delivered by midwives and Aboriginal and Torres Strait Islander health practitioners and workers. Understanding this context is vital for effective midwifery workforce planning in Australia.

This work builds upon previous study prepared by the department, the *Australia's Future Health Workforce Report – Midwives 2019*.<sup>15</sup> The 2019 study suggested that the midwifery workforce would be in balance by 2030 (baseline scenario).<sup>16</sup> This study uses updated workforce and demand data to better understand the current and projected future supply of, and demand for, midwifery services, helping to inform future workforce planning and policy development. This study will be presented to the National Maternity Workforce Strategy (NMWS) Steering Committee and will inform the development of the NMWS 2026–36 and

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<sup>10</sup> Bull, A., Bayes, S., & Geraghty, S. 2023, Single registered midwives contributing care for general patients: a scoping study. *The Australian Journal of Advanced Nursing*, 40(2), 15-22, <https://search.informit.org/doi/abs/10.3316/informit.105115870084948>, accessed 5 February 2025.

<sup>11</sup> Neal, S., Nove, A., Bar-Zeev, S., Pairman, S., Ryan, E., ten Hoope-Bender, P., & Homer, C. S. 2023, An analysis of the global diversity of midwifery pre-service education pathways. *Women and Birth*, 36(5), 439-445, [https://www.womenandbirth.org/article/S1871-5192\(23\)00043-4/pdf](https://www.womenandbirth.org/article/S1871-5192(23)00043-4/pdf), accessed 5 February 2025.

<sup>12</sup> Department of Health, Disability and Ageing, 2024, [Private Hospital Sector Financial Health Check – Summary](#), accessed 11 February 2025.

<sup>13</sup> The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, 2024, [Private O&G Services Under Threat in Australia Due to Systemic Gender Bias](#), accessed 18 February 2025.

<sup>14</sup> Australian Institute of Health and welfare, 2024, [Maternity models of care in Australia - Maternity care for First Nations people](#), accessed 11 February 2025.

<sup>15</sup> Department of Health, Disability and Ageing, 2019, [Midwives – Australia's Future Health Workforce report](#), accessed 11 February 2025.

<sup>16</sup> Nursing and Midwifery Board, 2024, [Midwifery Futures: The Australian Midwifery Workforce Project](#), accessed 12 February 2025.

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the Women-Centred Care Strategy to help address longer term issues with maternity workforce.

## Summary of results

Both supply of and demand for midwives are estimated to increase in the future. However, the workforce is projected to experience a shortage throughout the projection period.

The midwifery workforce at the national level (see Figure 1) is projected to grow over the coming years, but not fast enough to meet rising demand. By 2038, the supply of midwives is expected to increase from 14,634.3 Full-Time Equivalent (FTE) in 2025 to 16,103.1 FTE with headcount rising from 23,109 to 25,147. However, demand is forecasted to outpace this growth, increasing from 14,933.1 FTE in 2025 to 16,723.1 FTE by 2038. This corresponds to a projected headcount demand of 23,595 midwives in 2025 and 26,147 by 2038.

The increasing demand is tied to broader demographic trends, including a gradual decline in the fertility rate from an average of 0.023 births per women per year in 2023 to 0.021 by 2038 and an increase in the average age of mothers.<sup>17</sup> These shifts, along with evolving population demographics, greater birth complexity and consumer expectations of the level of support needed are therefore likely to drive increased demand for maternity services.

As a result, midwife shortages are expected to persist throughout the projection period. A shortfall of 298.8 FTE (2.0%) or 487 midwives by headcount is anticipated in 2025 increasing to a gap of 620.0 FTE (3.9%) or 1,000 midwives by 2038.<sup>18</sup> The national average FTE per midwife is expected to remain steady at around 0.64 FTE throughout this time. It is important to note that in measuring demand, this study does not explicitly account for the increasing complexity of births overtime. As such, the actual workforce shortage is likely underestimated.

Retention remains a significant challenge in midwifery - a profession characterised by significant physical and emotional demands, and high levels of burnout and stress.<sup>19</sup> The total entry rate is projected to decline from 14.7% in 2025 to 13.7% by 2038, while the total exit rate is expected to decrease from 14.3% to around 13.0% but will continue to place pressure on the workforce.

A demographic shift is underway, with younger midwives expected to make up a growing share of the workforce. The 30–39 age group is projected to contribute the largest share of FTE, increasing from 26.6% in 2025 to 31.1% by 2038. Contributions from those aged 40–49 are also expected to rise from 19.8% to 26.9%. Meanwhile, the share of midwives aged 50–59 is expected to decline from 17.4% to 14.7%, and those aged 60 and over from 12.7% to just 5.9%. The FTE share of midwives aged 29 and under is projected to decline from 23.5% in 2025 to 21.5% by 2038.

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<sup>17</sup> Australian Bureau of Statistics, October 2023, [Birth rate continues to decline](#), ABS website, accessed 10 March 2025.

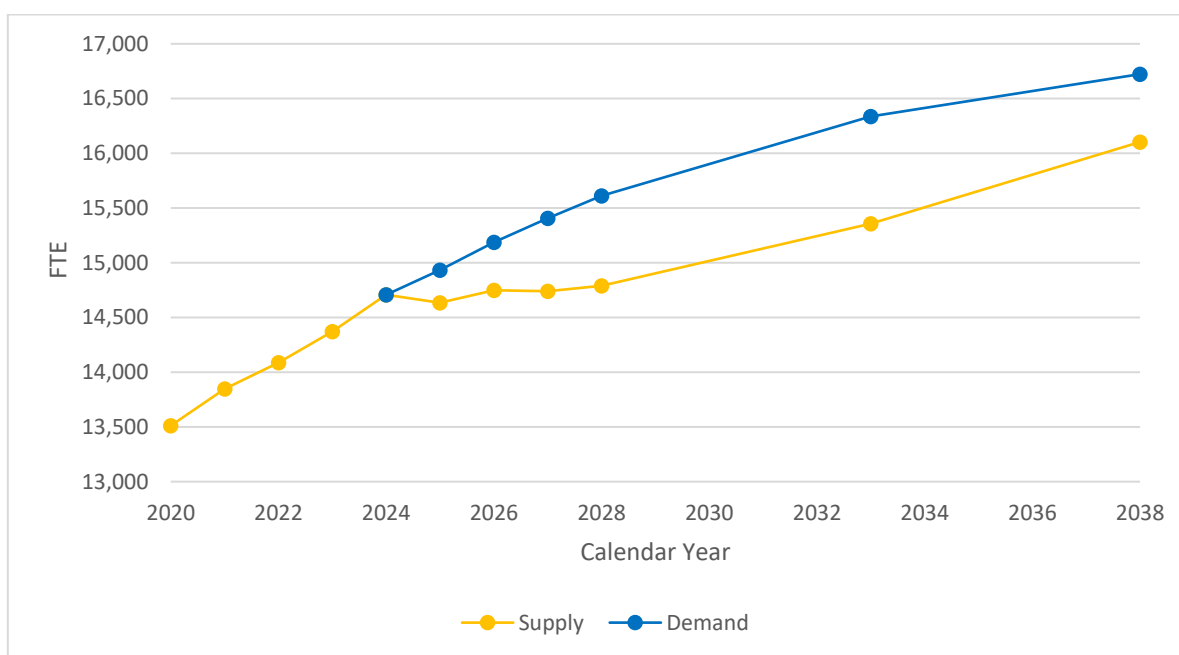
<sup>18</sup> Throughout the document, the percentage shortage is calculated as proportion of the total supply.

<sup>19</sup> Jomeen, J., Humphrey, T., Baird, K., Maude, R., Bloxsome, D., Brown, A. & Williamson, M. 2023, [The future of the midwifery workforce in Australia: Position paper](#), accessed 10 March 2025.

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Historical trends between 2018 and 2023 help explain these patterns. The 50–59 age group has shown the highest exit rates due to transitions into nursing roles, and the second highest rates of retirement or exits for other reasons, just behind those aged 60 and over. These trends underpin the predicted decline in workforce participation among older midwives and highlight the importance of workforce attraction and retention strategies to meet future demand.

**Figure 1: FTE Midwives: National supply versus demand, 2020–38**



It is important to recognise that the Australian health system is inherently diverse, with variations across organisations, jurisdictions, and sectors tailored to meet the unique needs of their respective communities. While the midwifery workforce modelling has been developed in collaboration with Australian jurisdictions, some differences are expected due to the complexity of the modelling process and the distinct factors considered. These differences reflect the varied models of midwifery care and local service requirements. Consequently, national modelling may not always align precisely with models developed at the organisational, jurisdictional or sector levels.

## Workforce Profile

The following section presents a snapshot of the current workforce using the latest available supply data, 2023. It also summarises historical trends observed from 2020–24.

### Quick Facts

- In 2024, there were 23,079 midwives with average weekly hours<sup>20</sup> of 24.2 that equates to 14,707.2 FTE midwives. This total consists of 13,177.1 FTE Australian/New Zealand qualified midwives (those with initial qualification from Australia or New Zealand) and 1,530.1 FTE internationally qualified midwives (those with initial qualification from overseas).
- The workforce remains predominantly female, with 22,875 female midwives compared to 204 male midwives.

**Figure 2: Quick facts on midwifery workforce, 2024**

Headcount	FTE	Average weekly hours	Public FTE	Located in major city (headcount)
23,079	14,707.2	24.2	81.0%	71.7%
Average age	Aged 55 or over (headcount)	Female (headcount)	Australia / New Zealand initial specialist qualification (headcount)	First Nations people (headcount)
43.4	26.0%	99.1%	90.8%	1.8%

### Workforce Trends and Distribution

Table 1 provides the midwifery workforce trends, with key highlights as follows:

- The number of midwives increased from 22,494 in 2020 to 23,079 in 2024 reflecting a Compounded Annual Growth Rate (CAGR) of 0.6%. However, the FTE workforce grew at CAGR of 2.1% during the same period, driven by an increase in average hours worked.
- Overall, the average weekly hours worked per week increased from 22.8 in 2020 to 24.2 in 2024, reflecting a CAGR of 1.5%.
- Between 2020 to 2024, the proportion of FTE midwives employed in the public and private sectors remained stable at approximately 81.0% and 19.0% respectively.

<sup>20</sup> For midwives who are dual registered as a midwife and a nurse, only their total midwifery hours (clinical and non-clinical) are included in modelling supply, while their nursing hours are excluded. For more details, please refer to [Midwifery Supply and Demand Model – Methodology Paper](#).

**Table 1: Workforce trends 2020–24**

Year	2020	2021	2022	2023	2024	CAGR (%)
Headcount	22,494	22,540	22,318	22,752	23,079	0.6
Average weekly hours	22.8	23.3	24.0	24.0	24.2	1.5
FTE	13,511.8	13,848.4	14,088.1	14,370.9	14,707.2	2.1
Public FTE %	81.4	80.5	80.2	80.3	81.0	-0.1
Private FTE %	18.6	19.5	19.8	19.7	19.0	0.5

## Demographics

The key highlights from Table 2 shows the following:

- Between 2020 to 2024, the proportion of midwives aged under 30 years has increased from 19.7% to 23.3%.
- In 2020, midwives aged 50-59 contributed the highest FTE, making up 24.4% of the total. By 2024, the highest FTE contribution shifted to midwives aged 30-39, accounting for 25.5% of total.

**Table 2: FTE distribution by age-groups, 2020 and 2024**

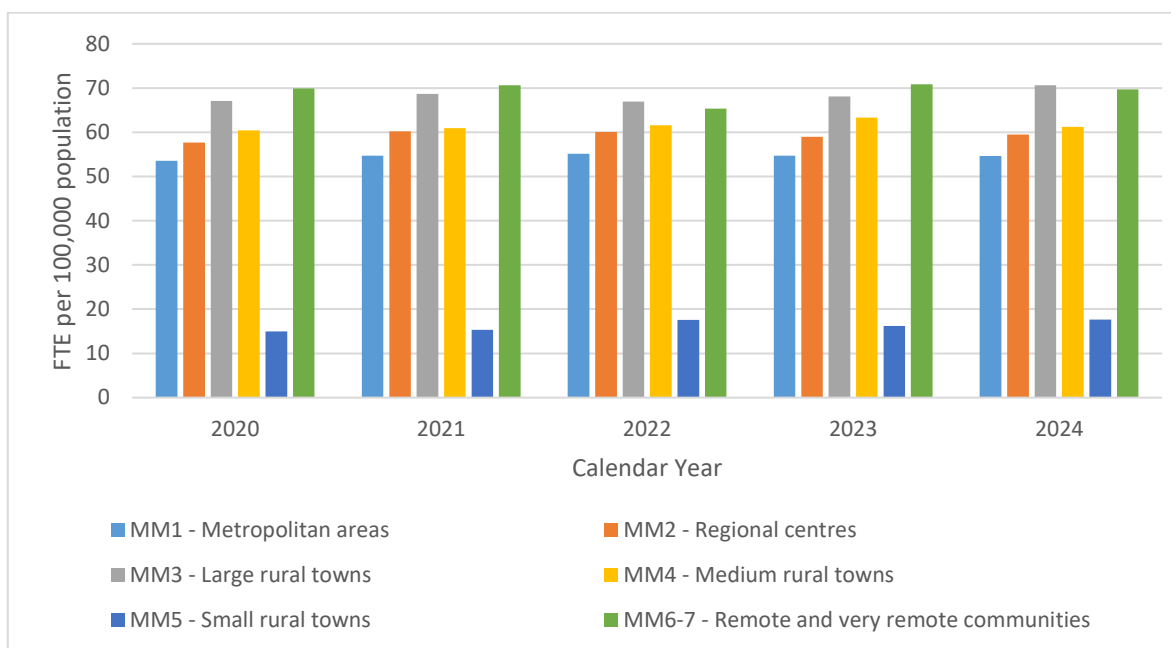
Age group	2020	2024
Under 30	2,656.0 (19.7%)	3,421.2 (23.3%)
30–39	2,934.8 (21.7%)	3,749.1 (25.5%)
40–49	2,696.3 (20.0%)	2,878.7 (19.6%)
50–59	3,292.7 (24.4%)	2,728.6 (18.6%)
60 and over	1,932.1 (14.3%)	1,929.6 (13.1%)
<b>Total</b>	<b>13,511.8 (100%)</b>	<b>14,707.2 (100%)</b>

## Full-Time Equivalent (FTE) midwives by Modified Monash Model (MMM) 2023<sup>21</sup>

In 2024, the FTE midwives per 100,000 population working in metropolitan areas (Monash Modified – Category 1 (MM1)) was 54.6. It was highest at 69.7 in remote communities (MM6-7) and lowest at 17.6 in small rural towns (MM5), see Figure 3.

<sup>21</sup> For description of Monash Modified Model please refer to [Modified Monash Model](#).

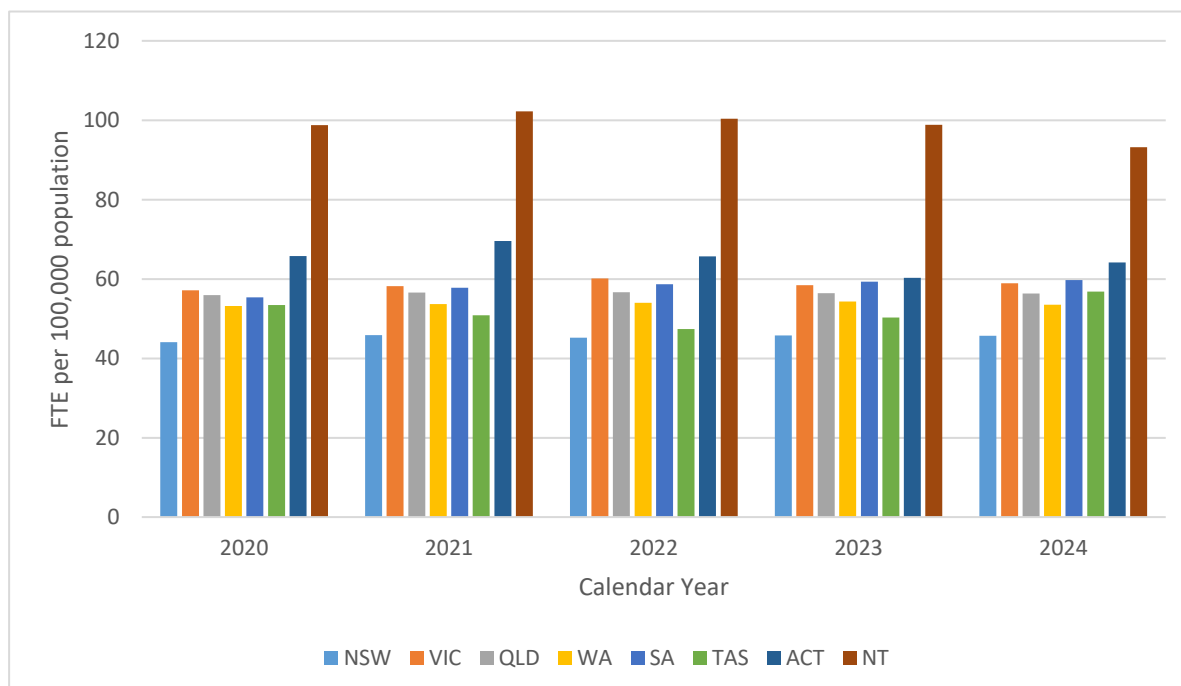
**Figure 3: FTE per 100,000 population by Modified Monash Model (2023), 2020–24**



### Full-Time Equivalent (FTE) midwives by state and territories

In 2024, across jurisdictions, Northern Territory had the highest FTE midwives per 100,000 population at 93.2, while New South Wales had the lowest at 45.7, see Figure 4.

**Figure 4: FTE per 100,000 population by states and territories, 2020–24**



## Registration status

Key highlights from Table 3 shows that between 2014 and 2024:<sup>22</sup>

- Overall, the proportion of midwives who have dual registration (those registered as midwife and nurse) have declined from 88.0% to 70.8%<sup>23</sup>.
- The largest decline in dual registration was observed in the 40–49 age-group, which experienced a 21.3% decline. This was followed by a 16.9% decline in the 50–59 age group and 15.5% decline in the 30–39 age group.

**Table 3: Number of midwives (headcount) by registration type and age-group, 2014 and 2024**

Age-group	Registration type	2014	2024
Under 30	Midwifery	786 (33.1%)	1,765 (40.8%)
	Dual	1,592 (66.9%)	2,560 (59.2%)
	<b>Total</b>	<b>2,378 (100%)</b>	<b>4,325 (100%)</b>
30–39	Midwifery	758 (20.8%)	2,229 (36.3%)
	Dual	2,890 (79.2%)	3,915 (63.7%)
	<b>Total</b>	<b>3,648 (100%)</b>	<b>6,144 (100%)</b>
40–49	Midwifery	740 (13.4%)	1,528 (34.7%)
	Dual	4,780 (86.6%)	2,874 (65.3%)
	<b>Total</b>	<b>5,520 (100%)</b>	<b>4,402 (100%)</b>
50–59	Midwifery	333 (4.0%)	925 (20.9%)
	Dual	7,907 (96.0%)	3,497 (79.1%)
	<b>Total</b>	<b>8,240 (100%)</b>	<b>4,422 (100%)</b>
60 and over	Midwifery	119 (3.9%)	295 (7.8%)
	Dual	2,965 (96.1%)	3,491 (92.2%)
	<b>Total</b>	<b>3,084 (100%)</b>	<b>3,786 (100%)</b>

For more details on midwifery workforce trends, please refer to [Midwifery Supply Profile Dashboard](#).

<sup>22</sup> To better capture key workforce trends, a longer historical period has been used, particularly considering the introduction of direct entry midwifery programs in Australia. These programs were first implemented in Victoria and South Australia in 2001 and later adopted by other states and territories, with NSW following in 2004.

<sup>23</sup> Calculated by summing the number of dual registrants across all age groups in 2014 and 2024 and expressing it as a proportion of the combined total registration for those two years.

## What is supply and demand modelling?

Supply and demand modelling is a tool used to understand how much of something is available (supply) and how much is needed (demand).

Effective health workforce planning is a key instrument for a resilient and sustainable health system. Health workforce modelling provides insights into the current and projected health workforce, having an integral role in workforce planning to ensure the workforce is sufficient and well-positioned.

This midwifery demand and supply study provides valuable insights into the midwifery workforce, helping to identify potential workforce gaps. By quantifying the projected supply and demand of midwives from 2025 to 2038<sup>24</sup>, using data collected from several sources between 2012 and 2024, the study provides important evidence to guide workforce reform and inform policy decisions on regulation, education and midwifery training pipeline.

## Methodology for the midwifery supply and demand model

To enable modelling of the midwifery workforce, a combination of microsimulation and time series regression modelling approaches for supply and demand is used. Microsimulation is a technique for modelling the behaviour of individuals according to predetermined probabilistic rules. Time series regression is a statistical method for predicting future values based on the response history and the influence of relevant predictors.

The microsimulation approach provides maximum flexibility for adapting the model to different populations and unique supply scenarios. This enhances our understanding of the effects of existing policies and helps identify ways to improve them.

For detailed information on the methodology, refer to the [Midwifery Supply and Demand Model – Methodology Paper](#).

## Overview

This study focuses on modelling the supply of and demand for midwives. The study includes registered midwives who are currently working clinical hours in midwifery.

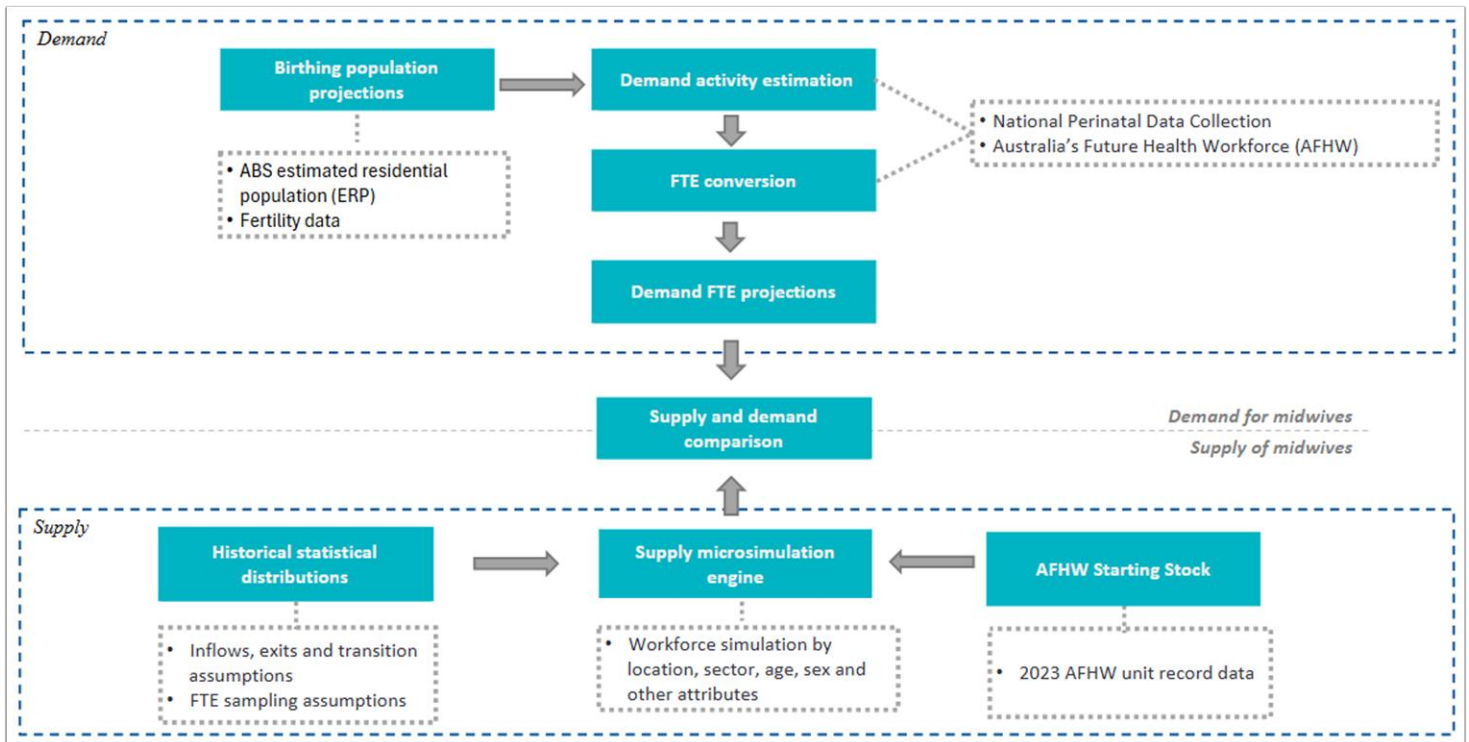
Modelling has been undertaken at the Statistical Area 4 (SA4) geography (where data availability permitted). However, results will be published at State and Territory level, with their aggregation forming the National results.

Figure 5 presents a summary of the process used in modelling midwives.

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<sup>24</sup> The workforce projections have been estimated over a 14-year period, rather than the 25-year horizon used in medical supply and demand studies, due to the relatively shorter training pipeline for midwives.

Figure 5: Overview of the modelling process



## Supply

The supply model uses the Australia's Future Health Workforce (AFHW) data on midwives from 2014 to 2024. To be in scope, midwives must be:

- registered as a midwife or registered as midwife and nurse (registered nurse/enrolled nurse) with Nursing and Midwifery Board of Australia, and
- working in midwifery and/or nursing in Australia, including those on extended leave, and
- working clinical hours in midwifery.<sup>25</sup>

Only midwifery total hours (clinical and non-clinical) are used in modelling supply and nursing hours are excluded.

The supply model uses the microsimulation approach where attributes such as entries and exits to the workforce and midwife FTE are modelled distinctly. The supply methodology begins by identifying the current stock of midwives, analysing their demographic profile and historically observed work patterns. Statistically significant predictors of future midwifery workforce supply (such as age, sex, etc.) are selected, and their historical distributions are measured to allow the development of a microsimulation model.

<sup>25</sup> Clinical hours are defined as hours reported in clinical roles which involve direct patient care. Non-clinical hours are defined as hours reported in non-clinical roles (including teacher, researcher, administrator including managers) that do not involve direct patient care.

## Demand

Demand is measured in terms of observed utilisation of midwifery services which captures expressed (observed) service demand for midwifery services across the whole continuum of care for women from pregnancy and childbirth through to postnatal care using the National Perinatal Data Collection.<sup>26</sup>

The method utilises the number of actual births which are projected based upon the Australian Bureau of Statistics (ABS) Population Projections of women aged 15-49 years and fertility rates. It also incorporates antenatal and postnatal care to cover the full breadth of midwifery care. Figure 6 shows the continuity of care for midwifery.

**Figure 6: Continuum of care**



Historical patterns of utilisation of full continuum of midwifery care from 2012 to 2022 are examined and used to estimate the future demand for midwives. The baseline demand is projected assuming the supply of midwives meets the demand in the base year, 2023.

The following key variables from that National Perinatal Data Collection are used to capture midwifery demand:

1. **Antenatal care:** Women who gave birth by number of antenatal visits and SA4 of mother's usual residence.
2. **Intrapartum care:** Data on number of births by maternal age and SA4 of mother's usual residence.
3. **Postnatal care:** Women who gave birth in hospital by length of postnatal stay and SA4 of mother's usual residence.

The demand projections for the 3 components are combined as a weighted sum to obtain the total midwifery demand. The weights used are: **33%** for antenatal care, **38%** for intrapartum care and **29%** for postnatal care.<sup>27</sup>

This weighting was determined based on feedback from stakeholders during consultations for the previous *Australia's Future Health Workforce Report – Midwives 2019*<sup>28</sup> and has been agreed for use in this study by the states and territories.

<sup>26</sup> Australian Institute of Health and Welfare, 2024, [Australia's mothers and babies, Data source: National Perinatal Data Collection](#), accessed 21 January 2025.

<sup>27</sup> Please refer to the [Midwifery Supply and Demand Model – Methodology Paper](#) for more details on the demand methodology.

<sup>28</sup> Department of Health, Disability and Ageing, 2019, [Midwives – Australia's Future Health Workforce report](#), accessed 21 January 2025.

To compare demand to supply and identify the workforce gap, demand activity projections are converted to FTE midwives by comparing the demand values against the supply FTE from AFHW<sup>29</sup> dataset for a specified reference year (2024). Specifically, the base year supply FTE is divided by the base year demand activity to yield an FTE-to-activity ratio, which is then multiplied by the demand projections for each forecast year.

## Limitations

- The primary source of supply modelling data, the AFHW, is a longitudinal survey of health practitioners. The survey has 3 notable limitations:
  1. all supply FTE/hours are self-reported and therefore subject to measurement errors, response bias, and potential inaccuracies due to memory recall and misinterpretation of questions.
  2. the survey only captures the primary work location of health practitioners, and
  3. health practitioners without general registration, such as provisional registrants, do not complete the survey, so most of their data must be imputed.
- The model does not account for different models of care for midwifery. It is assumed that all antenatal, intrapartum and postnatal care is provided by midwives working within a care model that may occur in the women's home, birth centre or hospital setting (public or private).
- Any changes to models of care and technological improvements in the projection period that may affect workforce FTE in providing midwifery services is not considered.
- The data on postnatal care does not capture the postnatal care that is provided in addition to the postnatal stay in the hospital after birth.
- The model uses aggregate level weighting for the three components of demand which means that the study does not explicitly account for complexity of births in measuring demand.
- The model does not capture the unmet demand for midwifery services due to accessibility issues.

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<sup>29</sup> The AFHW datasets are created from the National Health Workforce Datasets (NHWDS) for modelling purposes. A sequence of rules (supply criteria) is applied to each NHWDS to determine which practitioners meet the definition of supply for each profession (and sub-groups where applicable). The headcount and workload of these practitioners, along with other variables required for modelling, are included, derived or imputed in the AFHW datasets.

## Key findings and insights

The main outputs of the midwifery model are projections of the number (headcount) and FTE midwives. Based on these, the model produces one supply estimate and baseline demand estimate.

### What is baseline demand?

Baseline demand is the number of midwives that are needed to meet the current and future demand for midwifery services based on observed utilisation and assuming the supply of midwives is equal to demand in the base year (2024).

### National projections

While both supply of and demand for midwives are estimated to increase in the future, the workforce is expected to experience a shortage throughout the projection period.

The midwifery model projections at national level (Table 4 and Figure 7) show that:

- The supply of midwives is expected to increase from 14,634.3 FTE in 2025 to 16,103.1 FTE by 2038. In terms of headcount, this corresponds to a total of 23,109 midwives in 2025 and 25,147 in 2038.
- The demand for midwives is estimated to increase from 14,933.1 FTE in 2025 to 16,723.1 FTE by 2038. In terms of headcount, this corresponds to a total of 23,595 midwives in 2025 and 26,147 in 2038.
- Throughout the projection period, midwives are expected to be in shortage.
  - The estimates indicate a current shortfall of 298.8 FTE (2.0%) in 2025. The total shortfall is estimated to be 620.0 FTE (3.9%) by 2038.
  - In terms of headcount, the estimates indicate a shortfall of 487 midwives in 2025, increasing to a shortfall of 1,000 midwives by 2038.

The supply projections at national level show that:

- The national average FTE per midwife is projected to remain at 0.64 throughout the projection period<sup>30</sup>.
- The total entry rate declines slightly throughout the projection period – total entry rate including re-entries declines from 14.7% of total supply (headcount) in 2025 to 13.8% in 2038.
- The total exit rate including temporary exits is projected to decline from 14.5% of total supply (headcount) in 2025 to 12.9% by 2038. Throughout the projection period, exit

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<sup>30</sup> Average FTE per midwife is calculated by dividing the total FTE by the total headcount of midwife in a given year (i.e. Average FTE = Total FTE ÷ Total headcount).

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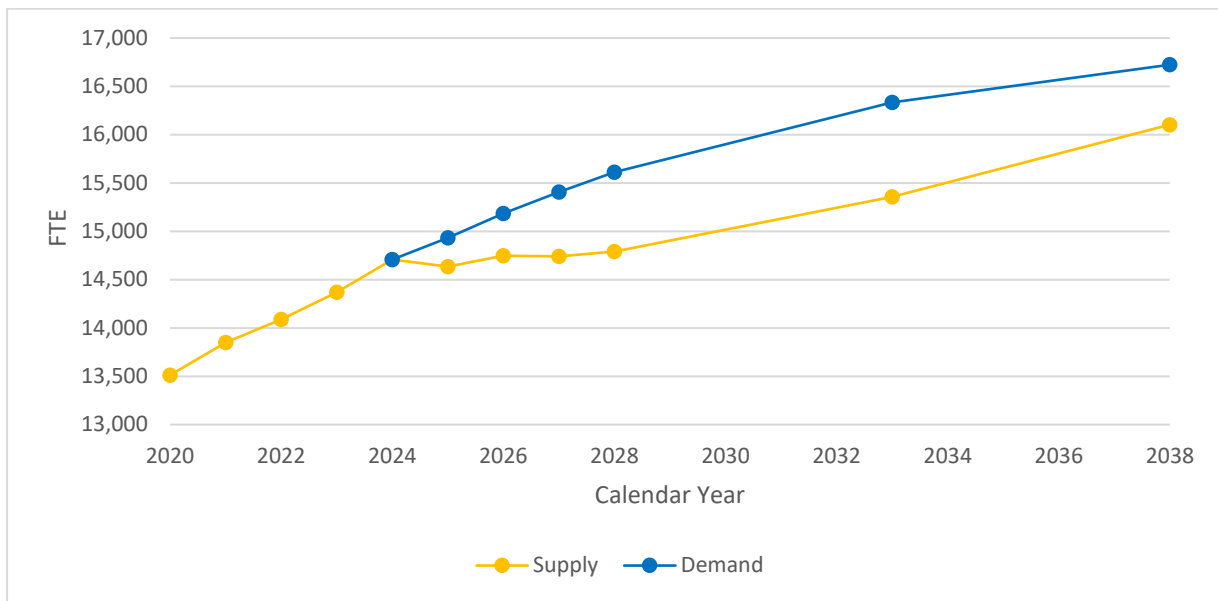
rates are expected to remain slightly lower than entry rates. While this trend indicates a modest improvement, the rate of exits remains relatively high, highlighting ongoing challenges in workforce retention for the midwifery profession.

- The number of new entries (headcount) into the midwifery workforce is assumed to remain steady at 1,668 over the projection period, comprising 1,543 domestic graduates and 125 internationally qualified midwives. This assumption is based on the average number of new entries between 2020 and 2024 in the AFHW dataset.

**Table 4: National Projections, selected years 2025–38**

	2025	2026	2027	2028	2029	2033	2038
<b>Full-time equivalent (FTE)</b>							
Supply	14,634.3	14,748.0	14,739.2	14,789.1	14,856.8	15,358.1	16,103.1
Entries	2,264.4	2,263.7	2,211.7	2,227.7	2,206.2	2,268.2	2,323.5
New Entries	1,219.1	1,228.2	1,227.9	1,215.8	1,220.8	1,224.0	1,221.9
Re-entries	1,045.3	1,035.5	983.8	1,011.9	985.4	1,044.2	1,101.6
Exits	2,005.2	1,987.7	1,952.1	1,945.7	1,940.6	1,930.1	1,993.8
Permanent Exits	974.8	934.5	934.7	907.9	881.0	839.3	841.5
Temporary Exits	1,030.4	1,053.2	1,017.3	1,037.7	1,059.6	1,090.8	1,152.3
Demand	14,933.1	15,185.7	15,405.8	15,611.5	15,801.5	16,335.1	16,723.1
Surplus / Shortfall	-298.8	-437.7	-666.6	-822.5	-944.7	-977.1	-620.0
<b>Headcount</b>							
Supply	23,109	23,152	23,133	23,225	23,299	24,015	25,147
Entries	3,404	3,391	3,278	3,343	3,296	3,374	3,460
New Entries	1,668	1,668	1,668	1,668	1,668	1,668	1,668
Re-entries	1,736	1,723	1,610	1,675	1,628	1,706	1,792
Exits	3,348	3,297	3,251	3,223	3,193	3,148	3,242
Permanent Exits	1,692	1,622	1,624	1,555	1,510	1,416	1,401
Temporary Exits	1,656	1,675	1,626	1,668	1,683	1,732	1,841
Demand	23,595	23,862	24,203	24,533	24,798	25,553	26,147
Surplus / Shortfall	-487	-710	-1,070	-1,308	-1,499	-1,538	-1,000

**Figure 7: FTE Midwives: National supply versus demand, 2020–38**



### Age profile of midwives

- The under 30 age group is expected to keep providing the highest average FTE (0.78) throughout the projection period.
- The proportion of midwives aged 30–39 and 40–49 is expected to grow significantly throughout the projection period, while the proportion of midwives aged 60 and over is expected to decline.
- The average FTE is expected to remain steady across all age-groups.

**Table 5: Age profile of midwives, 2025 and 2038**

Age groups	2025			2038		
	Headcount	FTE	Average FTE	Headcount	FTE	Average FTE
Under 30	4,426 (19.2%)	3,441.5 (23.5%)	0.78	4,460 (17.7%)	3,459.4 (21.5%)	0.78
30–39	6,404 (27.7%)	3,893.8 (26.6%)	0.61	8,222 (32.7%)	5,008.2 (31.1%)	0.61
40–49	4,508 (19.5%)	2,902.8 (19.8%)	0.64	6,775 (26.9%)	4,324.7 (26.9%)	0.64
50–59	4,174 (18.1%)	2,544.8 (17.4%)	0.61	3,870 (15.4%)	2,364.1 (14.7%)	0.61
Over 60	3,596 (15.6%)	1,851.4 (12.7%)	0.51	1,821 (7.2%)	946.7 (5.9%)	0.52
<b>Total</b>	<b>23,109 (100%)</b>	<b>14,634.3 (100%)</b>	<b>0.64</b>	<b>25,147 (100%)</b>	<b>16,103.1 (100%)</b>	<b>0.64</b>

## Projected workforce outcomes under alternative scenarios

### Scenario 1: Higher exit rate scenario

#### Supply Scenario: Double permanent exits for midwives aged 60 and over, from 2028 onwards

During consultations, stakeholders raised concerns about high attrition rates in the midwifery workforce. This scenario examines the impact on workforce projections if the rate of permanent exits among midwives aged 60 and over doubles from 2028 onwards.

The findings (Table 6) reveal that by 2029, this change would lead to 652 fewer midwives compared to the baseline results (Table 4), equivalent to a reduction of 310.2 FTE. The gap between this reduced supply and the baseline continues to grow, reaching 1,080 midwives in 2033 before narrowing slightly to 934 by 2038.<sup>31</sup>

Under this scenario, the projected workforce shortage increases from 944.7 FTE (baseline) to 1,254.9 FTE in 2029, and from 462.2 FTE (baseline) to 1,076.1 FTE in 2038.

**Table 6: National Projections - Higher exit rates scenario, selected years 2028–38**

	2028	2029	2030	2031	2032	2033	2038
<b>Full-time equivalent (FTE)</b>							
Supply	14,789.1	14,546.6	14,536.9	14,586.8	14,682.2	14,842.3	15,647.0
Demand	15,611.5	15,801.5	15,978.2	16,119.5	16,239.2	16,335.1	16,723.1
Surplus / Shortfall	-822.5	-1,254.9	-1,441.3	-1,532.6	-1,556.9	-1,492.8	-1,076.1
<b>Headcount</b>							
Supply	23,225	22,647	22,540	22,577	22,726	22,935	24,213
Demand	24,533	24,615	24,789	24,986	25,152	25,253	25,890
Surplus / Shortfall	-1,308	-1,968	-2,250	-2,409	-2,426	-2,318	-1,677

<sup>31</sup> The drop in supply of midwives under the scenario is calculated as *supply (headcount/FTE) under baseline in year t – supply under scenario in year t*

## Scenario 2: High population growth

### Demand scenario: Assuming high population growth

The ABS generates 3 population projection series: high, medium and low - each based on varying assumptions about fertility rates, population size and age structure, migration and mortality.

The baseline demand estimates are based on the medium population series. Under this scenario, the highest projected population outcomes are typically drawn from the high series. However, for Western Australia and Northern Territory, the low series unexpectedly produces the highest projected populations.

As shown in Table 7, higher population growth amplifies the projected workforce shortage. In 2025, the shortfall rises from 298.8 FTE under the baseline to 344.2 FTE, and by 2038, it increases from 620.0 FTE to 1,319.4 FTE.

**Table 7: National Projections – High population growth scenario, selected years 2025–38**

	2025	2026	2027	2028	2029	2033	2038
<b>Full-time equivalent (FTE)</b>							
Supply	14,634.3	14,748.0	14,739.2	14,789.1	14,856.8	15,358.1	16,103.1
Demand	14,978.4	15,272.3	15,533.4	15,787.5	16,023.6	16,753.9	17,422.5
Surplus / Shortfall	-344.2	-524.3	-794.2	-998.4	-1,166.8	-1,395.8	-1,319.4
<b>Headcount</b>							
Supply	23,109	23,152	23,133	23,225	23,299	24,015	25,147
Demand	23,668	24,000	24,406	24,814	25,152	26,217	27,253
Surplus / Shortfall	-559	-848	-1,273	-1,589	-1,853	-2,202	-2,106

## State and Territory Projections

Throughout the projection period (2024 to 2038), all states and territories are expected to face midwifery workforce shortages. By 2038, NT is projected to have the highest proportional shortfall at 12.7% (FTE), followed by SA at 9.0%.

Table 8 presents a summary of midwifery workforce projections across states and territories. In all jurisdictions except the ACT, the estimated demand indicates a shortfall that peaks around 2032–33 before declining by 2038, primarily due to declining birth and fertility rates.

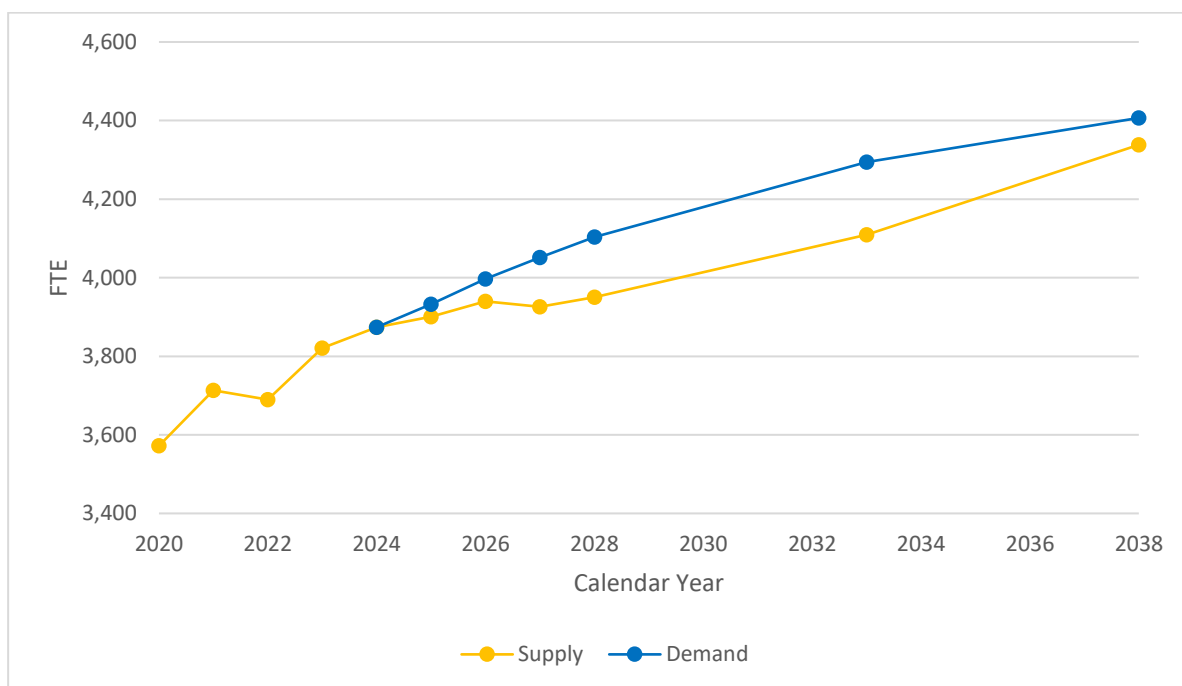
**Table 8: Summary of State-level projections - Projected under/oversupply of FTE midwives and % under/oversupply, 2025, 2033 and 2038**

State/Territory	Workforce surplus / <b>shortfall</b> (FTE)		
	2025	2033	2038
<b>NSW</b>	-32.0 (-0.8%)	-184.7 (-4.5%)	-68.4 (-1.6%)
<b>VIC</b>	-46.7 (-1.1%)	-225.0 (-5.0%)	-144.0 (-3.0%)
<b>QLD</b>	-71.9 (-2.3%)	-276.1 (-8.6%)	-226.4 (-6.8%)
<b>SA</b>	-61.5 (-5.7%)	-119.6 (-11.1%)	-98.5 (-9.0%)
<b>WA</b>	-34.7 (-2.2%)	-75.3 (-4.6%)	-18.7 (-1.1%)
<b>TAS</b>	-25.7 (-8.5%)	-37.0 (-12.3%)	-17.8 (-5.6%)
<b>ACT</b>	-8.9 (-3.0%)	-18.2 (-5.8%)	-19.6 (-6.1%)
<b>NT</b>	-17.3 (-7.8%)	-41.3 (-20.5%)	-26.5 (-12.7%)
<b>National</b>	<b>-298.8 (-2.0%)</b>	<b>-977.1 (-6.4%)</b>	<b>-620.0 (-3.9%)</b>

### New South Wales (NSW)

- The supply of midwives in NSW is expected to increase from 3,900.3 FTE in 2025 to 4,338.2 FTE in 2038, see Figure 8.
- The demand estimates indicate NSW currently has a shortfall of 32.0 FTE in 2025, with the shortage expected to reach 184.7 FTE in 2033. By 2038, the total undersupply is estimated to be 68.4 FTE.

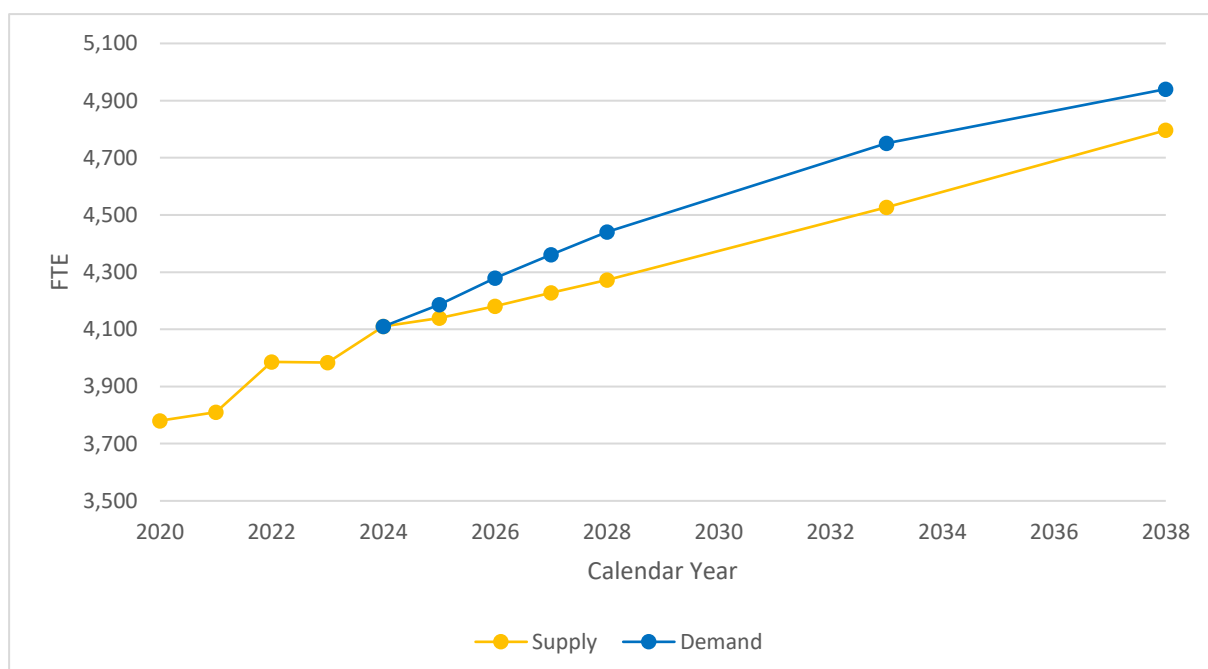
**Figure 8: FTE Midwives: NSW supply versus demand, 2020–38**



Victoria (VIC)

- The supply of midwives in VIC is expected to increase from 4,139.3 FTE in 2025 to 4,796.3 FTE in 2038, see Figure 9.
- The demand estimates indicate VIC currently has a shortfall of 46.7 FTE in 2025, with the shortage expected to reach 225.0 FTE in 2033. By 2038, the total undersupply is estimated to be 144.0 FTE.

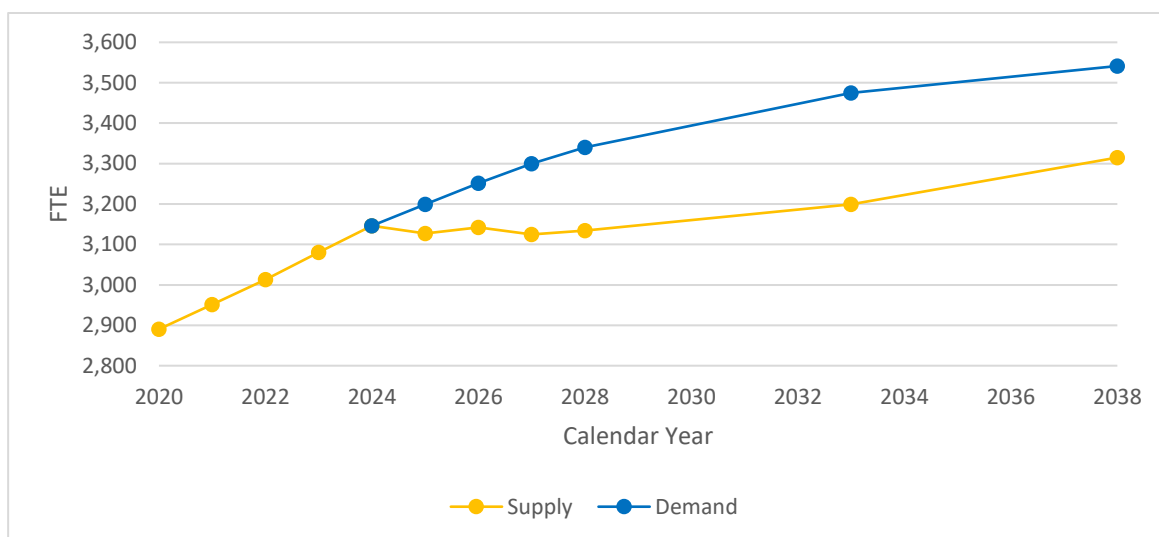
**Figure 9: FTE Midwives: VIC supply versus demand, 2020–38**



### Queensland (QLD)

- The supply of midwives in QLD is expected to increase from 3,127.4 FTE in 2025 to 3,315.0 FTE in 2038, see Figure 10.
- The demand estimates indicate QLD currently has a shortfall of 71.9 FTE in 2025, with the shortage expected to reach 276.1 FTE in 2033. By 2038, the total undersupply is estimated to be 226.4 FTE.

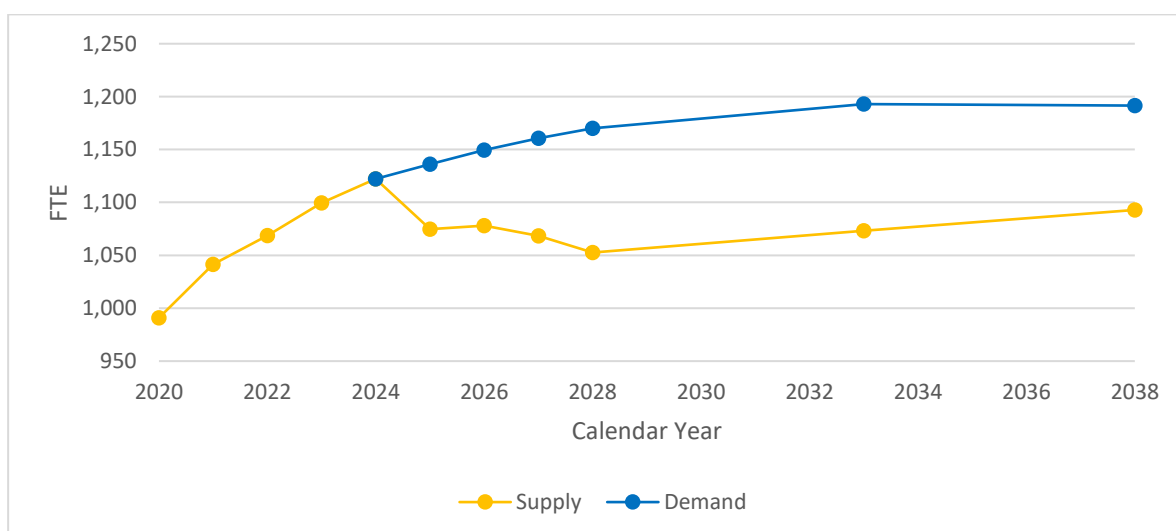
**Figure 10: FTE Midwives: QLD supply versus demand, 2020–38**



### South Australia (SA)

- The supply of midwives in SA is expected to increase slightly from 1,074.6 FTE in 2025 to 1,093.0 FTE by 2038, see Figure 12.
- The demand estimates indicate SA currently has a shortfall of 61.5 FTE in 2025, with the shortage expected to reach 119.6 FTE in 2033. By 2038, the total undersupply is estimated to decrease to 98.5 FTE.

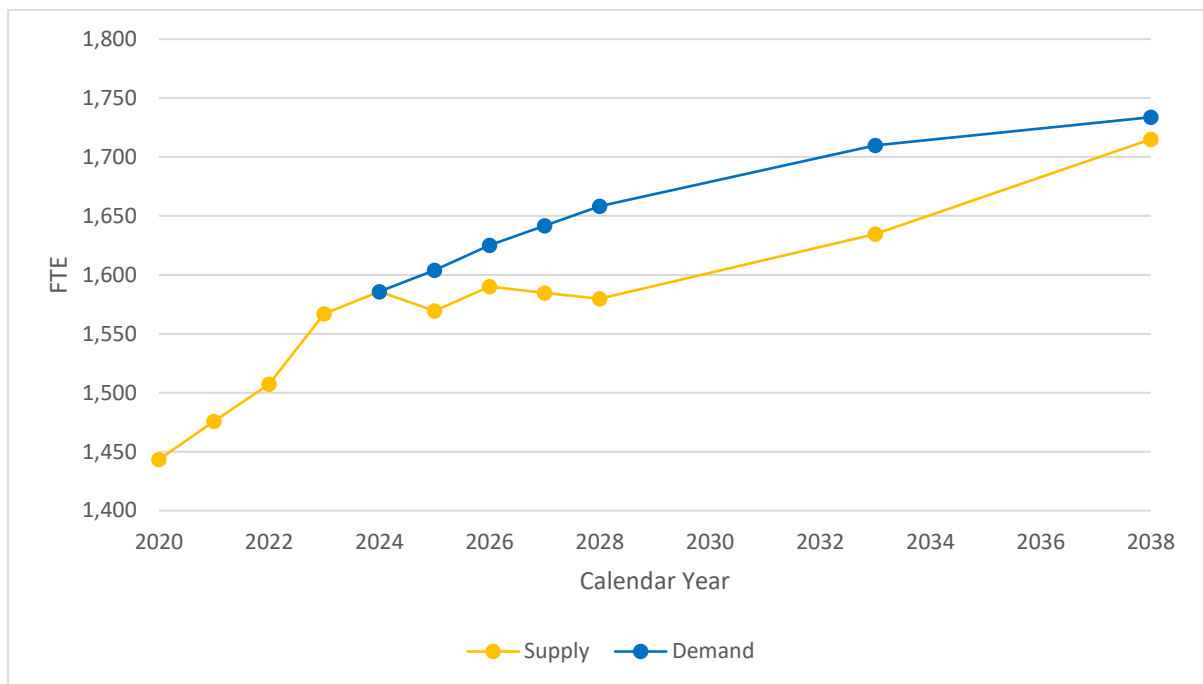
**Figure 12: FTE Midwives: SA supply versus demand, 2020–38**



### Western Australia (WA)

- The supply of midwives in WA is expected to increase from 1,569.3 FTE in 2025 to 1,715.0 FTE in 2038, see Figure 11.
- The demand estimates indicate WA currently has a shortfall of 34.7 FTE in 2025, with the shortage expected to reach 75.3 FTE in 2033. By 2038, the total undersupply is estimated to decrease to 18.7 FTE.

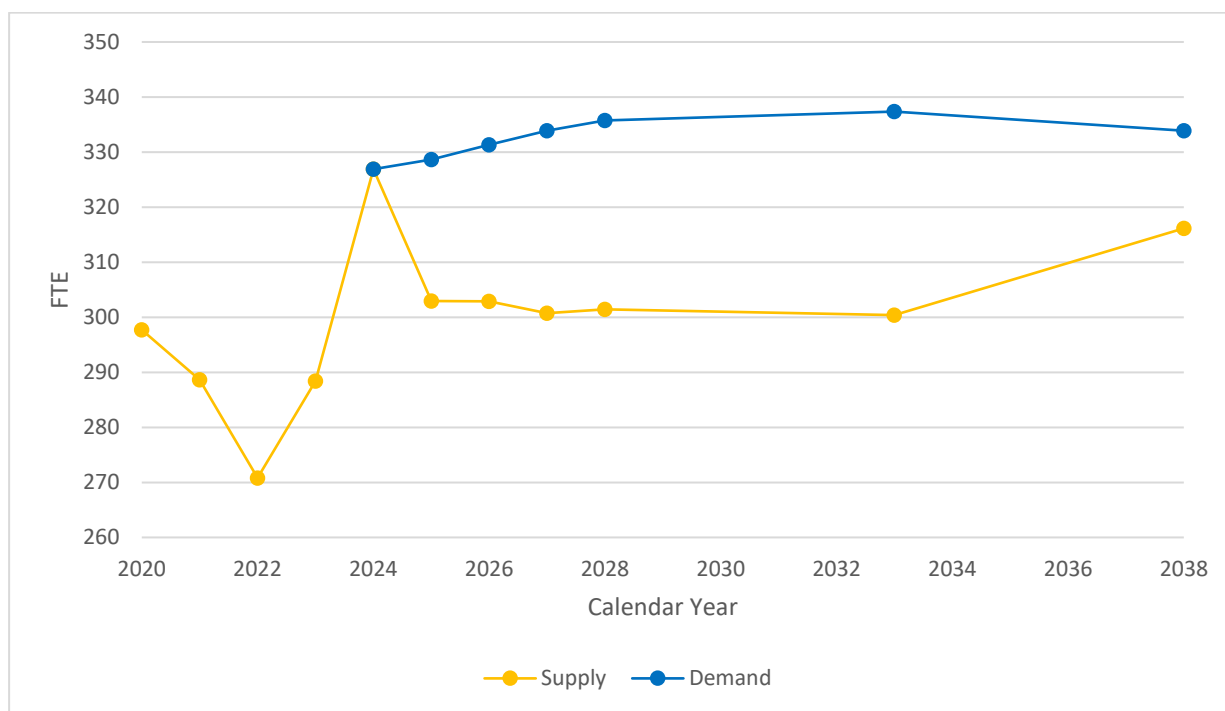
**Figure 11: FTE Midwives: WA supply versus demand, 2020–38**



### Tasmania (TAS)

- The supply of midwives in TAS is expected to increase from 302.9 FTE in 2025 to 316.1 FTE in 2038, see Figure 13.
- The demand estimates indicate TAS currently has a shortfall of 25.7 FTE in 2025, with the shortage expected to reach 37.0 FTE in 2033. By 2038, the total undersupply is estimated to decrease to 17.8 FTE.

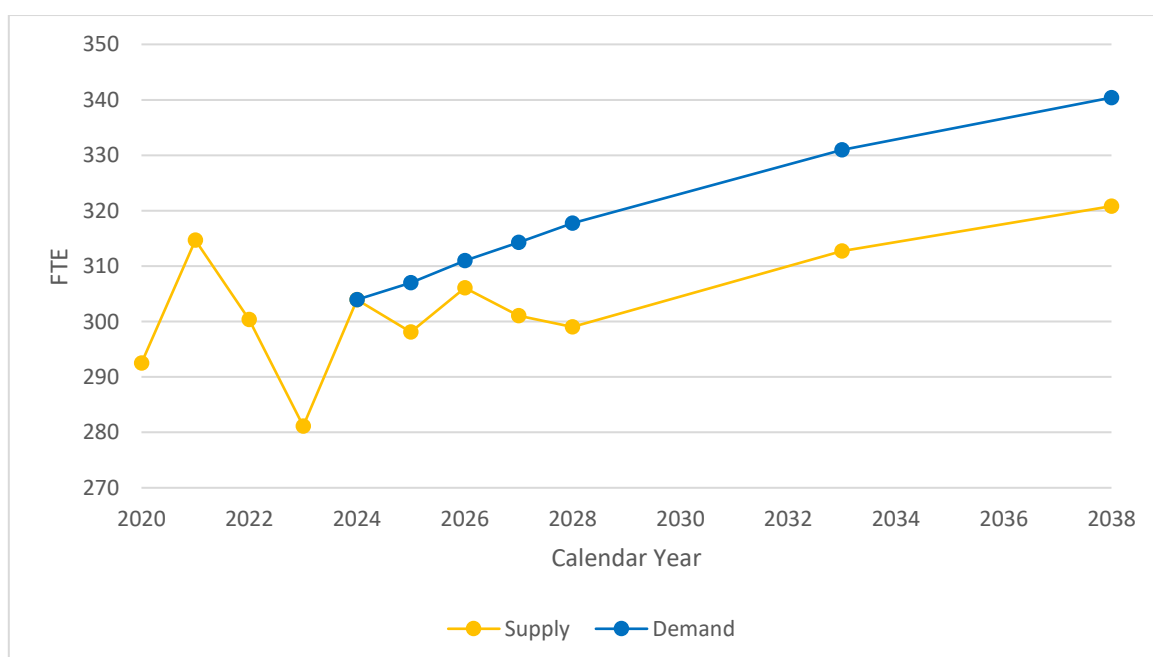
Figure 13: FTE Midwives: TAS supply versus demand, 2020–38



### Australian Capital Territory (ACT)

- The supply of midwives in the ACT is expected to increase from 298.1 FTE in 2025 to 320.8 FTE in 2038, see Figure 14.
- The demand estimates indicate the ACT currently has a shortfall of 8.9 FTE in 2025, with shortage expected to reach 18.2 FTE by 2033. The shortage is expected to reach 19.6 FTE by 2038.

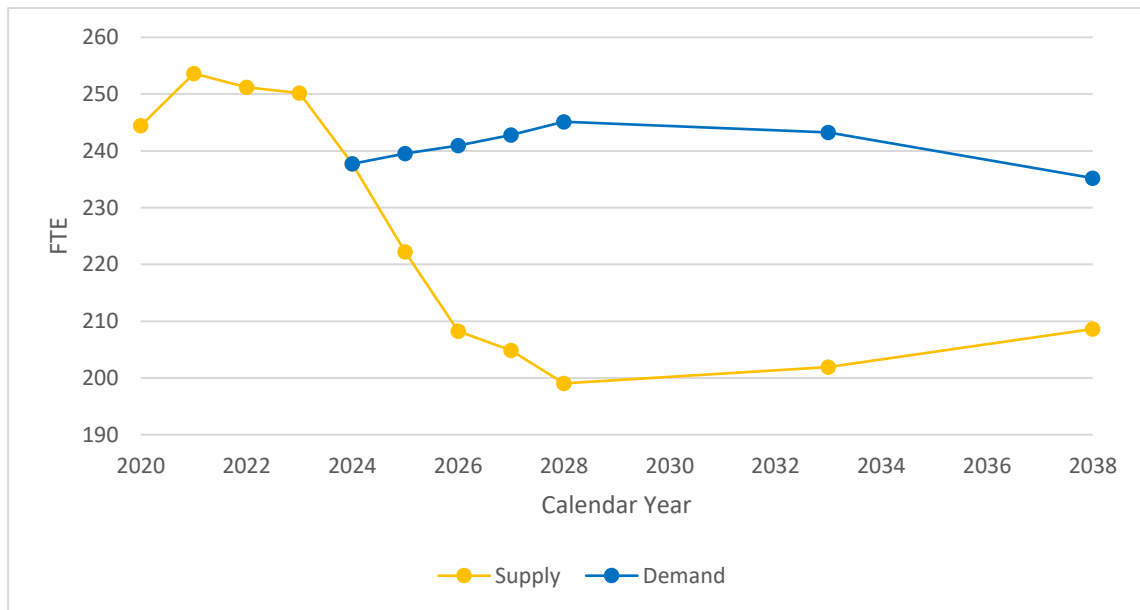
Figure 14: FTE Midwives: ACT supply versus demand, 2020–38



### Northern Territory (NT)

- The supply of midwives in the NT is expected to decrease from 222.2 FTE in 2025 to 208.7 FTE in 2038, see Figure 15.
- The demand estimates indicate that the NT currently has shortfall of 17.3 FTE in 2025, with the shortage expected to reach 41.3 FTE in 2033. The shortage is expected to ease by 2038, decreasing to 26.5 FTE.

**Figure 15: FTE Midwives: NT supply versus demand, 2020–38**



## What do the results indicate?

The midwifery model projections suggest that the demand for midwifery services will outpace workforce supply over the next coming decade, resulting in a projected shortfall.

This study presents long-term projections of midwife supply and demand, indicating that Australia is likely to face a midwifery workforce shortage over the next coming decade. The demand projections (FTE) suggest a shortage of approximately 2.0% in 2025, with the gap expected to reach 6.4% by 2033 before gradually declining to 3.9% by 2038. These projections reflect the anticipated decline in fertility rates,<sup>32</sup> with average number of births per women per year expected to decline from 0.023 in 2023 to 0.021 by 2038.

A significant shift in workforce demographics is expected throughout the projection period. The proportion of younger midwives is expected to grow, with the 30–39 age group expected to continue to contribute the largest share of FTE, increasing from 26.6% in 2025 to 31.1% by 2038. The FTE contribution from 40–49 age group is also expected to rise from 19.8% in 2025 to 26.9% by 2038. Conversely, the proportion of FTE from midwives aged 50–59 is projected to decline from 17.4% to 14.7% and for those aged 60 and older, from 12.7% to 5.9% over the projection period, see Table 5.

Further analysis conducted by the team using historical data (2018–22), indicates that the 50–59 age group has the highest rate of exits from the midwifery workforce due to transitions into nursing roles, compared to other age cohorts. This group also has the second highest exit rate due to retirement or other reasons, following only the 60 and over age group. These trends explain the predicted decline in the midwifery workforce within the 50–59 age group and foreshadow a further decline among those aged 60 and over.

Retention remains a significant challenge in midwifery - a profession characterised by significant physical and emotional demands, and high levels of burnout and stress. These factors contribute to ongoing workforce attrition.<sup>33</sup> Projections indicate that the total entry rate will decline from 14.7% in 2025 to 13.8% by 2038, while the total exit rate, though expected to decrease from 14.5% in 2025 to 12.9% by 2038, is projected to remain around 13.0% for most of the projection period.

The *2024 Midwifery Futures Report* suggests a slight excess in workforce numbers through 2030 under the baseline scenario. However, it also highlights retention concerns, with one-third of surveyed midwives considering leaving the profession well before retirement.<sup>34, 35</sup>

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<sup>32</sup> Australian Bureau of Statistics, October 2024, [Birth rate continues to decline](#), ABS website, accessed 4 February 2025.

<sup>33</sup> Council of Deans of Nursing and Midwifery (ANZ), 2023, [The future of the midwifery workforce in Australia: Position paper](#), accessed 4 February 2025.

<sup>34</sup> Nursing and Midwifery Board, (2024), [Nursing and Midwifery Board of Australia - Midwifery Futures: The Australian Midwifery Workforce Project](#), accessed 3 March 2025.

<sup>35</sup> A key factor contributing to the discrepancy between the baseline results from the Midwifery Futures Report and this study is that not all registered midwives actively practice in the field or provide medical midwifery care. This study focuses solely on midwives currently working in the profession and only includes the hours they dedicate to midwifery.

Midwifery vacancies continue to be a challenge, particularly in smaller maternity units in rural and private settings where midwives are often required to care for general (non-maternity) patients during periods of low midwifery activity. This has led to a preference for recruiting dual-registered midwives, who can support both midwifery and nursing functions. However, maintaining professional obligations in both fields can be particularly challenging for dual registrants working in smaller maternity units with limited resources.<sup>36</sup>

As the number of single-registered midwives in Australia continues to grow (see Table 3) and educational pathways expand in rural areas, there is a need for further investigation into their experiences and contributions within these settings. Gaining a deeper understanding of their role can offer valuable insights to inform recruitment strategies and potentially improve access to maternity care in smaller maternity units.<sup>37</sup>

Addressing midwifery shortages to meet the growing demand for services requires reforms to the training pipeline and targeted initiatives to improve retention and ensure long-term workforce sustainability across various settings. With private maternity units shutting down and the public sector left to absorb the increased demand, the implementation of innovative models of care becomes essential. These models must make effective use of the entire maternity workforce - including midwives, nurses, GP obstetricians, and specialist obstetricians and gynaecologists – to enhance access to maternity care and address persistent workforce challenges.

## Consultations

During development of the midwifery model, the department consulted the following stakeholders:

- Office of the Chief Nurse and Midwifery Officer, Department of Health, Disability and Ageing
- State and Territory Chief Nursing and Midwifery Officer and workforce teams
- Australian Institute of Health and Welfare

## Next steps

This study will be presented to the National Maternity Workforce Strategy (NMWS) Steering Committee and will inform the development of the NMWS 2026–36 and the Women-Centred Care Strategy to help address longer term issues with maternity workforce.

The midwifery model will be updated every two years with latest available data across all data sources.

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<sup>36</sup> Bull, A., Bayes, S., & Geraghty, S. (2023). Single registered midwives contributing care for general patients: a scoping study. *The Australian Journal of Advanced Nursing*, 40(2), 15-22.

<https://search.informit.org/doi/abs/10.3316/informit.105115870084948>, accessed 4 February 2025.

<sup>37</sup> Bull A., Bayes S. Geraghty S., (2023), [Single registered midwives contributing care for general patients: a scoping study](#), Australian Journal of Advanced Nursing, accessed 25 February 2025.

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We welcome stakeholder feedback to support the continuous improvement of the model, enhancing its value as a tool for effective health program delivery and workforce planning.

**If you require further information regarding the midwifery model or the results as published, contact us at [healthworkforcedata@health.gov.au](mailto:healthworkforcedata@health.gov.au).**

[hwd.health.gov.au](http://hwd.health.gov.au)

All information in this publication is correct as at April 2026

