



Midwives

2017 Factsheet

A midwife works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The qualification requirement is a 3 year Bachelor of Nursing and Graduate Diploma of Midwifery or Masters of Midwifery or 3 year Bachelor of Midwifery.

The Workforce

Between 2014 and 2017, the total number of midwives with general or provisional registration decreased by 4.4% from 31,457 to 30,070 (an average annual decrease of 1.5%). The number of employed midwives working in midwifery ('workforce') decreased by 5.1% from 27,773 to 26,369 over the same period (an average annual decrease of 1.7%).

Table 1: Midwives, 2014-2017

	2014	2015	2016	2017
Registered	31,457	30,836	30,333	30,070
Employed	27,773	27,128	26,779	26,375
Employed, working in midwifery	27,773	27,128	26,777	26,369

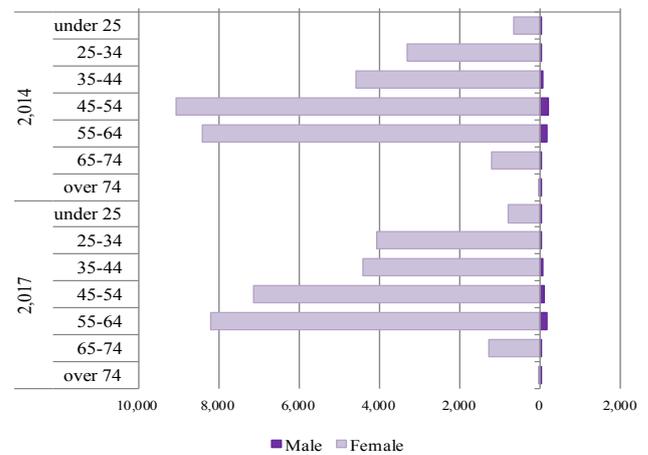
The following analysis of the midwifery 'workforce' is based on the number of employed midwives working in midwifery as indicated by the purple shading in Figure 2 (26,369 in 2017) unless otherwise stated.

Demographics

In 2017, 98.5% of the midwifery workforce were female. Since 2014, the number of male midwives has decreased by 79 and they now comprise 1.5% of the workforce.

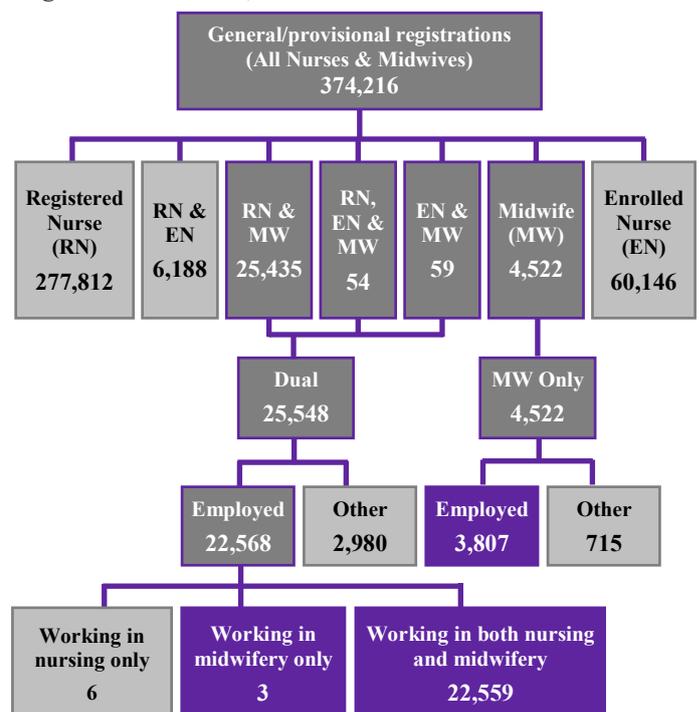
The average age of the workforce has decreased from 48.7 years in 2014 to 48.0 years in 2017. The proportion of midwives under 35 years has grown from 14.4% in 2014 to 18.7% in 2017.

Figure 1: Age and gender distribution, 2014 and 2017



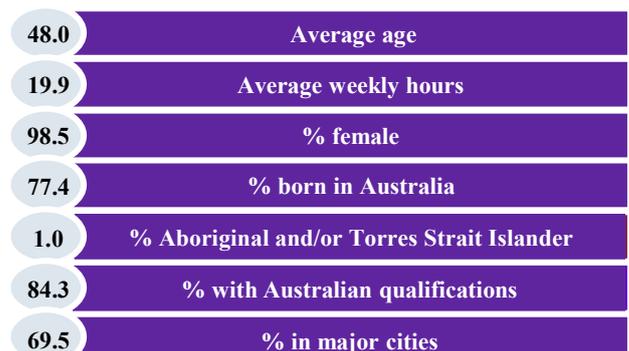
Workforce

Figure 2: Midwives, 2017



Quick facts — 2017

Figure 3: Summary, 2017



Hours worked

Since 2014, the number of average hours worked per week in midwifery (midwifery hours) has increased by 0.1 hours to 19.9 hours in 2017. The majority of these midwifery hours were worked in a clinical role (17.6 clinical midwifery hours per week on average).

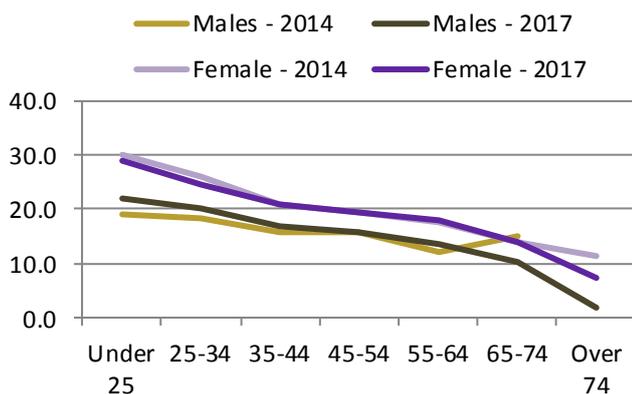
Note: the calculation of average midwifery hours (total, clinical and non clinical) includes dual registrants who are employed in midwifery but had not worked any midwifery hours in the week prior to the survey.

Table 2: Average midwifery hours per week, 2014-2017

Average hours worked	2014	2015	2016	2017
Clinical	17.4	16.9	17.4	17.6
Non-clinical	2.4	2.3	2.2	2.3
Total	19.8	19.1	19.6	19.9

Female midwives worked more hours per week on average than males in 2017 (20.0 hours vs 14.9 hours) and this was the case within all ages groups.

Figure 4: Average hours per week by gender and age group, 2014-2017



Job Role

In 2017, 85.6% of midwives worked as clinicians - a small increase in comparison with 2014 (82.4%).

Table 3: Principal role, 2014 and 2017

Job role	2014	2017
Clinician	22,895	22,561
Administrator	1,311	1,261
Teacher or educator	1,312	1,158
Researcher	417	312
Other	1,837	1,077
Total	27,772	26,369

Note: Not stated/Unknown has been excluded

Principal work sector

In 2017, 76.2% of midwives worked only in the public sector, 21.3% only in the private sector and 2.5% in both. Between 2014 and 2017, the number of Midwives working in the private sector only decreased by 300 while the number working in the public sector only increased by 488.

Table 4: Sector in which clinical hours were worked, 2014 and 2017

Employment sector	2014	2017
Public sector only	16,166	16,654
<i>Proportion (%)</i>	<i>74.5</i>	<i>76.2</i>
Private sector only	4,948	4,648
<i>Proportion (%)</i>	<i>22.8</i>	<i>21.3</i>
Both	593	550
<i>Proportion (%)</i>	<i>2.7</i>	<i>2.5</i>
Non response	6,066	4,517
Total	27,773	26,369

Principal area of practice

In 2017, four principal areas of practice accounted for 73.9% of the midwifery workforce. In 2014, these same 'top four' areas of practice also accounted for 71.6% of the workforce.

In 2016, there was a change to the response options in the principal area of practice question in the survey ('continuum of care' was renamed 'antenatal, intra-partum and post-partum care'). Consequently, there are large changes between 2014 and 2017 in the number of midwives who reported working in the Care during labour and birth area of practice (decreased by 26.8%) and the number working in the Antenatal, intra-partum and post-partum area (increased by 84.5%).

In 2017, midwives whose principal area of practice was Care during labour and birth reported the highest average hours per week (25.1 hours) while those working in 'Other' reported the lowest average hours per week (10.0 hours).

Table 5: Principal area of practice, 2014 and 2017

Principal area of practice	2014		2017		Change
	Head-count	Average Total Hours	Head-count	Average Total Hours	
Antenatal, Intra-partum and Post-partum care	3,602	24.3	6,644	24.2	3,042
Postnatal care	7,658	19.3	6,393	18.2	-1,265
Care during labour and birth	5,195	25.5	3,801	25.1	-1,394
Other	3,444	9.8	2,637	10.0	-807
Antenatal care	2,955	18.1	2,634	17.6	-321
Neonatal care	2,065	19.2	1,614	17.0	-451
Midwifery management	1,265	23.0	1,203	21.6	-62
Midwifery education	1,073	18.3	1,017	19.1	-56
Midwifery research	283	18.2	242	18.5	-41
Policy	233	12.9	184	13.0	-49

Note: Not stated/Unknown has been excluded

Principal work setting

In 2017, 67.4% of midwives worked primarily in a Hospital setting. Community health care services were the next most common setting (9.1%) followed by Other (5.5%). These were also the three most common principal work settings in 2014.

There have been changes to the response options in the principal work setting question in the surveys; 'private midwifery practice' was renamed 'group midwifery practice/caseload' in the survey in 2016, and 'independent private practice' was added to the survey in 2017. Consequently, there are large changes between 2014 and 2017 in the number of midwives who reported working in Other private practice, Group midwifery practice/caseload and Independent private practice settings.

Table 6: Principal work setting, 2014 and 2017

Principal work setting	2014		2017	
	Head-count	Average Total Hours	Head-count	Average Total Hours
Hospital	18,693	22.3	17,764	21.6
FTE Clinical hours - public*	7,919.4		7,342.4	
FTE Clinical hours - private*	2,110.5		1,930.8	
Community health care service	2,778	14.8	2,400	13.9
Other	2,112	8.7	1,447	7.8
Outpatient service	1,295	20.6	1,276	21.0
Group midwifery practice / caseload	373	23.9	858	33.2
Tertiary educational facility	585	19.5	587	19.1
Other government department or agency	493	17.7	514	16.9
General practitioner (GP) practice	496	6.9	436	6.4
Aboriginal health service	398	17.9	370	16.5
Independent private practice	-	-	265	20.4
Specialist (O&G) practice	256	18.6	248	18.7
Other educational facility	161	12.1	97	12.3
Commercial/business service	75	12.6	57	11.8
Correctional service	38	7.5	28	8.7
Defence forces	19	5.8	22	10.0

Note: Not stated/Unknown has been excluded

* The hospital setting FTE has been calculated based on clinical midwifery hours worked in the private or public sector.

Births as Primary Midwife

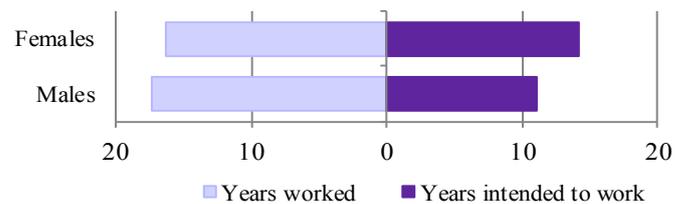
In 2017, 11,967 midwives reported having attended at least one birth as the primary midwife in the previous 12 months in one or more locations;

98.2% attended a birth in a hospital setting, 5.0% attended a birth at a birth centre and 1.9% attended a home birth. In total, 226 midwives reported attending 1,666 home births as the primary midwife.

Working Intentions

In 2017, midwives had worked 16 years in midwifery on average and intended to stay in the workforce for another 14 years. There were gender differences: males reported intending to stay fewer years in the workforce than females (11 years vs 14 years).

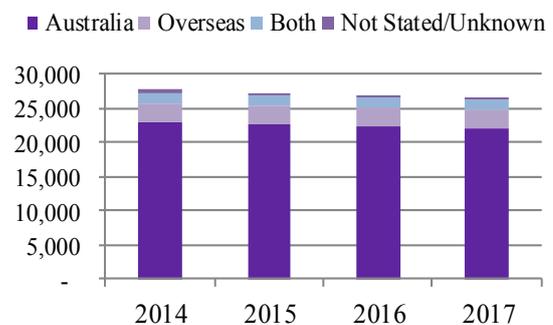
Figure 5: Workforce intentions, 2017.



Initial qualification

The workforce survey asks where midwives obtained their initial qualification. In 2017, 84.3% of midwives obtained their initial qualification(s) in Australia, 10.2% obtained their initial qualification(s) overseas and 4.8% obtained both Australian and overseas qualifications.

Figure 6: Initial qualification, 2014-2017



Distribution

State and territory

In 2017, more than three quarters (75.6%) of the workforce was located in three states: VIC (28.1%), NSW (26.5%) and QLD (21.1%).

In 2017, the highest rate of midwives per 100,000 population were in the NT and ACT, while NSW had the lowest rate. Between 2014 and 2017, SA had the largest rate decrease (17.3) followed by ACT (15.1) and NSW (15.1).

In 2017, midwives in the ACT worked the highest average hours per week (21.4 hours) and those in QLD worked the fewest (19.2 hours).

Table 7: Distribution by state/territory, 2017

State & Territory	Headcount	Total FTE	Average total hours	² Rate per 100K population
NSW	6,972	3,689	20.1	88.7
VIC	7,397	3,864	19.9	117.0
QLD	5,568	2,807	19.2	113.0
SA	2,065	1,066	19.6	119.8
WA	2,752	1,507	20.8	106.9
TAS	546	285	19.8	104.6
ACT	532	300	21.4	129.2
NT	524	287	20.8	211.7
Australia	26,369	13,809	19.9	107.2

Note: Not stated/Unknown has been included in the Australia total.
²ABS - 3218.0 Regional Population Growth, Australia, 2016-2017

Remoteness area

In 2017, 69.5% of midwives worked in Major cities, 18.4% in Inner regional, 8.9% in Outer regional and 3.2% in Remote/Very remote locations.

In 2014, the proportions of the workforce across remoteness areas were very similar, with 69.1% working in Major cities, 18.3% in Inner regional, 9.4% in Outer regional and 3.2% in Remote/Very remote locations.

In 2017, the average hours worked generally decreased with remoteness, from Inner Regional (18.0 hours) to Very Remote areas (14.7 hours).

Table 8: Distribution by remoteness area, 2017

Remoteness Area	Headcount	Total FTE	Average total hours	² Rate per 100K population
Major cities	18,323	10,012	20.8	103.7
Inner regional	4,864	2,299	18.0	110.8
Outer regional	2,339	1,104	17.9	114.2
Remote	492	257	19.8	168.5
Very remote	344	133	14.7	171.5
Australia	26,369	13,809	19.9	107.2

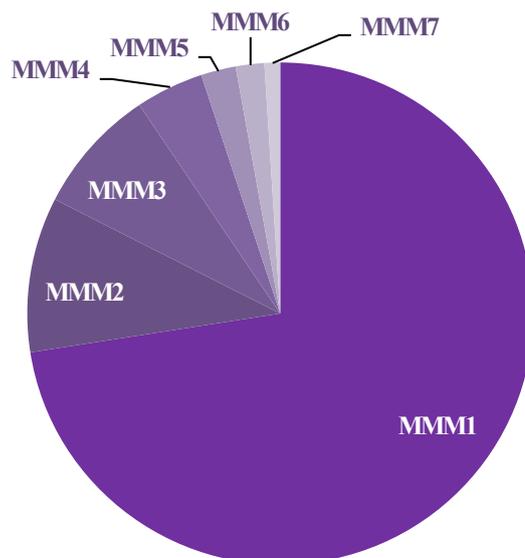
Note: Not stated/Unknown has been included in the Australia total.

Modified Monash Model

In 2017, the majority of FTE Midwives (72.5%) were located in a major city or a location considered as MMM1 under the Modified Monash Model (MMM) classification system, a small decrease from 72.7% in 2014.

Note: See www.doctorconnect.gov.au for more information

Figure 7: FTE Distribution by MMM, 2017



Tele-Health

The workforce survey asks midwives to report their hours practiced via tele-health in midwifery in the previous year. Responses have been combined to provide an average for the workforce.

Note: Tele-health is defined as the use of telecommunication techniques for the purpose of providing telemedicine and education, and health education over a distance.

In 2017, 5.9% (1,565) of the workforce responded to the tele-health question. On average respondents practiced via tele-health 6.4 hours per week.

Remoteness area breakdown for the tele-health refers to the location of the midwife, not the location of the person receiving the service.

Table 9: Tele-health workforce remoteness location, 2017

Major cities	Inner regional	Outer regional	Remote	Very remote
63.7%	17.3%	11.9%	2.7%	4.4%

Note: Not stated/Unknown has been excluded

Note: There are 5 factsheets in this series: 1 Nurses and Midwives, 2 Registered Nurses, 3 Midwives, 4 Enrolled Nurses, 5 Nurse Practitioners.

If a practitioner has a job role or worked hours in more than one profession, they will be counted in each profession's factsheet, but only once in the Nurses and Midwives factsheet. Hence, when the individual factsheets in this series are added together, the total will vary from the Nurses and Midwives factsheet.

Commonwealth of Australia 2018

This work is copyright. You may download, display, print and reproduce the whole or part of this work in unaltered form for your own personal use or, if you are part of an organisation, for internal use within your organisation, but only if you or your organisation do not use the reproduction for any commercial purpose and retain this copyright notice and all disclaimer notices as part of that reproduction. Apart from rights to use as permitted by the Copyright Act 1968 or allowed by this copyright notice, all other rights are reserved and you are not allowed to reproduce the whole or any part of this work in any way (electronic or otherwise) without first being given the specific written permission from the Commonwealth to do so. Requests and inquiries concerning reproduction and rights are to be sent to the Communication Branch, Department of Health, GPO Box 9848, Canberra ACT 2601, or via e-mail to copyright@health.gov.au.

Enquiries concerning this report and its reproduction should be directed to:

Department of Health
GPO Box 9848
Canberra ACT 2601

healthworkforcedata@health.gov.au

References

- 1) Registered and employed workforce data, National Health Workforce Dataset 2014—2017 (<http://hwd.health.gov.au/datasets.html>)
Note: These numbers have changed due to an error in the NHWDS for 2013-2016 and won't match the previous years figures in the 2016 factsheets.
- 2) ABS - 3218.0 Regional Population Growth, Australia (<http://www.abs.gov.au/ausstats/abs@.nsf/mf/3218.0>), released at 11:30 AM (CANBERRA TIME) 31/08/2018