



OECD Health Statistics 2025

Definitions, Sources and Methods

Midwives licensed to practice

Midwives licensed to practice have acquired the requisite education and qualifications to be registered and/or legally licensed to practice midwifery. They include both practising and other (non-practising) midwives.

Inclusion

- Midwifery professionals (ISCO-08 code: 2222) and midwifery associate professionals (ISCO-08 code: 3222)
- Midwives who provide services directly to patients
- Midwives for whom their midwifery education is a prerequisite for the execution of the job
- Midwives for whom their midwifery education is NOT a prerequisite for the execution of the job
- Midwives licensed to practice but who due to various reasons are not economically active (e.g. unemployed or retired)
- Midwives working abroad

Note: The number should be at the end of the calendar year.

Sources and Methods

Australia

Source of data:

- 2013 onwards: **Department of Health** (DoH). NHWDS Nursing and Midwifery Practitioners Data. Data request. Also available at <http://hwd.health.gov.au/>. Data are as at the end of the re-registration period for the profession in the reference year.

Coverage:

- Data regarding midwives licensed to practice include those midwives who are registered with the Nursing and Midwifery Board of Australia (NMBA), in conjunction with the AHPRA, to practice in the midwifery profession.
- Data are based on information from the National Health Workforce Data Set (NHWDS). The NHWDS combines data from the National Registration and Accreditation Scheme (NRAS) with health workforce survey data collected at the time of annual registration renewal. For more information see Appendix A of *Nursing and midwifery workforce 2011* at <http://www.aihw.gov.au/publication-detail/?id=10737422167>.
- From 2013 the NHWDS is held by the Department of Health and the data has minor differences from the previous AIHW holdings due to the method of imputation for survey non-response and enhanced geocoding methods.
- In 2017, the data before 2013 have been removed from the database due to comparison issues.

Austria

Source of data: Austrian professional organisation of midwives.

Reference period: 31st December.

Coverage: Midwifery professionals (ISCO-08 code: 2222).

practising exclusively in their private practice, exclusively in hospitals or both in their private practice and in hospitals, who are not active in gainful employment but are in a valid employment relationship (e.g. maternity leave or parental leave), with part-time working conditions, for whom their midwifery education is not a prerequisite for the execution of the job, licensed to practice but who due to various reasons are not economically active (e.g. unemployed or retired).

Deviation from the definition:

Estimation method:

Break in time series:

Note: There are no midwifery associate professionals (ISCO-08 code: 3222) in Austria.

Belgium

Source of data: 2004-2016 data selected from the Federal database of health care professionals.

- 2004-2020: selection using the PlanKad Midwives (Vroedvrouwen op de arbeidsmarkt, 2004-2020). Linked data of FPS Health, RIZIV/INAMI and Datawarehouse under the supervision of the cell “Planning and offer of healthcare professions” of the FPS Health, Food chain safety and Environment.

Reference period:

Coverage:

- 2004-2014: This number represents all persons who have obtained a diploma as Midwife.
- From 2015 onwards: This number contains all midwives whose latest diploma is that of Midwife.

Deviation from the definition:

Estimation method:

Break in time series: 2015.

Canada

Source of data: Health Workforce Database, **Canadian Institute for Health Information**.

Coverage:

- 1991-2021 data includes active registered midwives, i.e. midwives registered/licensed with provincial/territorial regulatory/licensing authority as qualified to seek employment. However, they may or may not be currently employed.
- The numbers may undercount the number of professionally active midwives in provinces/territories where regulation requiring licensure as a condition of practice is not in place.
- As of 2019, midwifery was regulated in all provinces and territories with the exception of Prince Edward Island and the Yukon.
- Part of the consistent increase in the count of midwives may reflect changes in legislation requiring registration rather than an actual increase in the number of midwives in the workforce.
- In Canada, one is required to be registered with the midwifery regulator in order to practice midwifery. If one is only registered with a nursing regulator, one is not permitted to practice midwifery. As a result, to prevent double-counting, we removed all nurses working full-time as midwives from midwifery counts for all the years.
- Registration type may vary among jurisdictions and from year to year. Comparisons over time should be made with caution.

Break in time series:

- Starting 2001, counts did not include registered nurses working full-time as midwives.
- Starting 2014, new data sources and definitions were used.

Notes:

- 2019 count was unavailable for Nova Scotia. The 2018 count was used as an estimate of the 2019 count for that province.
- 2020 count was unavailable for Northwest Territories. The 2019 count was used as an estimate of the 2020 count for that province.
- 2019 to 2021 data does not include Prince Edward Island and Yukon, as data is not applicable/available. Refer to Health Workforce in Canada, 2017 to 2021: Overview — Methodology Notes. (<https://www.cihi.ca/en/physicians>) for more detailed methodological notes, data quality issues and profession-specific information.

- 2022 count was unavailable for Nova Scotia. The 2021 count was used as an estimate of the 2022 count for that province.

Chile

Source of data: **Ministry of Health** using as original source the National Registry of Individual Health Providers from the **Health Superintendence** (www.superdesalud.cl), which was created by a law-ranking decree of November 2008, progressively installed since 2009, and is henceforth used. Its creation and maintenance are in charge of the Health Superintendence.

- The inscription in the Register has been progressive, and the changes in the figures that can be observed since 2010 are principally due to its progressive extension. The prevision was that this effect remains at least until the end of 2013.

Coverage: Nationwide.

- Data include both public and private sectors' employed midwives.
- The difference between 2010 and 2013 figures of total midwives is due both to the incorporation in the Registry of the new midwives graduates from 2010 to 2013 and to the gradual extension of the Registry. Since 2014, it could be considered that the extensibility of the Registry effect on the tendency is lower than in the previous period.
- Professionals with double grade "nurse-midwife" are counted together with nurses.

Colombia

Data not available.

Costa Rica

Data not available.

Note: Midwifery is not a recognised profession in Costa Rica.

Czechia

Source of data: **National Centre of Nursing and Other Health Professions**; Register of health care workers competent to pursue a health care profession without professional supervision. Since 2017, the certificate was cancelled.

Reference period: 31st December.

Coverage:

- Data refer to midwives competent to pursue a health care profession without professional supervision (number of registered persons with valid registration).
- Data comprise non-practicing midwives and midwives working outside health care system also, unlike to data on practicing midwives.
- As of 1.9.2017, the certificates are not issued, and the validity of previously issued certificates is not extended.
- Data from 2017 are not available yet (data from a new register are still validated for completeness and accuracy).

Deviation from the definition:

Estimation method:

Break in time series: 2016. In 2016, length of registration was changed by actual law. Hence the number of registrations also changed.

Denmark

Source of data: **The Danish Health Data Authority**, Registered Health Professionals, the Danish Register for Evaluation of Marginalisation, The Danish Civil Registration System.

Reference period: 31st December.

Coverage: 1980-2023

Deviation from the definition:

Estimation method:

Break in time series: 2022 change in the data collection

Estonia

Source of data: Registry of licensed health care personnel, **Health Care Board**.

Reference period: January of the following year.

Coverage:

- The number of licensed midwives refers to overall potential, not persons by the last obtained specialty.

Finland

Source of data: **VALVIRA. National Supervisory Authority for Welfare and Health**. Register on Qualified Health Care Personnel.

Reference period: At the end of the calendar year.

Coverage:

Deviation from the definition: Midwives licensed to practice includes all licensed midwives, who are presumed to live in Finland. These include everyone with known permanent residency in Finland and non-Finnish nationals for whom there is no information on residency. – however, many of them work primarily as nurses. As any acquired licenses do not expire, even upon retirement, this data includes only individuals under the age of 65 to better reflect the actually available work force.

Estimation method:

Break in times series: Until 1993, the Finnish data includes only midwives who have the midwife education as their basic education. Since 1994, the data includes specialist nurses with midwife qualifications as well.

France

Data not available.

Germany

Data not available.

Greece

Data not available.

Hungary

Source of data:

- From 2013 until 2014: **Office of Health Care Authorisation and Administrative Procedures** (EEKH in Hungarian) www.eekh.hu, Basic register.
- From 2015 to 2016, **Health Registration and Training Center** (ENKK in Hungarian) www.enkk.hu, Basic register.
- From 2017, **National Healthcare Service Center** (ÁEEK in Hungarian) www.enkk.hu, Basic register.
- From 2021, **National Directorate General for Hospitals** (OKFÖ in Hungarian) www.okfo.gov.hu, Basic register.

Reference period: 31st December.

Coverage: Data source for professionals licenced to practice is the Basic Register, which is a national healthcare qualifications register including the list of all the healthcare professionals holding qualification obtained or recognised in Hungary. So, the basic register includes the healthcare professionals, who provide services directly to patients and also who are economically inactive (e.g. unemployed or retired and who are working abroad).

Deviation from the definition:

Estimation method:

Break in time series:

Note: The data source of midwives licensed to practice is the Basic (Diploma) Register, not the Operational Registry.

The basic register is a national register that includes all professionals having a healthcare qualification obtained in Hungary or obtained abroad and recognised in Hungary, regardless of whether they have a valid operational registration to pursue healthcare activities or not. There are two cases of the deletion from the register: if the professional dies or if the diploma turns out to be false.

Iceland

Source of data:

2016 and onwards: **The Directorate of Health**, Register of Licensed Health Care Professionals.

Until 2015: **The Directorate of Health**, Register of Midwives.

Reference period: 31st December.

Coverage:

- Midwives: 18 months of university education after completion of a nursing degree.
- Includes are all midwives with a license (all ages regardless of employment status, employment location (inside or outside of the country) or nationality).

Deviation from the definition:

Estimation method:

Break in time series: Break in series in 2016 is due to change in data source. The data source is the Register of Licensed Health Care Professionals instead of the Register of Midwives, which no longer exists.

Ireland

Source of data: **Nursing and Midwifery Board of Ireland - An Bord Altranais**

(<https://www.nmbi.ie/Home>).

Reference period: Figures refer to as at end of December.

Coverage:

- Figures refer to the total number of active registered midwives on the Board's register as at end of December of the reference year. A midwife on the register has completed a program of midwifery education and is qualified and authorized to practice midwifery in Ireland. This does not necessarily mean that each midwife is active in the field of midwifery.
- Data contains midwives who have dual nursing registration.
- Data is available only for reference years 2017 and 2019 onwards.

Israel

Source of data: The data are based on the Nurses License Registry maintained by the Nursing Division and the Health Information Division in the **Ministry of Health**, for which the demographic information is periodically updated from the Population Registry at the Ministry of Interior.

Reference period: End of the year.

Coverage: Data are for all licensed midwives. The number of midwives is not included in the number of nurses.

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Source of data:

- Until 2020: **FNOPPO** (National Institute keeping the register of midwives). www.fnopo.it
(<http://www.fnopo.it/>).

- Since 2021: **ISTAT** Integrated Data System on Health Personnel.

Reference period: 31st December.

Coverage: All midwives licensed to practice.

Deviation from the definition: None.

Estimation method: None.

Break in time series: 2021: due to changes in data source.

Japan

Data not available.

Korea

Source of data: **Ministry of Health and Welfare**, Yearbook of Health and Welfare Statistics.

Latvia

Source of data: **Health Inspectorate of Latvia**; Register of Medical Practitioners and Medical Support Staff.

Reference period: 31 December.

Coverage: There has been an improvement in the quality of the Register of Medical Practitioners and Medical Support Staff data in 2018. The data before 2018, not comparable, are not shown.

Deviation from the definition:

Estimation method:

Break in time series:

Lithuania

Source of data:

- Up to 2006: State Health Care Accreditation Agency under the Ministry of Health, Register of licenses.
- Since 2011: **Health Information Centre of Institute of Hygiene**, data is calculated from Compulsory Health Insurance Fund information system (subsystem METAS). Report “Health Statistics of Lithuania” available from <https://www.hi.lt/sveikatos-statistikos-leidiniai/#-lietuvos-sveikatos-statistika> (<http://www.hi.lt/health-statistic-of-lithuania.html>). Available on Official Statistics Portal of Statistics Lithuania <http://osp.stat.gov.lt/en>.

Reference period: 31st December.

Coverage: The number of midwives licensed to practice includes all midwives having valid license at the end of the year.

Deviation from the definition:

Estimation method:

Break in time series:

- 2011: Data source changed.

- 2019: Change of data calculation method: licence expiration date is not checked if licence is treated as valid.

Luxembourg

Source of data: **Ministère de la Santé**. Register of doctors and health professionals.

Reference period: 31st December.

Mexico

Data not available.

Netherlands

Source of data: Data based on **BIG register** (register of (para) medical professions) and **SSB database** (micro-integrated database of **Statistics Netherlands** with data from municipal register, tax register, social security, business register).

Reference period: The last Friday before Christmas.

Coverage:

Deviation from the definition:

Estimation method:

Break in time series:

- 2019: Re-registration effect. Since 2014, midwives, nurses and physiotherapists are obliged to re-register. The requirement is that they have been practising in the past 5 years.
- As of 2014, midwives, nurses and physiotherapists are obliged to re-register. The requirement is that they have been practising in the past 5 years. As a result, the figures are significantly lower than before.

New Zealand

Source of data: **NZ Midwifery Council Workforce Survey**, based on data from the New Zealand Midwifery Council's workforce survey.

Reference period: Data for the 2017 and 2018 survey are for midwives who applied for an annual practising certificate in February and March.

Coverage:

- Head count data.
- There was a change in data collection from 2005 onwards as midwives separated from nurses and created their own professional body who now supply the data.
- Pre-2005 is not comparable as during that period there were nurses practising as midwives and those with midwifery qualifications practising as nurses.
- This indicator comprises of all midwives that were issued with an Annual Practising Certificate regardless of whether they were working in midwifery in New Zealand or not. It does not include those that replied to the workforce survey but were not issued an Annual Practising Certificate.

Break in time series: 2014.

- Data prior to 2014 is based on the number of midwives on the New Zealand midwifery register with a current practicing certificate at the end of the practicing year (31 March), as reported in the Midwifery Council's Annual Reports. From 2014 onwards, data are taken from the NZ Midwifery Council Workforce Survey Report, which is done closer to the end of the calendar year, and thus more in line with the time period covered by the OECD data request (same data source, which is those holding a current midwifery annual practicing certificate).

Norway

Source of data: **Statistics Norway**; Statistics on health-care personnel. Administrative registers. See http://www.ssb.no/hesospers_en/.

Reference period: 3rd week of November.

Coverage: The figures provided cover all registered midwives.

Deviation from the definition:

Estimation method:

Break in time series: 2015.

- As from 2015, the register-based employment statistics will be based on a new data source for employees. Until the end of 2014, the main data source was The Central Register on Employers and Employees (EE register), produced by the Norwegian Labour and Welfare Organisation (NAV). In 2015, this reporting to NAV was coordinated with the reporting of earnings and personnel data to the Tax Administration and Statistics Norway. This common reporting system is called "a-ordningen" (the a-system).

Poland

Source of data: **Ministry of Health**. Register of nurses and midwives of the **Main Polish Chamber of Nurses and Midwives, Statistics Poland**.

Reference period: 31st December.

Coverage: - From 2019 onwards – midwives living in Poland.

Deviation from the definition:

Estimation method:

Break in time series:

Portugal

Data not available.

Slovak Republic

Data not available.

Slovenia

Data not available.

Spain

Source of data: **National Statistics Institute (INE)**, from the **Register of Nurses Council**.

https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176781&menu=ultiDatos&idp=1254735573175.

Reference period: Data as of December 31.

Coverage:

- In Spain, the midwifery educational programme is a specialty of nursing education.
- Data include midwives “licensed to practice” and who are registered in the Nurses Council. The data for nurses with a degree in the speciality of midwifery may be underestimated, as it is not legally obligatory to be registered in this speciality in order to practise it.

Sweden

Source of data: **National Board of Health and Welfare**, LOVA-register.

Reference period: 1st November.

Coverage:

- Non-retired personnel.
- Full coverage for licensed to practise midwives.

Switzerland

Data not available.

Türkiye

Data not available.

United Kingdom

Source of data: **Nursing and Midwifery Council (NMC)**, United Kingdom.

<https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/>.

Reference period: Data as at 30 September every year.

Coverage: Data include all midwives eligible to practice in the UK.

United States

Source of data:

- **American Midwifery Certification Board (AMCB)** <http://www.amcbmidwife.org/>. MCB Annual Reports - <http://www.amcbmidwife.org/about-amcb/annual-reports>. Used with permission of AMCB.
- **North American Registry of Midwives (NARM)** <http://narm.org/>. NARM Annual Reports - <http://narm.org/about-narm/annual-reports/>. Data as for August of each year. Used with permission of NARM.

Coverage:

- Aggregate counts of all certified nurse-midwife (CNM), certified midwife (CM), and certified professional midwives (CPM) by the AMCB, and the NARM.
- All certified midwives for the 50 states and the District of Columbia. Counts include foreign midwives certified to practice in the US.
- Data exclude non-certified midwives (i.e., lay midwife).
- In the US, the term non-certified or unlicensed traditional midwife is used to designate midwife who was educated through informal routes such as self-study or apprenticeship rather than through a formal program. This term does not necessarily mean a low level of education, just that the midwife chose either not to become certified or licensed, or there was no certification available for her type of education (as was the fact before the Certified Professional Midwife (CPM) credential was available). The number of non-certified midwives in the US is nominal.

Deviation from the definition: The count reflects the number of certified midwives not the number of midwives licenses. In the US, the number of licenses can be used as a proxy for the count of licensed midwives. In the US, all midwives are nationally certified (one count) but midwives can have more than one license. Example: Due to states' lines proximity, midwives in the District of Columbia (DC) can have a license to practice in DC, Maryland, and Virginia.

There is a possibility that a small number of midwives in the US possess a double certification (by AMCB and NARM). However, the possibility of a double certification and consequently a double counting is small.

Estimation method: Head counts of nationally certified midwives by AMCB and NARM for August of each respective year.

NON-OECD ECONOMIES

Bulgaria

Data not available.

Croatia

Source of data: Croatian Chamber of Midwives.

Reference period: Status on December 31st.

Cyprus

Source of data:

Public sector: Nursing services of the Ministry of Health, Private Sector: Inspectors of Private Medical Institutions (Ministry of Health).

Annual survey on “Health and Hospital Statistics”.

Same source for all reference years.

Reference period: 31st of December of the reference year.

Coverage: The data covers the Government Controlled Area of the Republic of Cyprus, both Public and Private Sectors.

Deviation from the definition:

In Cyprus, retired midwives usually do not renew their “licence to practice”, since in order to do so, they would need certificates for their participation in seminars, etc. Hence, it has been assumed that the retired midwives are not licensed to practice, so the number of “midwives licensed to practise” is equal to the number of “professionally active midwives”.

Estimation method: Not applicable, actual data are used.

Break in time series: Not applicable.

Romania

Source of data: **Order of Nurses, Midwives and Medical Assistants in Romania.**

Reference period: data as of 31st December.

Coverage: The data cover public and private sector.

Data doesn't include: nurses working most of the time in OG departments. Presently there are no longer associate professionals midwives graduating, only tertiary education midwives are graduating.

Deviation from the definition:

Estimation method:

Break in time series:

© OECD, *OECD Health Statistics 2025*. July 2025.

<https://www.oecd.org/en/data/datasets/oecd-health-statistics.html>