

# **OECD Health Statistics 2023**

## **Definitions, Sources and Methods**

### **Practising midwives**

**Practising midwives** provide services directly to patients.

#### **Inclusion**

- Midwifery professionals (ISCO-08 code: 2222) and midwifery associate professionals (ISCO-08 code: 3222)
- Persons who have completed their studies/education in midwifery and who are licensed to practice
- Salaried and self-employed midwives delivering services irrespective of the place of service provision
- Nurses (or nurse midwives) who are working most of the time as midwives
- Foreign midwives licensed to practice and actively practising in the country

#### **Exclusion**

- Students who have not yet graduated
- Midwives working in administration, management, research and in other posts excluding direct contact with patients
- Unemployed midwives and retired midwives
- 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:**

- From 2013, data exclude midwives with non-practising registration.
- Data regarding practising midwives include those midwives in a clinical role, namely, a practitioner who spends the majority of his or her time working in the area of clinical practice.
- From 2013, data exclude from Practising midwives those that do not report working at least one hour in midwifery during the survey period.
- 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: 31<sup>st</sup> December.

Coverage:

- Midwifery professionals (ISCO-08 code: 2222). There are no midwifery associate professionals (ISCO-08 code: 3222) in Austria.

- Included are midwives practising exclusively in their private practice, exclusively in hospitals or both in their private practice and in hospitals.

- Included are midwives who are not active in gainful employment but are in a valid employment relationship (e. g., maternity leave or parental leave).

- Included are midwives with part-time working conditions.

**Note:** In Austria, midwives who do not provide services directly to patients occur exclusively in managerial training functions - their number cannot be determined, but is negligible. For this reason, the number of "Practising midwives" corresponds to that of professionally active midwives.

## Belgium

Source of data:

- Data is coming from the **PlanKad Midwives** (Vroedvrouwen op de arbeidsmarkt, 2004-2014). 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.

- **PlanKad Midwives** 2018, Planning Cell for the Supply of Healthcare Professions, Directorate-General for Healthcare, FPS Public Health, Food Chain Safety and Environment, February 2021. (PlanKad Vroedvrouwen 2018, Cel Planning van het Aanbod van de Gezondheidszorgberoepen, Dienst Gezondheidszorgberoepen en Beroepsuitoefening, Directoraat-generaal Gezondheidszorg, FOD Volksgezondheid, Veiligheid van de Voedselketen en Leefmilieu).

[https://overlegorganen.gezondheid.belgie.be/sites/default/files/documents/vroedvrouwen\\_op\\_de\\_arbeidsmarkt\\_2018\\_0.pdf](https://overlegorganen.gezondheid.belgie.be/sites/default/files/documents/vroedvrouwen_op_de_arbeidsmarkt_2018_0.pdf).

Estimation method:

- Data from 2004 have been linked and analyzed. The results consist of actual numbers based on the number of midwives extracted from the federal register (Kadaster) of the FPS Health.

- A methodology has been used to define and identify "practising" midwives (active in healthcare sector).

**Note:** Data are not available for 2020 and subsequent years as the study above was not re-conducted.

## Canada

Data not available for practising midwives. Data are available for "licensed to practice" midwives (including midwives in administrative, academic or research functions, who are not providing direct care to patients and unemployed midwives).

## Chile

Data not available. These data exist only for the public sector (not reported in *OECD Health Statistics*). At the national level (public and private), data are available only for "Midwives licensed to practice".

## Colombia

Data not available.

## Costa Rica

Data not available.

## Czech Republic

Source of data: **Institute of Health Information and Statistics of the Czech Republic;** National Health Information System (Annual report on health personnel).

Reference period: 31<sup>st</sup> December.

Coverage:

- Until 1999, women's nurses working in other central organs not included. Since the year 2000, data cover women's nurses in all health services.
- Since 2004, data collected on basis of new legislation on non-medical professions (until 2003: women's nurses, since 2004: midwives).
- Double counting of midwives working in more than one health establishment.
- Data relate to midwives working in health establishments. Those working in social care sector are not included.
- In 2014, complete data are not available. Estimate is calculated from available data for 2014 and data from 2013.
- A new type of statistical survey and improvement of reporting units started in 2016.

Break in time series: 2000, 2004 and 2016.

## Denmark

Source of data: **The Danish Health Data Authority**, Labour Register for Health Personnel.

Reference period: 31<sup>st</sup> December.

Note: The decrease in practising midwives in 1995 is due to the uncertainty in the numbers in different industries. Approximately 75 midwives were misplaced in 'practising' industries in 1994. In 1993 and 1995, those midwives were placed in public administration industries. There is therefore not a real decrease in 1995, because the number in 1994 is overestimated.

## Estonia

Source of data:

- Annual reports, **National Institute for Health Development**, Department of Health Statistics.

[https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas\\_04THressursid\\_05Tootajad/?tablelist=true](https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas_04THressursid_05Tootajad/?tablelist=true).

- 1980-2004 data published by **Statistics Estonia**

([https://andmed.stat.ee/en/stat/Lepetatud\\_tabelid\\_Sotsiaalelu.%20Arhiiv\\_Tervis.%20%20Arhiiv\\_tervishoiuasutused/TH05](https://andmed.stat.ee/en/stat/Lepetatud_tabelid_Sotsiaalelu.%20Arhiiv_Tervis.%20%20Arhiiv_tervishoiuasutused/TH05)).

Reference period:

- 1980-2012: 31<sup>st</sup> of December.
- Since 2013: November.

Coverage:

- Presents practising midwives who provide services directly to patients.
- Medical staff working in military, research or other areas are not included.

Break in time series: 1991, 2005 and 2013.

- Until 1990, in addition to health personnel employed in the system of the Ministry of Health, the data include the personnel who worked in the healthcare institutions of the Estonian Railway, Estonian Airway and those belonging to the closed establishments of the Soviet Union.
- The total number of midwives from the year 1991 includes only the data of the Ministry of Health and the Estonian Railway.
- Until 2004, the number of practising midwives was based on their last or main educational qualifications.
- From 2005, the head count distribution is made according to their main occupational activity.
- The data collection methodology was changed in 2013. Aggregated data collection was replaced with data collection on a personal basis. From 2013, the predominant (main) area of practice is based on an occupation with the highest workload.

## Finland

Source of data: THL Health Personnel Statistics; **National Institute for Health and Welfare**. The data are based on the Employment Register kept by Statistics Finland.

Reference period: At the end of the calendar year.

Coverage: All individuals working as midwifery professionals in the healthcare field in Finland. Nurses working as midwives are not included unless their occupational title is a midwifery professional.

## France

Source of data: **Ministère des Solidarités et de la Santé - Direction de la Recherche, des Études, de l'Évaluation et des Statistiques** (DREES), Sous-Direction de l'Observation de la Santé et de l'Assurance maladie, Bureau des Professions de santé.

- **Until 2010 (01/01/2011): Répertoire ADELI (DREES).**

- **From 2011 (01/01/2012): RPPS** (Répertoire partagé des professionnels de santé). Revision of RPPS production chains in 2020.

Reference period: 31<sup>st</sup> December year N (approximated by data of January 1<sup>st</sup> year N+1).

Coverage:

- Data refer to metropolitan France and D.R.O.M. (overseas departments and regions).
- The data only refer to midwives providing direct care to patients.

## Germany

Source of data: **Federal Statistical Office**, Health Labour Accounts January 2023; special calculation by the Federal Statistical Office, <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: 31<sup>st</sup> December.

Coverage:

- Data (head-counts rounded to the nearest thousand) contain the number of midwives actively practising in public and private hospitals, primary healthcare and other health facilities including self-employed. They provide services directly to patients.
- Excluded are midwives working in administration, research and in other posts excluding direct contact with patients, midwives working abroad, unemployed and retired midwives and students who have not yet graduated.
- From 2000 onwards, data from Health Labour Accounts have been completely revised. Therefore comparable data before 2000 is not available.

## Greece

Source of data: **Hellenic Statistical Authority** (EL.STAT.) – **Annual Hospital Census**.

Reference period: 31<sup>st</sup> December.

Coverage: public and private hospitals.

Deviation from the definition: Data refer to midwives working in hospitals only.

## Hungary

Source of data:

- Until 2016, **Hungarian Central Statistical Office** (KSH in Hungarian) [www.ksh.hu](http://www.ksh.hu); Report on personnel of health service.

- From 2017 to 2020, **National Healthcare Service Center** (ÁEEK in Hungarian) [www.enkk.hu](http://www.enkk.hu). Full title of the database: Operational register.

- From 2021, **National Directorate General for Hospitals** (OKFŐ in Hungarian) [www.enkk.hu](http://www.enkk.hu). Full title of the database: Operational register.

Reference period: 31<sup>st</sup> December.

Coverage:

- From 1991, only persons who completed a midwifery educational programme are included.
- From 2017, Head count data: health professionals who are entitled to pursue the activities of a midwife in Hungary. The Operational register includes the healthcare professionals who provide services directly to patients and are entitled to do this activity without supervision. The requirements for the renewal of the registration give the effect that the register does not include healthcare professionals who are working in administration, management, research and in other posts excluding direct contact with patients, or who are unemployed or retired, or working abroad.

Note: In 2007, the number of obstetrics and gynaecology hospital beds was reduced (from 1949 in 2006 to 1599 in 2007). This is the cause for the reduction in the number of midwives.

Break in time series: 1991, 2017 (change in data source).

## Iceland

Source of data: **Directorate of Health.**

Reference period: 31st December.

Coverage:

- Midwives: 18 months of university education after completion of a nursing degree.
  - Figures refer to midwives within hospitals, healthcare centres and nursing homes.
  - Practising midwives - may refer more to professionally active midwives (but the group of non-practising midwives is small).
  - The peak in 2001 is due to "change of source and methodology".
  - Year 2011. The peak cannot be explained fully but the figure for 2011 should be considered as an estimate.
- The Directorate of Health that supplies the data uses data from the Association of Midwives and in 2012 a special work was conducted on its behalf on the number of midwives and hence the figure for 2012 is considered right.

## **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 self-reported practising registered midwives on the Board's register as at end of December of the reference year.
- Data may include nurses since it is not possible to distinguish between nurses and midwives, as all registered midwives also hold registered nursing qualifications.

## **Israel**

Data not available. Data are available for "professionally active" midwives (including midwives in administrative, academic or research functions who are not providing direct care to patients).

## **Italy**

Source of data: **COGEAPS** <http://wp.cogeaps.it/>.

Reference period: 31<sup>st</sup> December.

Coverage: Practising midwives.

Deviation from the definition: None

Estimation method: data on the "Continuing Medical Training program" have been used to estimate the practicing personnel. In Italy health professionals have to be recorded in the professional register to be licensed to practice and to acquire "training credits" while practicing. These credits are registered in the Continuing Training Education database. The estimate of practicing personnel was done by counting, among all registered professionals, those who acquired at least one credit in the last three years.

Break in time series: None

## **Japan**

Source of data: **Ministry of Health, Labour and Welfare.** Report on Public Health Administration and Services.

Coverage:

- The survey for the number of practising midwives is conducted every 2 years.
- Data consist of midwives working at hospitals and clinics, maternity homes, home-visit nursing care stations, social welfare institutions, and other establishments.
- In order to be qualified as a midwife, qualification as a nurse is required. Some midwives work as both nurses and midwives. The data include both those who work only as midwives and those who work mainly as midwives.

## **Korea**

Source of data: **Health Insurance Review & Assessment Service,** Healthcare resources by provider.

Coverage: Midwife license is limited to nurse licensed.

## Latvia

### Source of data:

- Since 2005: **Health Inspectorate of Latvia**; Register of Medical Practitioners and Medical Support Staff.
- 2004 and earlier: **Health Statistics and Medical Technologies State Agency**; Statistical Report No.17 "Report About Medical Staff".

Reference period: 31 December.

Break in time series: 2005: Change in data source.

## Lithuania

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments. Report "Health Statistics of Lithuania", available from <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: 31<sup>st</sup> December.

Coverage: The number of practising midwives at the end of the year includes all professionally active midwives excluding those working in administration, health education and research.

## Luxembourg

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

Reference period: 31<sup>st</sup> December.

### Coverage:

- Head counts.
- Practising midwives; midwives who do not work in direct contact with patients (laboratories, administration, R&D, etc.) are excluded.
- Data should be considered with care due to methodological issues encountered during census series concerning midwives, nurses and pharmacists.

Break in time series: 2003 and 2005 due to adjustments to the methodology.

## Mexico

Data not available.

## Netherlands

Source of data: **Netherlands Institute for Research of Primary Health Care (NIVEL)**.

- From 2014 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:

- From 2014 onwards: The last Friday before Christmas.
- Before 2014: 31 December.

Coverage: From 2014 onwards: data refer to midwives who:

- are licensed to practice; and
- live and work in the Netherlands. Their license requires that they have been practising in the past five years.

### 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. This means that from 2014 onwards the figures are in line with the definition of practising midwives. Until 2014 a different source was used for practising midwives, based on a register from NIVEL, that in turn is based inter alia on members and the quality register of the professional midwives organisation.

## 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:

- Note: "Practising midwives" and "Professionally active midwives" figures are derived from the number of respondents to the workforce survey and will be subject to factors including non-response and a sampling frame.
- 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.
- For this indicator, the number of practising midwives was calculated by subtracting the following work types from the "professionally active midwives" total: Midwifery administration and management, midwifery research, midwifery professional advice/policy development and midwifery education.

## Norway

Source of data: **Statistics Norway**; Register-based statistics on employment of health-care personnel. See [http://www.ssb.no/hesospers\\_en/](http://www.ssb.no/hesospers_en/).

Reference period: 3<sup>rd</sup> week of November.

Coverage:

- The figures provided give the number of practising midwives within HP1-HP3. There is no guarantee that these professionals actually work in patient care as data refer to the education the individuals have rather than the job they hold within HP 1-3.
- From 2009, data include all personnel within HP1-HP4.

Break in time series: 2009, 2015.

- Up to 2008, data include all personnel within HP1-HP3. From 2009, it also includes HP4.
- 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** and from 2004 **the Ministry of Interior and Administration the Ministry of National Defence and Statistics Poland**.

- Until 2018: survey of medical personnel based on reports provided by healthcare units and doctor's practices.
- From 2019 onwards: estimates based on administrative sources, i.e. register of licensed physicians (Polish Chamber of Physicians), files provided by Social Insurance Institution and registers of healthcare establishments including practices of nurses and midwives.

Reference period: 31<sup>st</sup> December.

Coverage:

- Data regarding midwives are based on head counts. Midwives are counted in the main workplace. The categories "Midwifery associate professionals" or "Nurses working as midwives" do not exist in Poland.
- Since 2004, data from the Ministry of National Defence and the Ministry of Interior and Administration.
- Since 2004, midwives working in private medical offices as a main workplace.
- Foreign midwives licensed to practice and actively practising in the country.
- Since 2004, teaching and administration staff is excluded.

Break in time series:



- 2004. Since 2004, midwives working primarily in education and administration are excluded, and midwives working in private medical offices as well as midwives employed by the Ministry of Defence and the Ministry of Interior and Administration are included.
- 2019: The new calculation method based on administrative sources provides more robust and more detailed results. The data until 2018 are underestimated due to high non-response rates in the survey.

## Portugal

Data are available for “professionally active” midwives (including midwives in administrative, academic or research functions who are not providing direct care to patients).

## Slovak Republic

Data not available. Suitable data source for providing “practising” concept is under development.

Data are available for “professionally active” midwives (including midwives in administrative, academic or research functions, who are not providing direct care to patients).

## Slovenia

Source of data: **National Institute of Public Health, Slovenia**; National Health Care Providers Database.

Reference period: 31<sup>st</sup> December.

Coverage:

- Practising midwives are those working in the health-care sector (primary and secondary care) including public health institutes and the health insurance institute.
- The National Health Care Providers Database is a registry with total (100 %) coverage of health workers.

## Spain

Data not available. Practising midwives are included in the number of practising nurses at 3 digit level of the National Occupations Classification (CNO-11), the Spanish equivalence of ISCO-08, in the Economically Active Population Survey. (Data based on Economically Active Population Survey and referring to CNO-11 codes at 4-digit level are not available.)

## Sweden

Source of data: **National Board of Health and Welfare**, LOVA-register (change of register-name from former NPS-register).

Reference period: 1<sup>st</sup> November.

Coverage:

- Practising midwives are defined as licensed midwives registered in NACE-codes that are considered to be within the health-care sector.
- 100% coverage until 2020.
- The entire time series has been revised in 2023.

## Switzerland

Source of data: **Federal Statistical Office (FSO)**, Neuchâtel; Hospital Statistics; yearly census.

Reference period: Data as of December 31.

Coverage:

- 1980, 1990 and 2000: Population Census Data. These data refer to all midwives, including self-employed midwives.
- Since 2005, data include midwives working in hospitals only. The ambulatory healthcare sector is not covered.

Deviation from the definition: Since 2005, data include midwives working in hospitals only.

Estimation method: Until 2009, estimations were made with data on professions from 75% of hospitals. Hospitals giving valid information on professions are reasonably assumed to be representative of the whole category (university hospitals, acute hospitals, psychiatric hospitals, rehabilitation hospitals, and other specialised hospitals).



Break in time series: 2005, 2010.

- Since 2005, practising midwives in hospitals are included.
- Since 2010, Hospital Statistics have been revised; no estimation needed.

## Türkiye

Data not available. Data are available for "professionally active" midwives (including midwives in administrative, academic or research functions who are not providing direct care to patients).

## United Kingdom

Source of data:

- **England:** Updated revisions in 2018. HCHS Midwives. 2000-2008: Non Medical Workforce Census; 2009 onwards: NHS Hospital & Community Health Service (HCHS) workforce statistics. The 2000-2008 data have been revised to exclude bank staff. The 2009-2014 data were previously rolecount; they are now headcount so 2009 onwards data are consistent.
- **Wales:** Welsh Government: <http://gov.wales/statistics-and-research/?topic=Health+and+social+care&lang=en>.
- **Scotland:** Information Services Division, Scottish Workforce Information Standard System.
- **Northern Ireland:** Department for Health, Social Services and Public Safety: [http://www.dhsspsni.gov.uk/index/stats\\_research](http://www.dhsspsni.gov.uk/index/stats_research).

Reference period: As at 30<sup>th</sup> September, unless elsewhere stated.

Coverage:

- Does not include private sector.
- **Scotland:** Data excludes bank and agency staff.
- **Northern Ireland:** Data exclude bank, agency staff and staff on career breaks. Midwives are registered with the Nursing & Midwifery Council after completing either a degree or Diploma in Midwifery or an 18 month pre-registration course if already a registered nurse.
- **England:** Data exclude bank staff.
- **Wales:** Data exclude bank staff.

Deviation from the definition:

- **Scotland:** Data will exclude some midwives with low level qualifications that may fall under the definition of associate midwives. Data include midwives with Agenda for Change bands 5-9. Therefore, the Scotland figure is likely to be an undercount compared to the definition. The methodology used for 2000 to 2006 figures is different from the one used in later years. The figures for 2000 to 2006 are for employment rather than true headcount, meaning that there is some double counting when a midwife holds more than one post.

Estimation method:

- **Wales:** Data prior to 2008 are estimates. Between 2007 and 2008, there was a large reduction in headcount numbers for non-medical staff in Wales, as records with whole-time equivalent (WTE) equal to 0 had been revised. This decrease was due to improvements in data quality, not a reduction in staff numbers, and 2008 headcounts are more accurate than previous figures. Therefore, the ratio between headcounts and WTE numbers for the affected staff categories in 2008 were calculated. These ratios were then applied to WTE figures for years prior to 2008 to produce estimates for those years.
- **Scotland:** Data for 2006 has been estimated based on an average of the figures from 2005 and 2007.

Break in time series: 2009.

- **England:** The break in the time series in 2009 relates to the change in the collection methodology: HCHS data changed from an annual census collection to monthly workforce statistics from the Electronic Staff Record (ESR).
- **England:** Up to 2008, data are based on rolecount; since 2009, they are based on headcount.

## United States

Data not available.

## NON-OECD ECONOMIES

### Bulgaria

Source of data: **National Statistical Institute**, Exhaustive annual survey.

Reference period: 31<sup>st</sup> December.

Coverage: All midwives (head counts) (ISCO-08 code: 2222) who worked on a basic labour contract in outpatient and inpatient establishments, as well as those who practice in other health establishments - centres for emergency medical care, centres for transfusion haematology, homes for medical and social care for children, Hygiene-epidemiological inspections and others.

On 01.07.2000, Bulgaria started its Healthcare Reform, as a consequence, a new institution in the outpatient care was build - the General Practitioner (GP) and the financing of curative medical care by the National Health Insurance Fund came into force. Specialists working in individual and group practices for specialized medical care, who have not signed contracts with the National Health Insurance Fund, are not covered in the exhaustive annual survey carried out by the BNSI (*Bulgarian National Statistical Institute.*), midwives appointed by these physicians are not covered either.

Break in time series: 2000.

## Croatia

Source of data: **Croatian Institute of Public Health**, National Register of Health Care Providers.

Reference period: Status on December 31<sup>st</sup>.

Coverage: Public and private health sectors included. Private medical practitioners have been included since 1993.

## Romania

Source of data:

- **Ministry of Health** for all by 2007 data.

- **National Institute of Statistics**, the activity of the sanitary and healthcare network – annual survey performed by NIS.

Reference period: data as of 31<sup>st</sup> December.

Coverage:

- Only the Ministry of Health network, until 2007.

- All public and private sectors since 2007.

- The number of midwives includes: practising midwives and nurses with specialized education (upper secondary ISCED level 3 and post-secondary non-tertiary ISCED level 4) working most of the time in obstetrics and gynecology departments and midwives with university degree (tertiary education, ISCED level 5).

- From 2009 data for practising midwives are the same as professionally active midwives because in this period weren't midwives working in administration, management, research and in other posts excluding direct contact with patients.

Deviation from the definition: Until 2007 midwives working in administration, research and in other posts that exclude direct contact with patients could not be totally excluded.

Break in time series: 2007.