

# OECD Health Statistics 2023

## Definitions, Sources and Methods

### Professionally active midwives

**Professionally active midwives** include practising and other (non-practising) midwives for whom their education is a prerequisite for the execution of the job.

#### Inclusion

- Midwifery professionals (ISCO-08 code: 2222) and midwifery associate professionals (ISCO-08 code: 3222)
- Midwives providing services directly to patients
- Midwives working in administration, management, research and in other posts excluding direct contact with patients

#### Exclusion

- Midwives who hold a post / job under which midwifery education is not required
- 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 from Professionally active midwives those that do not report working at least one hour in midwifery during the survey period.
- From 2013, data exclude midwives with non-practising registration.
- 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.
- 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).

### 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.
- The professionally active midwives are categorized as active midwives within or outside the 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 professionally active 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.

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

## Czech Republic

Data not available.

## Denmark

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

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

## Estonia

Data not available.

## Finland

### 2004-2018:

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 employed (including self-employed) individuals working as midwifery professionals Finland. Nurses working as midwives are not included unless their occupational title is a midwifery professional. Midwives working in research, education or other positions under a different occupational title are not included.

## 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, - **Up to 2009: Répertoire ADELI**.

- **Since 2010: RPPS (Répertoire Partagé des Professionnels de Santé)**. Revision of RPPS production chains since 2011 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 represent all active midwives, including those working in the administration, etc.

Break in time series: In 2010, there is a break in the series due to the change in data source (ADELI before 2010, RPPS since 2010).

## 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. Also included are midwives working in administration, management, research and in other posts excluding direct contact with patients.
- Excluded are 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

Data not available. (Data are reported under practising midwives).

## Hungary

Data not available.

## Iceland

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

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

- For 2022: **Nursing and Midwifery Board of Ireland - An Bord Altranais** (<https://www.nmbi.ie/Home>).
- For 2011: **Health Service Executive** (<https://www.hse.ie/eng/>).

### Reference period:

- For 2022: Figures refer to as at end of December.
- For 2011: Data refer to as at December 2011 for majority of data and January 2012 for two maternity units.

### Coverage:

- For 2022: Figures refer to the total number of professionally active registered midwives on the Board's register as at end of December of the reference year.
- For 2011: Data covers both the public and private sectors, as well as self-employed community midwives. Data also includes midwives working in administration and management and exclude student midwives.

### Deviation from the definition:

- For 2022: Data may include nurses since it is not possible to distinguish between nurses and midwives, as all registered midwives also hold registered nursing qualifications.
- For 2011: Data refer to Full-Time Equivalents (FTE).

### Break in time series:

- For 2022: Break in series due to change in source.

## Israel

Source of data: The data are based on the Midwives 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 licensed midwives under age 67, which is the retirement age in Israel since the early 2000's. 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: **COGEAPS** <http://wp.cogeaps.it/> and **ISTAT, Labour Force Survey**.  
<http://www.istat.it/it/archivio/8263>.

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

Coverage: Practising midwives and midwives working in economic sectors other than healthcare.

Deviation from the definition: None

Estimation method: the estimation method is based on the number of practicing midwives (provided by COGEAPS) increased by a percentage of midwives who do not work in the Healthcare sector. This percentage is obtained from the labor force survey.

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 midwives is conducted every 2 years.
- Data consist of midwives working at hospitals, clinics, maternity homes, home-visit nursing care stations, social welfare institutions, municipalities or health centers, other establishments, educational institutes or research facilities, and others.

## Korea

Data not available.

## Latvia

Source of data:

- Since 2005: **Health Inspectorate of Latvia**; Register of Medical Practitioners and Medical Support Staff.
- 2004 and earlier: **Medical Professional Education Centre**; Register of Health Care Persons.

Reference period: 31 December.

Break in time series:

- 2005: Change in data source.
- 2009: The 23% decrease in the number of professionally active midwives in 2009 could be explained by the restructuring of healthcare services, i.e., number of hospitals with midwifery section was reduced.

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## 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 midwives at the end of the year includes all active midwives working in healthcare, public health, health administration, health education and research institutions (public or private), including healthcare institutions under other ministries than the Ministry of Health.
- The number of midwives excludes: midwives working outside the country; midwives on the retired list and not practising or unemployed; midwives working outside health services, e.g. employed in industry, etc.

Break in series: 1991. Up to 1990: the number of midwives includes number of feldshers-midwives (mostly working in rural health centres), in 1991 most of the feldshers-midwives became nurses.

## Luxembourg

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

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

- Data refer to midwives who:
  - are licensed to practice;
  - live and work in the Netherlands;
  - for employees: are active in a health- or social care sector or a health-care related sector; or for self-employed midwives: are economically active (this criterion is plausible given the duration of their education and training, in addition to the fact that it can be compared to the number of practising midwives; licensing regulations passed in 2009 and effective in 2014 require that they have been practising – not necessarily fulltime – in the past five years).

- List of NACE codes used for health- or social care and healthcare related sectors: NACE v1: 851, 853, 2441, 2442, 331, 5146, 5231, 5232, 5248.2 (opticians), 6022 (part of transport for healthcare), 6602.3, 6602.4 (pension funds part for healthcare occupations), 6603 (part of health insurance funds and companies), 7310.3 (medical and pharmacological research and development), 745 (temporary work companies; very important for nurses, caring personnel and physiotherapists), 7522 (Ministry of Defence, including military hospital), 7523.2 (part of medical personnel for prisons, including prison hospital), 753 (compulsory healthcare insurance, operations for exceptional medical expenses act), 8022, 8030, 9304, 9305.

- NACE v2: 86, 87, 88, 212, 266, 325, 4646, 4773, 4774, 4778.2, 4932, 6530.3, 6530.9, 6512, 7211.2 + 7219.3 (R&D for health, medical products or pharmaceutical processes), 782, (8412 will be included when NACE v2 is available in SSB; Regulation of the activities of providing healthcare, education, cultural services and other social services, excluding social security), 8422, 8423.2, 843, 8532, 854, 9313, 9609.

**Break in time series:**

- 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 in line with the definition of practising midwives. We will stop the old estimate of professionally active from 2014 onwards and continue with the practising definition.

## **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.

- This indicator includes all midwives that indicated they were working in midwifery related work type.

## **Norway**

**Source of data:** **Statistics Norway**; Statistics on health-care personnel. Administrative registers. 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 cover all professionally active midwives in all industries.

**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, Ministry of Interior and Administration, 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:**

- Practising midwives.
- Since 2004, midwives with universities, units of state or local self-government administration or the National Health Fund as the primary workplace are included.

Break in time series:

- 2019: The data until 2018 are underestimated due to high non-response rates in the survey.

## Portugal

Source of data: **Statistics Portugal and the Council of Nurses.**

Coverage:

- Data for midwives in Portugal refer to nurses specialised in Maternal Health and Obstetrics.
- Maternal Health and Obstetrics is currently a nursing specialty.

## Slovak Republic

Source of data: **National Health Information Center.**

- The data come from “The Annual report on structure and number of health professionals and healthcare workers in the Slovak Republic”; therefore, only data on professionally active midwives are provided.

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

## Slovenia

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

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

Coverage:

- Professionally active midwives include practising professionals working in the healthcare sector and professionals working at HP4, 6.1, 6.3-6.9 and HP7 providers.
- The National Health Care Providers Database is a registry with total (100 %) coverage of health workers.

## Spain

Data not available. Professionally active midwives are included in the number of professionally active 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:

- In addition to the NACE-codes used to identify practicing midwives the NACE-codes are used to identify professional active midwives:
  - 75.1 - Public authorities.
  - 80.3 - Higher education establishments.
- 100% coverage until 2020.
- The entire time series has been revised in 2023.

## Switzerland

Data not available.

## Türkiye

Source of data:

- From 2000 onwards: **General Directorate for Health Services, Ministry of Health.**
- Up to 1999: **Health Statistics Yearbook - Ministry of Health.**

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

Coverage:

- Total number of midwives in the MoH, university, and private sectors.
- Ministry of Health, university, private and other sectors (other public establishments, local administrations and since 2012 MoND-affiliated facilities) are included.
- Unemployed and retired midwives, midwives working abroad and students who have not yet graduated from school are not included.
- The small number of midwives working in administration is included.
- A quantitative increase was noted in the employment of midwives in 2006-2007 period.

Break in time series: 2018.

- In 2018, the used database for health personnel has been changed. This new source keeps the data as person-based. Health personnel data were collected from health facilities as health facility-based before 2018.

## **United Kingdom**

Data not available.

## **United States**

Data not available.

## **Non OECD COUNTRIES**

### **Romania**

Source of 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:

- The number of professionally active 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 practising midwives with university degree (tertiary education, ISCED level 5). The number of professionally active midwives includes also midwives working in administration, management, research and in other posts excluding direct contact with patients. 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.

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