

OECD Health Statistics 2025

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: 31st 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.
- ☐ Midwives who are not active in gainful employment but are in a valid employment relationship (e. g., maternity leave or parental leave).
- ☐ Midwives with part-time working conditions.

Deviation from the definition:

Estimation method:

Break in time series:

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).

Reference period:

Coverage:

Deviation from the definition:

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 health care sector.

Break in time series:

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.

Czechia

Data not available.

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: 1992-2023

Deviation from the definition:

Estimation method:

Break in time series: 2022 change in the data collection

Estonia

Data not available.

Finland

Source of data: THL Health Personnel Statistics; **Finnish 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 fully licensed midwives employed at the end of the given year in health and welfare fields (NACE: 86-88), higher education (NACE P85.4) or fields linked to medical research (NACE: C21, M72.1) – and licensed midwives working in any other field under the occupational title of midwifery professional (ISCO-08: 3222 ‘Midwifery Professionals’ and 2222 ‘Midwifery Associate Professionals’). Includes midwives under the age of 64 years.

Deviation from the definition:

Estimation method:

Break in time series:

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: 31st December year N (approximated by data of January 1st 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.

Deviation from the definition:

Estimation method:

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 2025; special calculation by the Federal Statistical Office, <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: 31st December.

Coverage:

- Data (headcounts rounded to the nearest thousand) contain the number of midwives actively practising in public and private hospitals, primary health care 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.

Deviation from the definition:

Estimation method:

Break in time series:

Greece

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

Hungary

Data not available.

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.
- 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.

- Includes all midwives who are professionally active, according to labor union records. This may involve midwives in administrative or academic roles, as well as those in clinical settings.

Estimation method:

Break in time series: The peak in 2001 is due to change of source and methodology.

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.
- From 2022: Data contains midwives who have dual nursing registration. For example, for reference year 2024, around 1,897 midwives (around 43%) were also registered as Nurses and indicated to be practising in both fields.
- 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 2011: Data refer to Full-Time Equivalents (FTE).

Estimation method:

Break in time series:

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

Israel

Source of data:

- *2010 onwards*: From 2010 data are based on Nurses License Registry maintained by the Nursing Division and the Health Information Division in the **Ministry of Health** and Income tax files – employees and self-employed.

Coverage:

- *From 2010*: Coverage of income tax files is very high. Every year it is checked that all the major employers in the Health Services are included in the file, such as the Ministry of Health, the HMOs in Israel, and some of the hospitals.

Reference period: end of the year.

Methodology:

- *From 2010*: Linkage between Nurses license registry and income tax files is performed at the Central Bureau of Statistics. In Israel all midwives are first of all nurses – all the midwives must have certificate of nurses and as addition they must have passed special course of midwives. Midwives who have an income of at least 1,000 Israeli Shekel are considered employed and included in the calculations. Professionally active midwives are employed midwives (employees and self-employed) in the Health Services (according to ISIC Rev.4) and in other industries (according to ISIC Rev.4) connected to nursing education.

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: **COGEAPS** <http://wp.cogeaps.it/> and **ISTAT, Labour Force Survey**.
<http://www.istat.it/it/archivio/8263>.

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

Reference period: 31st December.

Coverage:

- Until 2020: Practising midwives and midwives working in economic sectors other than Health care.

- Since 2021: Professionally active midwives.

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.

- Since 2021: Data for the last year are provisional: except for data on professionals employed in the private sector, for other professionals (public sector employees, non-employees in the public and private sector) an estimate is made on the basis of the changes observed in years t-1 and t-2.

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

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.

Coverage:

Deviation from the definition:

Estimation method:

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 health care services, i.e., number of hospitals with midwifery section was reduced.

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 <https://www.hi.lt/sveikatos-statistikos-leidiniai/#--lietuvos-sveikatos-statistika>. Available on Official Statistics Portal of Statistics Lithuania <http://osp.stat.gov.lt/en>.

Reference period: 31st December.

Coverage:

- The number of midwives at the end of the year includes all active midwives working in health care, public health, health administration, health education and research institutions (public or private), including health care 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.

Deviation from the definition:

Estimation method:

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: 31st December.

Coverage:

Deviation from the definition:

Estimation method:

Break in time series:

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 health care 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 health care, education, cultural services and other social services, excluding social security), 8422, 8423.2, 843, 8532, 854, 9313, 9609.

Deviation from the definition:

Estimation method:

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:

- "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/.

Reference period: 3rd week of November.

Coverage: The figures provided cover all professionally active midwives in all industries.

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, Ministry of Interior and Administration, Ministry of National Defence and Statistics Poland.**

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

Reference period: 31st 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.

Deviation from the definition:

Estimation method:

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, Health personnel statistics

Reference period: 31st December.

Coverage:

- Data for midwives in Portugal refer to nurses specialised in Maternal Health and Obstetrics.
- Maternal Health and Obstetrics is currently a nursing specialty.
- Includes midwives in administrative, academic or research functions who are not providing direct care to patients

Deviation from the definition:

Estimation method:

Break in time series:

Slovak Republic

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

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

Reference period: 31st December.

Coverage:

Deviation from the definition:

Estimation method:

Break in time series:

Slovenia

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

Reference period: 31st December.

Coverage:

- Professionally active midwives include practising professionals working in the health care 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.

Deviation from the definition:

Estimation method:

Break in time series:

Spain

Source of data: **National Statistics Institute (INE). Labour Force Survey** (several issues).

https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176918&menu=ultiDatos&idp=1254735976595.

Reference period: Annual average. Three-year moving averages (e.g., data reported in 2022 is an average of 2021-2023).

Coverage:

- Up to 2021 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 equivalent 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).
- From 2022 onwards the data are classified according to CNO-11 Spain, code 2123. The CNO-11 code 2123 is the Spanish equivalent of ISCO-08 code 2222 (midwifery professionals).
- The number of professionally active midwives was obtained by calculating the number of midwives employed in the health sector as well as in remaining sectors of NACE rev.2 since 2009. Thus, the 'Professionally active' data correspond to midwives regardless of NACE sector where they are working.
- Data analysis over time should be carried out with caution. Data are obtained from a survey and fluctuations in the data can occur for a number of reasons, one of them being the sampling errors. These variations can lead to false assumptions about trends. We advise users of time series data to carefully explore the relevant issues before drawing any conclusions about the reasons for year-on-year changes.

Deviation from the definition:

Estimation method: In 2024, data series from 2020 onwards have been updated with Spanish population figures imported from Census 2021 and recalculated by using three-year moving averages in order to reduce the large year-to-year fluctuations in data derived from the LFS. Data are calculated by using three-year moving averages in order to reduce the large year-to-year fluctuations in data derived from the LFS: the number reported in 2022 is an average of 2021-2023.

Break in time series:

Sweden

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

Reference period: 1st 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.
- Full coverage.

Deviation from the definition:

Estimation method:

Break in time series:

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: 31st 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.

Deviation from the definition:

Estimation method:

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 ECONOMIES

Bulgaria

Source of data: **Bulgarian Association of Health Professionals in Nursing**, Register.

Reference period: 31st December.

Coverage: According to the national legislation all midwives (ISCO-08 code: 2222) who are professionally active in Bulgaria have to be included in the Register at the Bulgarian Association of Health Professionals in Nursing.

Deviation from the definition:

Estimation method:

2014 –data not available due to insufficient information.

Croatia

Data not available.

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: No deviation.

Estimation method: Not applicable, actual data used.

Break in time series: Not applicable.

Romania

Source of data: **National Institute of Statistics**, The activity of the sanitary and health care network – annual survey performed by NIS.

Reference period: data as of 31st 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.

Deviation from the definition:

Estimation method:

Break in time series:

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