

MIDWIVES IN RURAL, REGIONAL AND REMOTE AUSTRALIA



...good health and wellbeing in rural and remote Australia

Midwives who work in rural or remote locations play a critical role in ensuring positive maternal health outcomes for women giving birth in resource constrained environments. They can often be the only health professional providing regular face-to-face health services within the community, resulting in them working longer hours, performing multiple roles for which they may be trained, and being on-call 24 hours a day. The role of the midwifery workforce varies with increasing remoteness. The average age of the midwifery workforce is older outside of major cities. While the current distribution of midwives is relatively even, the ageing of the midwifery workforce may lead to a mal-distributed workforce in the future.



Spatial distribution of the midwifery workforce

The midwifery workforce data can be classified into five remoteness categories that measures relative access to services: major cities (MC), inner regional (IR), outer regional (OR), remote (R) and very remote (VR).

Registration as a midwife

Midwives need to be registered to be employed in Australia and this includes midwives who practice privately. To maintain their registration midwives need to demonstrate they meet 'recency of practice' requirements and that they undertake continuing professional development to ensure they are able to practice competently and safely. This means that midwives must be providing direct clinical care or working in a non-clinical role such as management, education or research that supports the safe effective delivery of midwifery care to maintain their registration¹.

Regulation of Midwifery

The Nursing and Midwifery Board of Australia (NMBA) regulates registration and the practice of nursing and midwifery in Australia. The NMBA has developed standards, codes and guidelines for professional and safe practice of nurses and midwives in Australia. The code of conduct for midwives sets out the legal requirements, professional behaviour and conduct expectations for midwives in all practice settings, in Australia². Approximately 6% of the midwifery workforce are registered solely as midwives and do not hold general nursing registration³.

What is a Remote/Rural Midwife

A registered midwife who offers comprehensive midwifery care across the perinatal continuum and including newborn care and women's health. This practice often occurs with reduced access to clinical supports and assistance compared to their urban colleagues, and can be in a geographically remote location⁴.

How many midwives?

The Australian Institute of Health and Welfare (AIHW) cautions that care be taken in reporting the numbers of midwives as a result of the introduction of the 'recency of practice' standards. In reporting the supply of midwives, the AIHW has focused on registered midwives (or 'employed midwives'⁵ who reported working in midwifery).

There has been an overall decrease in the number of registered midwives in Australia, from 52,273 in 2009 to 32,651 in 2015 due to the introduction of new 'recency of practice' standards that meant those who were not actively working in midwifery were not counted⁵. The AHPRA 2016/17 annual report indicated there were 33,552 midwives, about 4.9% of the total health practitioner registrant base in Australia⁶.

Remoteness areas

Employed midwives

In 2015, the overall supply of employed midwives, varied across remoteness areas. Remote areas had a higher supply (74.4 FTE per 100,000 population) compared to inner regional areas (51.9). Very remote areas also had the greatest proportion of midwives aged 50 and over (68.4%), suggesting an ageing midwifery workforce in this remoteness category. Employed midwives in major cities reported working the most average weekly hours (22.8). Very remote areas reported working the least average weekly hours (18.0)³.

Midwives only

Data obtained using the Health Workforce Data Tool⁷ shows that although the supply of midwives who are registered as 'midwives only'ⁱⁱ varies across remoteness areas, there has been a general increase in supply of midwives over the years from 2013 to 2017 across all remoteness areas. Major cities and remote areas had the highest supply of midwives over this period. While the total FTE as well as the number of midwives decreased with increasing remoteness, the higher FTE per 100,000 in remote areas is a reflection of the number of hours worked in relation to the smaller populations living outside of metropolitan areas.

Midwives FTE per 100,000 population by remoteness area: 2013; 2015; and 2017

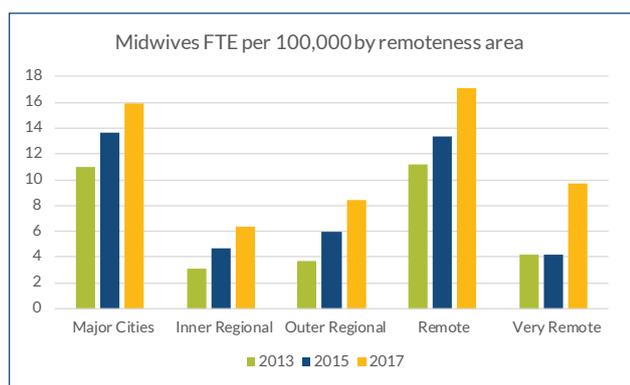


Figure 1: FTE per 100,000 by remoteness area – Midwives only (Source: National Health Workforce DataSet, 2017)

Policy Implications

The role of the midwifery workforce varies across all remoteness areas. Consultations with key stakeholders namely CRANaplus, the Department of Health, and the Australian College of Midwives show that in the cities, dual nurse/midwives have the choice to work exclusively as either midwives or nurses, with very little overlap between the two roles unlike in rural and remote settings where midwives do not have this choice. In small rural settingsⁱⁱⁱ, maternity care is predominantly provided by the dual qualified nurse/midwife due to the workload demands⁴. The dual qualified nurse/midwife can often be the only health professional providing regular face-to-face health services within the community⁹. The roles of midwife and nurse in remote areas therefore overlap, resulting in lack of clarity in the boundaries between the two roles.

In regards to people who do not have dual registration (as nurses and midwives) and are working as midwives only, there is an unusual pattern in the graph (see Figure 1), whereby the FTEs of midwives per 100,000 population is as high in remote areas as they are in metropolitan centres. This is due to the smaller populations living outside of metropolitan areas as well as the lower population growth outside metropolitan areas, which means that Australians living outside of metropolitan areas have better access to midwives in terms of the number of fulltime equivalent midwives per 100,000 population.

The average age of the nursing and midwifery workforce is older outside of major cities. This trend may lead to a mal-distributed workforce in the future. Provision of incentives will attract a younger workforce to remote/very remote areas. In addition, the current ageing workforce, although reportedly working lesser hours than their major city counterparts, requires sufficient back-up to prevent burn out.

References

- ¹ Nursing and Midwifery Board of Australia. Registration Standard: Recency of Practice [Internet]. NMBA. 2016 [updated 2016 June 1; cited 2019 April 23]. <https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Recency-of-practice.aspx>
- ² Nursing and Midwifery Board of Australia. Code of Conduct for Midwives. Melbourne: NMBA; March 2018.
- ³ Nursing and Midwifery Board of Australia. Nursing and Midwifery Board of Australia Registrant data. Melbourne: NMBA; March 2019
- ⁴ CRANaplus: Rural Nursing in Australia. Cairns: CRANaplus; December 2017.
- ⁵ Australian Institute of Health and Welfare. Nursing and midwifery workforce 2015 [Internet]. Australian Government. 2016 [updated 2017 August 17; cited 2019 April 23]. <https://www.aihw.gov.au/reports/workforce/nursing-and-midwifery-workforce-2015/contents/how-many-nurses-and-midwives-are-there>
- ⁶ Australian Health Practitioner Regulation Agency (AHPRA). Annual report 2016/17. Your National Scheme: For safer healthcare [Internet]. Melbourne. AHPRA; 2017. www.ahpra.gov.au/annual-report/2017
- ⁷ The Department of Health. National Health Workforce Dataset [Internet]. Commonwealth of Australia; 2017 [updated 2017 January 1; cited 2019 April 23]. <https://hwd.health.gov.au/datatool.html>
- ⁸ Health Workforce Australia. Australia's Future Health Workforce – Nurses Detailed. Adelaide: Health Workforce Australia; 2014.

Footnotes

- ⁱ Employed registered midwives who worked any hours as either a midwife or a nurse
- ⁱⁱ People who are registered only as midwives
- ⁱⁱⁱ In this fact sheet 'small rural settings' refers to the general social structure in which rural and remote settings are organised and is not to be confused with the five remoteness categories.