



Survey of European Midwifery Regulators

Second Issue, February 2010



The Ordre National des Sages-Femmes (ONSF-French Chamber of Midwives) is the French competent authority for the midwifery profession. The ONSF was set up in 1945. It is an autonomous regulatory body which is given by the State a mission of public service to promote and protect public health, as far as women and newborn are concerned. It compulsorily brings together all midwives authorised to practice in France.

Missions

- Registering and controlling the access to the profession
- Drafting and adapting the Midwives Code of Ethics (Deontological Code)
- Enforcing the Ethics rules through disciplinary sanctions
- Representing the profession at national, European & International level
- Defending the honour and independence of the profession

The Midwifery profession in France

- 22 000 midwives on the register, 20 000 currently in practice
- 834 000 births a year
- Midwifery: a specific medical profession with 5 years of studies
- Large scope of competences : prescription rights, gynaecological follow up for healthy women

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Background to this publication

The objective of this publication is to give an overview of the main features of the midwifery profession in the European countries.

It results from a survey carried out in the framework of a **co-operation network of European midwifery regulators**, launched in 2009 upon a joint initiative of the French Ordre des sages-femmes (French Chamber of Midwives) and the **Nursing and Midwifery Council**, the regulator in the United Kingdom for the nursing and midwifery professions.

Early 2009, a first survey was initiated to collect data on midwifery regulation in the EU. The main results were presented during the **Summit of European Midwifery Regulators** organised in May in London and a booklet was circulated in July to all par-

ticipants and concerned stakeholders.

This second Survey aims at providing a more precise picture of the midwifery profession regarding statistics, training requirements, conditions to practice, scope of activities, missions of regulators. It also addresses mobility issues and collects feedback about concerns related to the implementation of the directive on the recognition of professional qualifications 2005/36/EC.

We are very grateful to all contributors and hope you will find these new findings useful.

Ordre National des Sages-Femmes

February 2010



Marie-Josée Keller, President of the French Chamber of Midwives and Brian Cassidy, Chair of the INT section of the European Economic and Social Committee.



Jane Tunstall, Chair of the Midwifery Committee of the NMC.

Methodology

The data collected resulted from a pan-European Survey carried out by the French Chamber of Midwives late 2009. The questionnaire was drafted in English, by the French Chamber of Midwives in collaboration with the NMC and on the basis of comments and interests expressed during the first Summit.

The first results of this Survey were presented at the Second Summit of European Midwifery regulators organised in Brussels on 20 November 2009.



Second Summit of European Midwifery Regulators organised at the European Economic and Social Committee.

Survey Respondents

22 Competent Authorities & regulators for midwives responded to the Survey. They are EU¹ and EEA² Member States. Switzerland and Croatia contributed as well.

1 The EU has 27 Member States : Germany, Austria, Belgium, Bulgaria, Cyprus, Denmark, Spain, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, Netherlands, Poland, Portugal, Romania, United-Kingdom, Czech Republic, Slovakia, Slovenia, Sweden.

2 The EEA brings together the EU27 plus Norway, Lichtenstein and Iceland.

Austria (AT)– The National Board of Austrian Midwives (Österreichisches Hebammengremium)

Belgium (BE)– Federal Council of Midwives (Conseil Fédéral des sages-femmes)

Bulgaria (BG)– Bulgarian Association of Health Professionals in Nursing (БЪЛГАРСКА АСОЦИАЦИЯ НА ПРОФЕСИОНАЛИСТИТЕ ПО ЗДРАВНИ ГРИЖИ)

Croatia (HR)– Croatian Chamber of Midwives (Hrvatska komora primalja)

Cyprus (CY)– Cyprus Nursing and Midwifery Council (Εφορος Συμβουλίου Νοσηλευτικής και Μαιευτικής Υπουργείο Υγείας)

Estonia (EE)– Health Care Board

France (FR)– French Chamber of Midwives

Hungary (HU)– Office of Health Authorisation and Administrative Procedures

Ireland (IE)– An Bord Altra-nais

Italy (IT)– Federazione Nazionale Dei Gollegi Delle Ostetriche

Luxembourg (LU)– Ministry of Health

Malta (MT)– The Registrar of Council of Nurses and Midwives

Norway (NO)– Norwegian Registration Authority for Health Personnel

Poland (PL)– Ministry of Health

Portugal (PT)– Ordem dos Enfermeiros

Romania (RO)– Order of Nurses and Midwives in Romania

Slovakia (SK)– Slovak Chamber of Nurses and Midwives

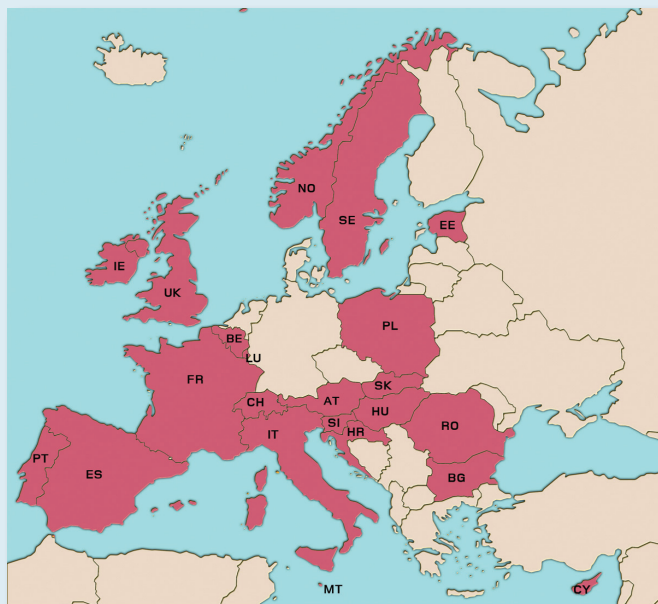
Slovenia (SI)– Chamber of Nursing and Midwifery

Spain (ES)–Spanish General Council of Nursing

Sweden (SE)– The National Board of Health and Welfare

Switzerland (CH)– Federal Office for Professional Education and Technology

United Kingdom (UK)– Nursing and Midwifery Council



Chapter 1

Statistics

	Number of midwives in practice	Number of births per year	Number of obstetricians
AT	1830	80 000	-
BE	8657*	100 000	
BG	3600	77 712	5184
CH	1850	76 691	1251
CY	175	9 205	147
EE	448	15 864	610
ES	4500*	491 042	7 179 ³
FR	20 000	830 000	2500
HR	2500	40 000	-
HU	4620	99 149	2003
IE	2500	70 630	107 ⁴
IT	16400	576 000	-
LU	188	5500	74
MT	80	4228	53
NO	3489*	60 000	990
PL	24 475	416 437	6284
PT	2035*	104 594	1463
RO	6 000	228 115	5000
SK	2185*	54 631	1189
SI	619*	20 000	300
SE	7 720	109 301	1550
UK	35 889**	787 057	1934 ⁵
TOTAL	149 760	4 256 156	

“-” means that no data was available or provided

* number of registered midwives

** number of midwives with intention to practice

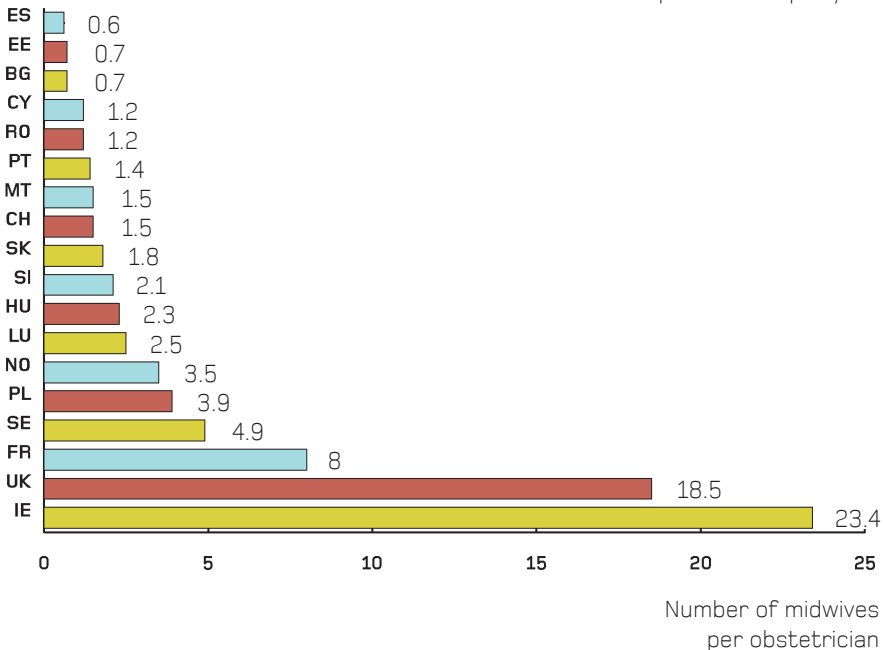
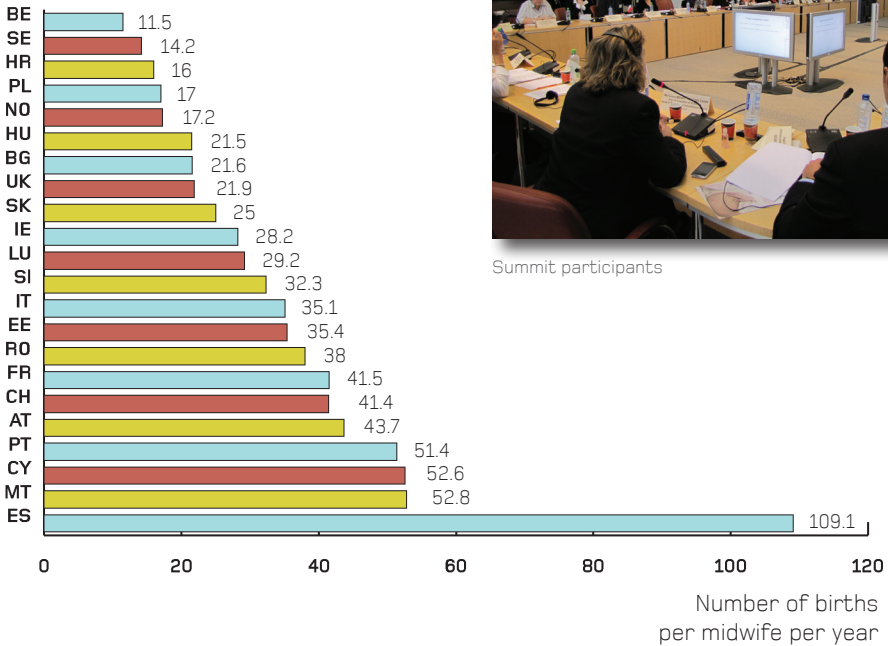
3 Gynaecologists and obstetricians

4 Consultant obstetricians

5 Consultant obstetricians in post (2008)



Summit participants



Chapter 2

Midwives' training

Duration

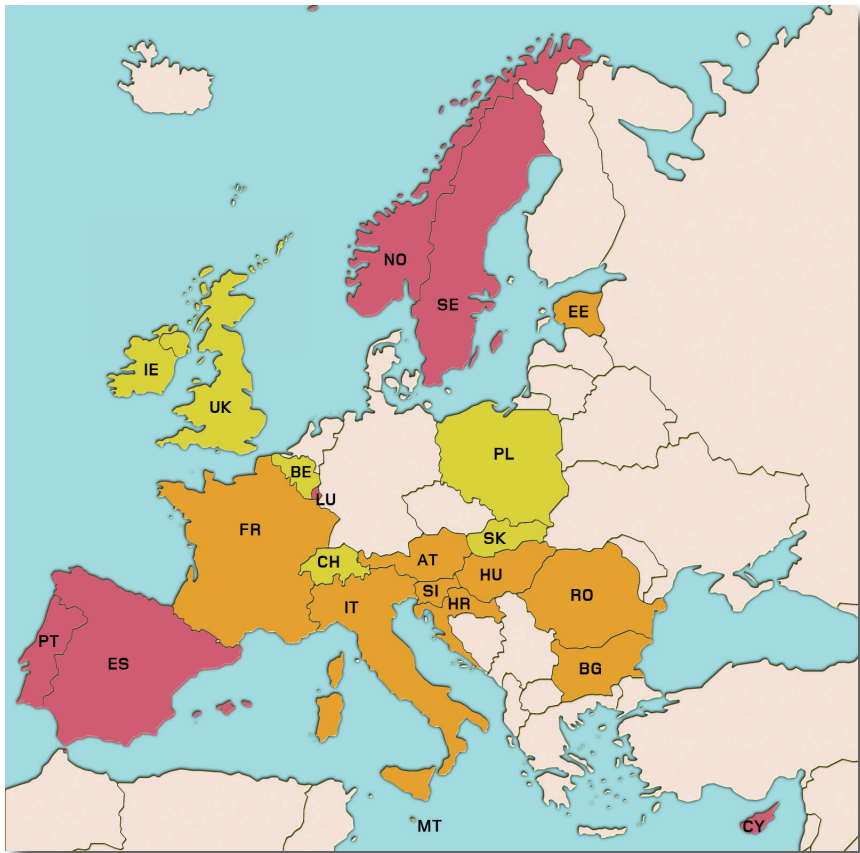
According to directive 2005/36/EC on the recognition of professional qualifications, minimal duration of midwifery training is: at least 3 years for a specific midwifery training (full time) or of at least 18 months if the training is contingent upon possession of evidence of formal qualifications as a nurse responsible for general care.

Duration of midwifery training	
AT	3 years
BE	4 years OR 2 years
BG	4 years
CH	3 years (+ sometimes 1 year of preparatory classes) OR 2 years
CY	18 months
EE	4 years 5 months
ES	2 years
FR	5 years
HR	3 years
HU	4 years
IE	4 years OR 18 months
IT	3 years (+ 2 additional years – in option- in a specialized Master programme)
LU	2 years
MT	4 years
NO	2 years
PL	3 years of licence (+ 2 years for a Master) OR 18 months
PT	18 to 24 months
RO	3 years (4600 hours)
SK	3 years OR 2 years
SI	3 years (5400 hours)
SE	18 months
UK	3 years OR 18 months

Training routes: specific midwifery training or speciality after nursing training?

A specific training in midwifery is available in a majority of responding countries (14). In this countries, in 6 cases, midwifery training is only accessible after a nursing qualification.

- Specific midwifery training only
- Specialisation after nursing qualification only
- Both ways possible



	At least 3 years midwifery training	2 years or 3600 hours midwifery training following qualification as a nurse	1,5 years or 3000 hours midwifery training following qualification as a nurse
AT	Yes	No	No
BE	Yes	Yes	No
BG	Yes	No	No
CH	Yes	Yes	No
CY	No	No	Yes
EE	Yes	No	No
ES	No	Yes	No
FR	Yes	No	No
HR	Yes	No	No
HU	Yes	No	No
IE	Yes	No	Yes
IT	Yes	No	No
LU	No	Yes	No
MT	Yes	No	No
NO	No	Yes	No
PL	Yes	No	Yes ⁶
PT	No	Yes	Yes
RO	Yes	No	No
SK	Yes	Yes	No
SI	Yes	No	No
SE	No	No	Yes
CH	Yes	Yes	No
UK	Yes	No	Yes

6. Since 2007, in Poland there is also the possibility to pursue an 18-month university course in midwifery for graduates of nursing studies. This is however not popular, at the moment there is no tertiary educational institution which provides this type of training, though such a possibility exists.

Access to training

	Route 1: at least 10 years of general school education	Route 2: qualification as a general nurse	Comments/other
AT	Yes	Yes	Route 1 or 2 plus (mandatory) general qualification for university entrance ("Matura")
BE	Yes	Yes	12 years
BG	Yes	No	No
CH	Yes	Yes	No
CY	Yes	Yes	
EE	Yes	No	12 years of general school education
ES	No	Yes	
FR	Yes	No	12 years + special examination
			It is not really 10 years of general school education. It is more 8 years of primary school (general education) and 4 years of secondary school (for midwife assistance). After access to midwifery study for 3 years.
HR	Yes	No	
HU	Yes	No	12 years and final examination
IE	Yes	Yes	13 years of primary and secondary school or certificate of mature applicant
IT	Yes	No	13 years
LU	No	Yes	No
MT	Yes	No	No
NO	No	Yes	
PL	Yes	Yes	No
PT	No	Yes	Mandatory: 2 years of professional experience
RO	Yes	No	After a bachelor's degree
			8-9 years general school education +4 years in secondary school
SK	Yes	Yes	
SI	Yes	No	No
SE	No	Yes	No
UK	Yes	Yes	No

Place of training

A large majority of respondents (16) organizes midwifery training at university.

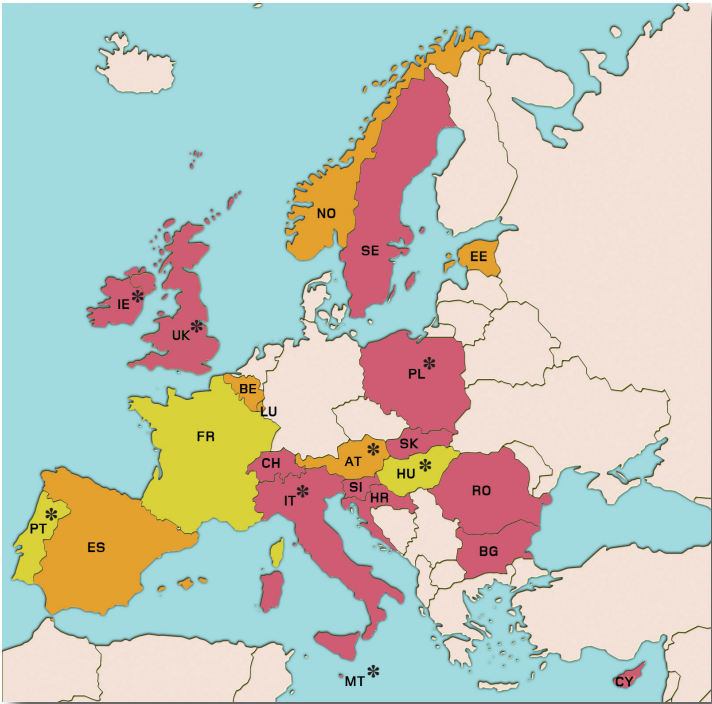
	Universities	Specific Midwifery schools	Others
AT	No	No	University of applied sciences
BE	No	No	High school of nursing and midwifery
BG	Yes	No	No
CH	Yes	No	No
CY	Yes	No	No
EE	No	No	Health Care College
ES	No	No	Accredited Hospitals
FR	Yes	Yes	No
HR	Yes	No	No
HU	Yes	Yes	No
IE	Yes	No	No
IT	Yes	No	No
LU	No	No	Post secondary school
MT	Yes	No	No
NO	No	Yes	No
PL	Yes	No	No
PT	Yes	No	Nursing & midwifery schools
RO	Yes	No	No
SK	Yes	No	No
SI	Yes	No	No
SE	Yes	No	No
UK	Yes	No	+ Clinical practice

Masters

8 countries already have a Masters of Science in Midwifery, 3 plan to create one in the near future. It was set up recently in Portugal and should soon be put in place in France, Slovenia and Slovakia. In the United Kingdom, the Master is accessible only after initial registration as a midwife.

- In universities only
- In other places: Schools, Colleges, Hospitals, Clinics (...)
- In Universities and in other places

* Countries offering Masters in Midwifery



Place of training and countries offering Masters



Summit participants

Academic research

	Specific academic re- search opportunities in midwifery
AT	No
BE	No
BG	Yes
CH	No
CY	Yes
EE	No
ES	Yes
FR	No
HR	No
HU	-
IE	Yes
IT	Yes

	Specific academic re- search opportunities in midwifery
LU	No
MT	No
NO	-
PL	Yes
PT	No
RO	No
SK	Yes
SI	Yes
SE	-
UK	Yes, after registration as a midwife

Countries where changes are planned for midwifery training

	Nature of changes
BE	5 years of university (wish)
CY	Cyprus University of Technology planned to do BSc in Midwifery
FR	Pilot phase: integration of the training at the university – Masters
HR	Change of program to comply with EU directives, and plan to have Masters in Midwifery
PT	New professional development for nurses (including nursing specialization)
SK	Plan to create a 2nd degree of university education in midwifery (Masters)
SI	EU Masters in Midwifery will start in 2010

Midwifery Teaching Personnel

Most of the time, midwives are involved in midwifery training and work in cooperation with health professionals and human sciences specialists.

	Midwives	Gynaecolo- gists/obste- tricians	Physicians & medical specialists	Others
AT	Yes	Yes	Yes	Yes: lectors for law (for example)
BE	Yes	Yes	Yes	Yes: psychologists, nurses
BG	Yes	Yes	Yes	No
CH	-	-	-	Yes
CY	Yes	No	No	No
EE	Yes	Yes	No	No
ES	Yes	Yes	No	No
FR	Yes	Yes	Yes	Yes: psychologists, lectors for law and sociologists
HR	No	Yes	No	Yes (nurses) Midwives in Croatia do not have university level yet. Midwives can teach future midwives in the Clinics etc...
HU	Yes	Yes	Yes	Yes
IE	Yes	Yes	Yes	95%+ of the teaching is done by midwives with some input from medical practitioners, physio-therapists, social workers, dieticians, etc. The programme co-ordinator must be a midwife
IT	Yes	Yes	No	No
LU	Yes	Yes	Yes	No
MT	Yes	No	No	No- midwives only
NO	-	-	-	-
PL	Yes	Yes	Yes	No
PT	Yes	No	No	No
RO	No	Yes	No	No
SK	Yes	Yes	Yes	Psychologists, lectors for law and sociologists
SI	Yes	Yes	No	No
SE	-	-	-	-
UK	Yes	Yes	Yes	Yes, e. g. nurses and neonatologists

Chapter 3

Midwifery practice

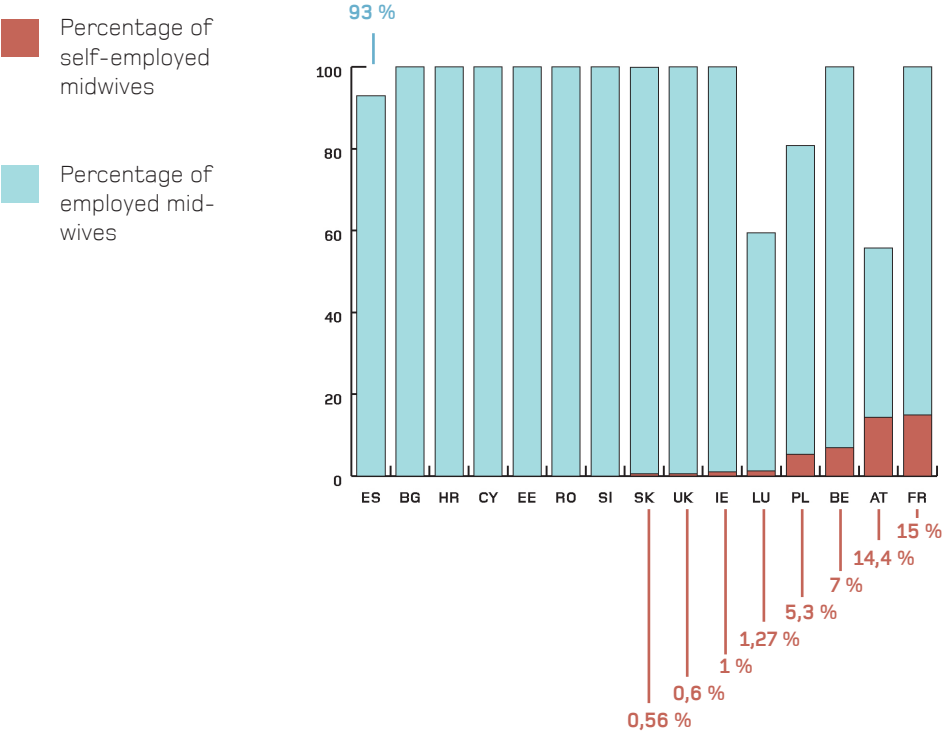
Employees and self-employed



Summit participants

Midwives mainly work as employees. France, Austria and Belgium are the countries having the highest proportion of independent midwives. In Austria, 44,2% of midwives work both as employed and self-employed (independent).

In 4 countries, (IE, PT, SK and UK) the proportion of independent midwives is very low, below 1%. In 6 countries, 100% of midwives work as employees.



Prescribing rights

Midwives are allowed to prescribe medicines in a minority of responding countries (9). In 3 countries, midwives are authorized to prescribe contraceptives. In Estonia, prescribing rights for midwives should be introduced in April 2010. In Ireland, prescribing rights and capacity to administer medicines for midwives is only allowed for Registered Nurse Prescribers. In 3 countries (France, Sweden Norway), midwives are authorized to prescribe contraceptives.

	Prescription training	Prescription types	Midwives are allowed to supply and administer medicines on their own
AT	Training for prescribing in the preregistration phase.	Medicines for prophylactic reasons	Yes
BE	Pre and post-registration		Yes
BG	-	-	No
CH ⁷	-	-	-
CY	-	-	Yes
EE	Pre-registration	-	No, under development phase
ES	During the 2 years specialization training	Under study	Yes, according to the new legislation
FR	Pre-registration	By family: contraceptives, antibiotics, morphinic	Yes
HR	No	No	No
HU	-	-	No
IE	After qualification	Those which are within the scope of practice. Agreement of the employer needed	Yes

⁷ This depends on the "cantons"

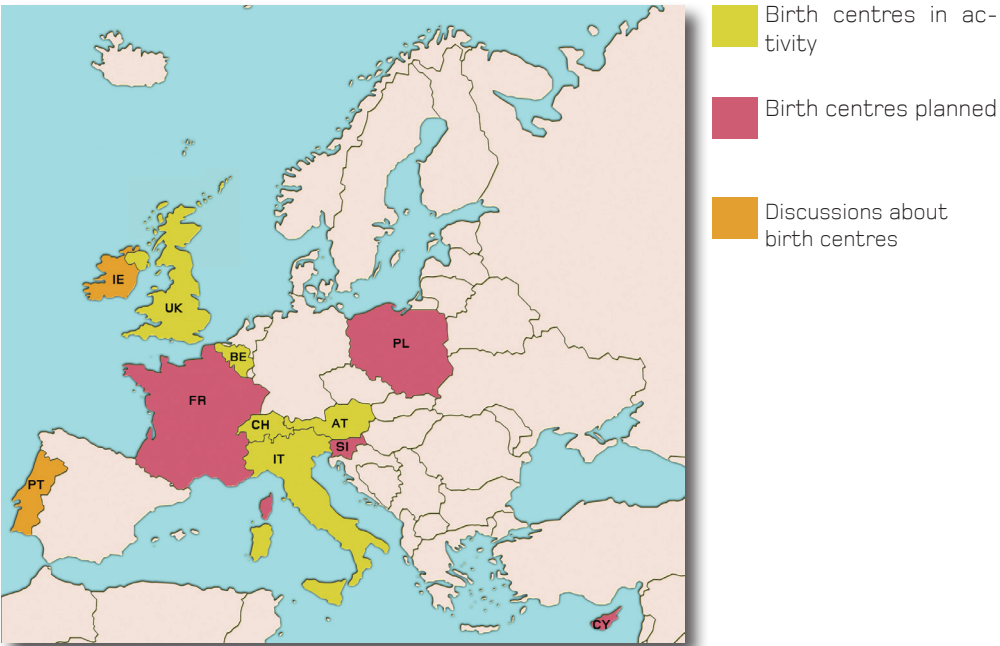
Prescription training		Prescription types	Midwives are allowed to supply and administer medicines on their own
IT	-	Prescribe examinations necessary for the earliest possible diagnosis of pregnancy at risk	No
LU	Training for prescribing in the preregistration phase	Methergin Rhogam Ultra Filtered	-
MT	-	-	No
NO	After qualifying as a midwife	Contraceptives	No
PL	-	-	-
PT			Yes in case of life-threatening emergency
RO	-	No	No
SK	-	No	No
SI	No	No	No
SE	After qualifying as a midwife and training for prescribing	List of the Medical products agency Contraceptives included	Yes
UK	Post- registration	List available on the website of the NMC: no contraceptives	Yes

Birth centres

Five respondents have birth centres in their territories: Austria, Belgium, Italy, Switzerland and United Kingdom.

In Ireland : there is no independent birth-centers but 2 midwife-led units attached to

maternity hospitals. Several countries plan to open birth centres in the future: France, Slovenia, Poland and Cyprus. This is also a project being discussed in Portugal and Ireland where an evaluation study of midwife-led units is being carried out.



Proportion of births in birth centres	
AT	Less than 1%
BE	50 births /year ~0.05%
IT	-
UK	Report due in 2011 which will give this information

Chapter 4

Regulation and disciplinary procedures

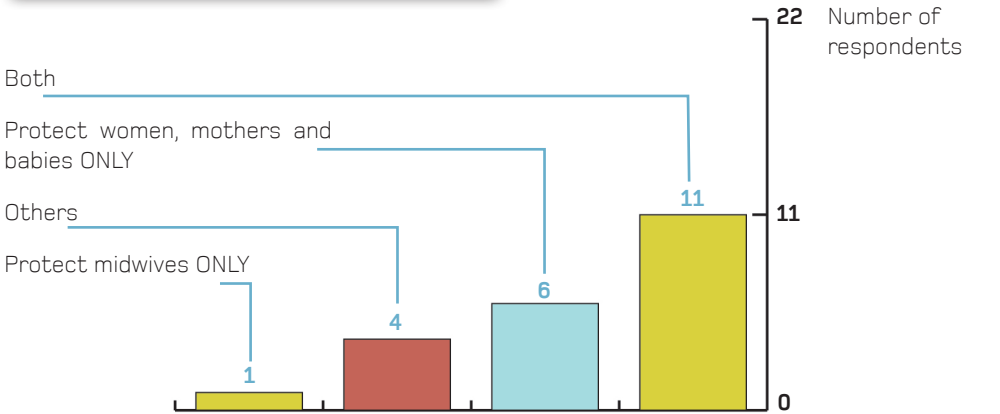
Specific goals of the organization



The majority of organisations consulted (11) follows the 2 objectives of protecting women, mothers and babies and midwives.

5 are uniquely dedicated to the protection of women & babies. Only one respondent stands for protecting midwives first. 4 consider having other purposes.

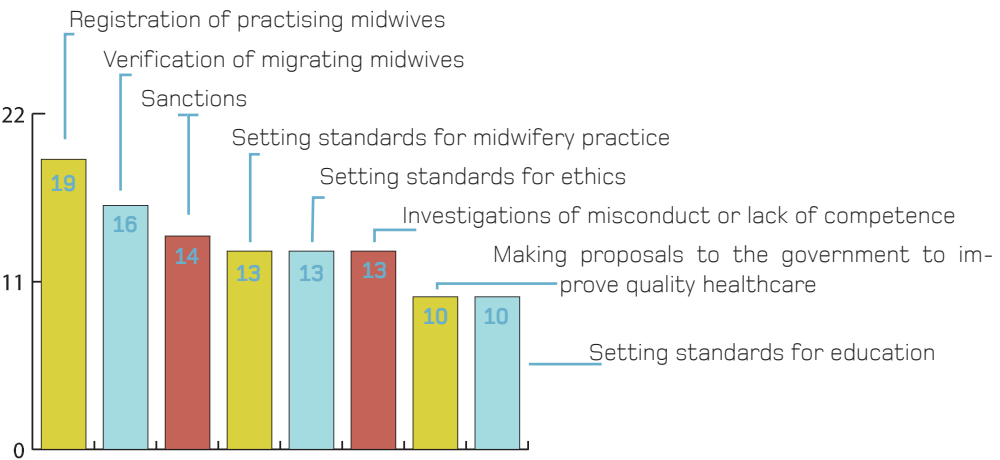
Nicholas Leapman, former Head of unit at the DG Markt (European Commission), “father” of the IMI system



	Protect women, mothers and babies ONLY	Protect midwives ONLY	Both	Others
AT	-	-	Yes	No
BE	-	-	-	-
BG	-	-	Yes	No
CH	No	No	No	Recognition of qualifications - setting standards for education
CY	-	-	Yes	No
EE	No	No	No	Protect patients
ES	No	No	Yes	No
FR	Yes	No	No	No
HR	No	Yes	No	Register midwives- Recognition of qualifications
HU	Yes	No	No	Register midwives- Recognition of qualifications
IE	Yes	No	No	No
IT	Yes	No	No	No
LU	No	No	Yes	No
MT	No	No	Yes	No
NO	Yes	No	No	No
PL	No	No	No	Improve quality of midwifery care for woman, mother and child – supervise the midwifery postgraduate education and regulate midwife profession
PT	-	-	Yes	Yes, representation of the profession, professional development
RO	-	-	Yes	No
SK	-	-	Yes	Promote high standard for development of practice, education, management, ethics
SI			Yes	No
SE	No	No	Yes	Supervision for 21 regulated professions
UK	Yes	No	No	To safeguard the health and wellbeing of the public

Competences of the organization

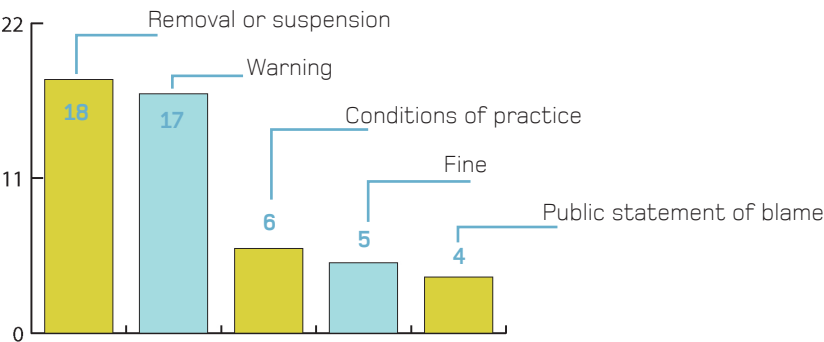
Competences of the responding authorities differ from one country to another.
The main common competences are:



Others

PL	The mentioned competences are delegated to the unions and councils, the Ministry of Health supervises these areas.
PT	Standards for specialist education
SK	Intervention when breach in ethics standards

Sanctions



Professional Insurance

In only 6 responding countries, the professional liability insurance is mandatory. Most of the time, professional activities undertaken outside the territory are not covered by the insurance.

	Obligation of personal professional liability insurance for midwives	Providers of the insurance cover	Does the insurance cover activities abroad?
UK	Yes	Employers	No
SI	Yes	Employers	No
RO	Yes	Private insurance firms	No
PL	Yes	Employers Private insurance	It depends on the particular insurance policy
ES	Yes	Government – Spanish General Council of Nursing	Yes (only the EU)
FR	Yes	Employers Private insurance firms	No
HU	Yes, if she works on a self employed way	-	-
BG	Yes	Employers	No
AT	No	Employers Private insurance firms	No
BE	-		
CH	-	-	-
CY	No	-	No
HR	No	-	-
EE	No	-	No
IE	No	-	-
IT	No	-	-
LU	No	-	-
MT	No	-	-
NO	No	-	-
PT	No. Ordem dos Enfermeiros provides all members in good standing with professional insurance		No
SK	No	Private	No
SE	-	-	-

Chapter 5

Professional mobility in the EU and its consequences

Statistics

Number of initial applications per year (in average)

PL	MT	LU	CY	SK	BG	AT	IE	FR	UK	HR
2	5	10-18	51	68	80	90	162	1100	2006	2000 ⁹

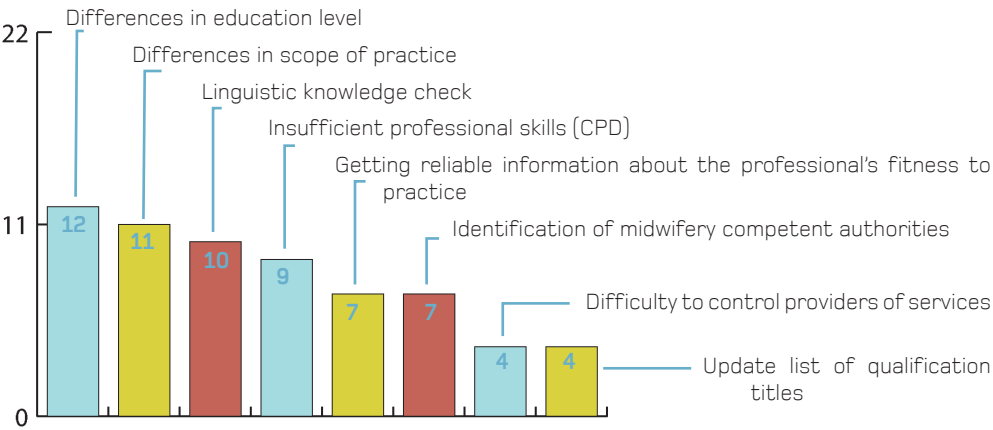
Annual number of new registrants qualified in a EU/EEA country (excluding nationally qualified).

	2003	2004	2005	2006	2007	2008
HU	8	2	6	1	3	-
CY	3	7	17	9	4	19
AT	7	34	26	34	16	27
IE	53	46	51	110	133	100
LU	6	10	13	9	9	15
NO	102	82	94	122	99	108
BG	0	0	0	0	0	0
FR	-	65	82	153	122	100
SK	-	-	-	-	-	0 ⁸
PT	0	2	4	6	0	1
UK	30	74	141	122	84	97

8 Almost 100% of midwives are trained and qualified in Slovakia

9 Number is around 2000 because the Chamber was established few months ago

Issues identified by respondents



Bulgaria: one of the main problems is that Bulgarian midwives are not recognized in the other EU countries even if they meet 2005/36/EC requirements.

Cyprus mentioned the problem that some midwives having inadequate training (did not make 30 normal deliveries).

Hungary insists on the issue of proactive information sharing and linguistic knowledge.

Ireland: Problems encountered with CCPS (Certificate of Current Professional Status) from some countries.

Slovenia: lack of prenatal and post natal care.

United Kingdom: potential lack of competency of applicants becoming registered via acquired right, lack of trust between competent authorities, inability to assure ourselves in competency of English language, difficul-

ties of obtaining transcripts of training for assessment via general systems route.

Portugal: Portugal still hasn't created the legislative framework that will allow Specialist Nurses in Maternal Health and Obstetrics (midwives) to autonomously perform some of the activities mentioned in the directive, namely the ones under article 39 b) and c).

Poland: No problems with the implementation of the Directive were encountered in the course of implementing the Directive to midwives; there were however some problems with the implementation for nurses.

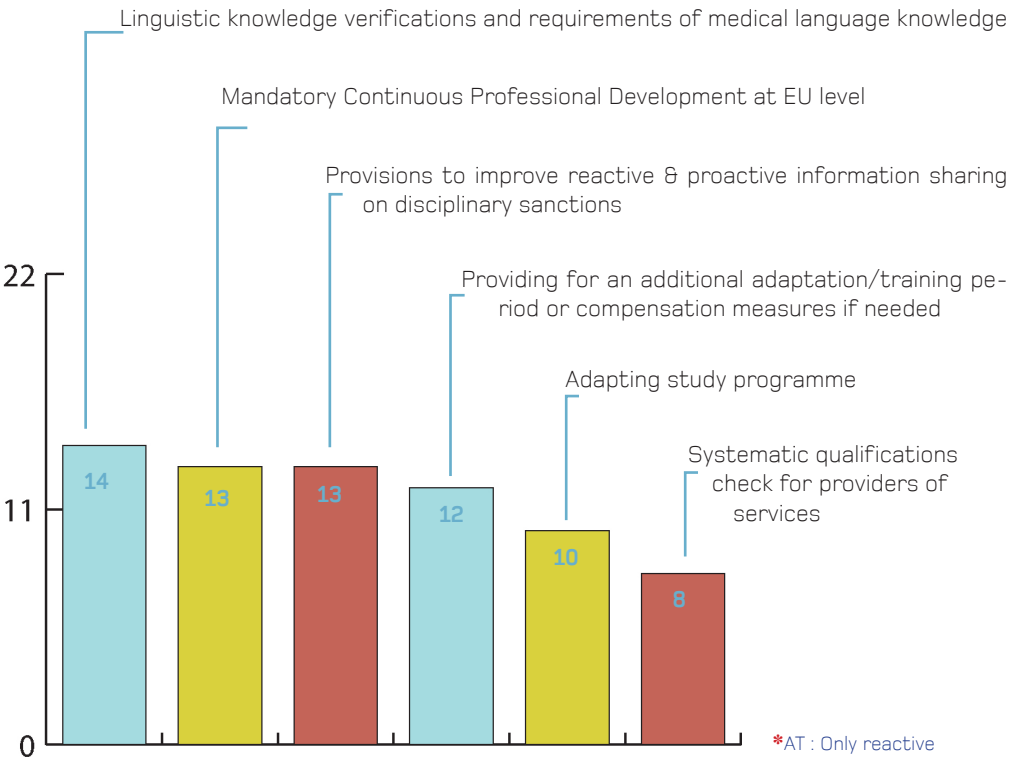
In France, the scope of midwives activities and competencies is broader than in other EU countries (prescription rights, gynecological follow up for healthy women). Migrants midwives are not always trained to this.



Thomas Wiedmann, in charge of the midwifery profession at the DG Markt of the European Commission.

Suggestions to improve the Directive 2005/36 in the future

Priority improvements identified



Respondents' websites

Austria	The National Board of Austrian Midwives (Österreichisches Hebammengremium) - www.hebammen.at
Belgium	Federal Council of Midwives (Conseil Fédéral des sages-femmes) - www.sage-femme.be
Bulgaria	Bulgarian Association of Health Professionals in Nursing - www.nursing-bg.com
Croatia	Croatian Chamber of Midwives - www.udrugaprimajla.hr
Cyprus	Cyprus Nursing and Midwifery Council - www.cyna.org
Estonia	Health Care Board - www.tervishoiuamet.ee
France	French Chamber of Midwives - www.ordre-sages-femmes.fr
Hungary	Office of Health Authorisation and Administrative Procedures - www.eekh.hu
Ireland	An Bord Altranais - www.nursingboard.ie
Italy	Federazione Nazionale Dei Gollegi Delle Ostetriche - www.fnco.it
Luxembourg	Ministry of Health - www.ms.public.lu
Malta	The Registrar of Council of Nurses and Midwives - www.sahha.gov.mt
Norway	Norwegian Registration Authority for Health Personnel - www.safh.no
Poland	Ministry of Health - www.mz.gov.pl/
Portugal	Ordem dos Enfermeiros - www.ordemenfermeiros.pt
Romania	Order of Nurses and Midwives in Romania - www.oamr.ro
Slovakia	Slovak Chamber of Nurses and Midwives - www.sksapa.sk
Slovenia	Chamber of Nursing and Midwifery - www.zbornica-zveza.si
Spain	Spanish General Council of Nursing - www.cge.enfermundi.com
Sweden	The National Board of Health and Welfare - www.socialstyrelsen.se
Switzerland	Federal Office for Professional Education and Technology - www.bbt.admin.ch
United Kingdom	Nursing and Midwifery Council - www.nmc-uk.org

Contact

Conseil national de l'Ordre des sages-femmes

Address: 168, Rue de Grenelle - 75007 Paris

Tel: +33 1 45 51 82 50

Mail: contact@ordre-sages-femmes.fr

Website: <http://www.ordre-sages-femmes.fr>



If you wish to complete or correct data, please contact:
Julie-Jeanne Régnauld: jjregnauld@ordre-sages-femmes.fr