



Midwifery Matters

Tasmanian Midwifery Workforce Strategy 2025-2030

February 2026

Acknowledgement

The Department of Health Tasmania respectfully acknowledges Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work and play.

We recognise their deep connection to land, waters, sky, and community and acknowledge the traditional midwives who have helped women birth on country for over 60,000 years.

We pay our respect to Aboriginal Elders past and present.



A Note About Language

Midwives aim to provide pregnancy care that is culturally safe and respectful.

The Department of Health acknowledges the biological, social, and cultural determinants that influence health and the experience of birth, including sex and gender.

The terms woman/women, breastfeeding and mother have been revised throughout this strategy to better reflect the Department's commitment to inclusive and respectful care.

We recognise that midwifery care is provided to all individuals who may require it, regardless of gender identity.

When using these terms, we do so in a way that reflects most people who are pregnant and do not seek to exclude any individuals who access midwifery care.

We intend these terms, when used, to be inclusive of all people accessing midwifery care. All individuals seeking care from a midwife should receive personalised, respectful care, including the use of their preferred pronouns.

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Foreword by the Minister for Health, Mental Health and Wellbeing

I am pleased to provide the *Midwifery Matters* Tasmanian Midwifery Workforce Strategy 2025-2030.

The Tasmanian Midwifery Workforce Strategy 2025-2030 sets out a vision for the future of midwifery in Tasmania. It is more than a workforce plan, it is a commitment to listening to women and families, valuing midwives, and building care that reflects contemporary practice, equity and respect.

This strategy responds to the voices of Tasmanian families, national policy directions, and global best practice. It outlines practical actions to strengthen education pathways, expand midwifery led models of care, and ensures that every family can access continuity of care, regardless of geography or circumstance. Midwives working to their full scope of practice ensures that care reflects the choices made by Tasmanian families and for that care to be delivered as close to home, where possible and appropriate.

Across Tasmania, midwives play a vital role in supporting families through pregnancy, birth, and the postnatal period. In contemporary practice, midwives also offer care and support beyond traditional 'birthing', in areas like reproductive health, education and research, and policy.

In 2018, the World Health Organisation (WHO) launched new recommendations for antenatal care and care during childbirth. For the first time, these guidelines recommended that midwives take the lead in providing care through pregnancy, childbirth, and afterwards.

Midwifery Matters recognises the importance of trauma informed, culturally safe, and respectful care, and most importantly, it places the voices of Tasmanian families at the centre of everything we do.

By investing in midwifery, we invest in healthier families and stronger communities.



A handwritten signature in blue ink that reads "Bridget Archer".

The Honourable Bridget Archer MP
Minister for Health, Mental Health and Wellbeing

Introduction

Midwives are critical to Tasmania's maternity system, providing care to women, birthing people, and families across the full continuum of pregnancy, birth and the postnatal period.

The delivery of safe care across the pregnancy continuum is a priority for Tasmania to strengthen and expand models of care that are accessible, evidence-based, equitable, and valued.

Midwifery Matters (the Strategy) sets out an innovative roadmap for Tasmania. It explores why *Midwifery Matters*, especially through the voices of Tasmanian women and families, and it examines the *Matters* that shape *Midwifery*, including workforce, education, national policy, and system design.

The strategy outlines 20 actions to strengthen services, and address concerns raised by the Tasmanian community. The actions in the strategy highlight the importance of supporting the growth of local midwives by implementing a unified and diverse approach to midwifery education statewide. It also recognises that statewide collaboration is fundamental to ensuring the retention and resilience of the midwifery workforce in Tasmania. By implementing these actions, Tasmanian families and the midwives who care for them can fully benefit from a responsive, sustainable, and future-focused maternity system.

Midwifery Matters is not only a strategy; it is a commitment to listening, acting, and transforming Tasmania's midwives' ways of working, together.

Vision

Every woman, every family, every birth is supported by skilled, compassionate midwives providing safe, respectful, trauma-informed and culturally inclusive care across Tasmania.

We envision a future where midwives work in partnership to empower Tasmanian women and families through continuity, choice, and respect across the full continuum of midwifery care.

Actions

The Select Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania and the recent review of Maternity Services at the Royal Hobart Hospital highlight the need for Tasmania to improve support for women and their families, and address midwifery workforce issues. Growing midwifery-led models of care and improving and supporting birthing experiences across maternity services is equally important to strengthen care for all families. For Tasmania to continue to provide high-quality maternity services into the future, acting now will ensure the viability and sustainability of the midwifery workforce.

The actions are designed to strengthen and elevate midwifery practice in Tasmania to be successful now and into the future.

The actions are centred around care that is:

- woman/family-centred
- culturally safe
- trauma-informed
- respectful

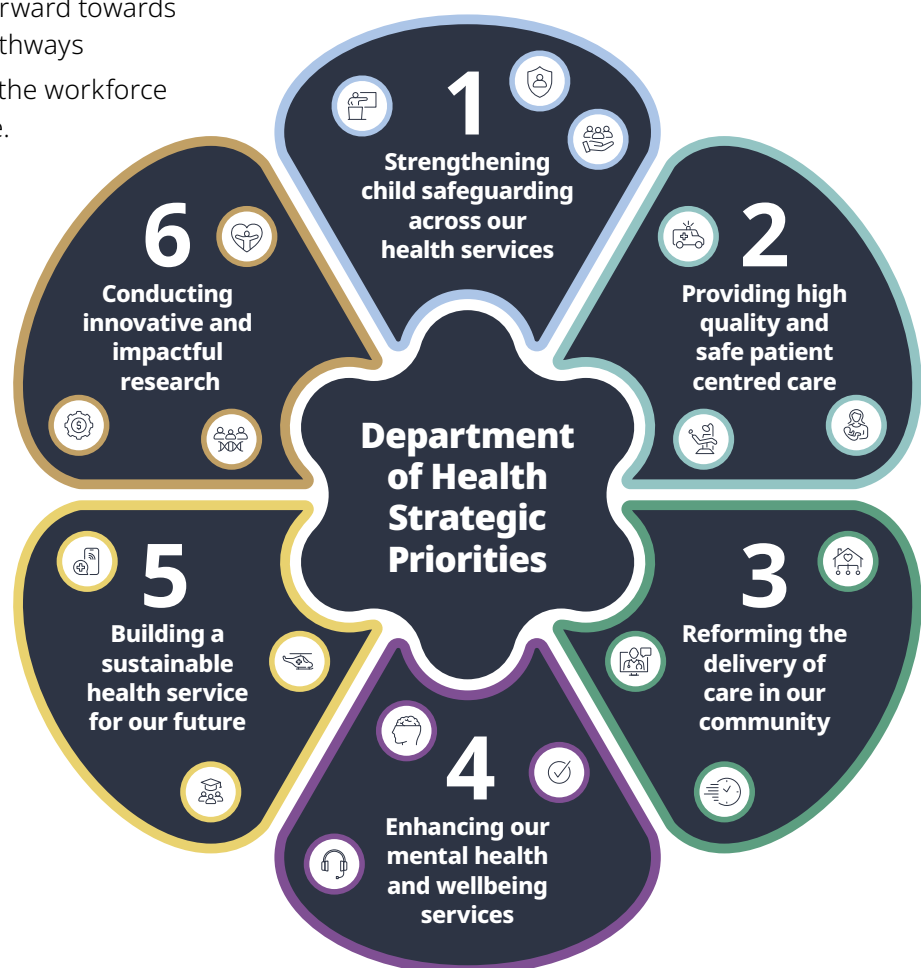
and reflects the voices of consumers.

The actions aim to:

- give voice to families through our systems and policies
- move midwifery practice forward towards full scope and extended pathways
- bolster, support, and build the workforce toward a sustainable future.

An implementation plan will be developed in consultation with midwives and consumers, and meaningful collaboration will underpin the implementation of any actions.

The actions are aligned with the Department of Health (DoH) (Tasmania) Strategic Priorities (2024-2028).



Actions are grouped into three areas with timelines described as short (1-2 years), medium (2-3 years) or long-term (5 years).

1 Women and Families – Connection

- To collaborate with the Tasmanian community to establish codesigned, contemporary, respectful midwifery care that values consumer engagement.
- To ensure women and families have a voice within midwifery services.
- To align services and embed woman-centred care principles.

2 The Workforce – Capacity

- To increase recruitment, retention, and attraction strategies to support a sustainable midwifery workforce, where skills are recognised and developed across the career spectrum.
- To enable the midwifery workforce to achieve, fully utilise, and extend their scope of practice through innovative models of care, professional development, and leadership opportunities.

3 The Workplace – Capability

- To support undergraduate and postgraduate education requirements.
- To build a workforce pipeline that can influence and inform models of care and service delivery that meet the needs of families.
- To ensure policy and legislation keep pace with the contemporary foundations, where systems can scaffold the innovative models of care that align with consumer demand.

Actions – Working for Women and Families – Connection

No.	DoH Strategic Priority	Principle	Action	Proposed Target
1	SP2	Embed consumer voices to inform midwifery practice	Establish a Statewide 'Women's Health Advisory Group' in line with the Department's commitment to embed consumer representation. This will build on the Women's Health Advisory Group that is established in the North West.	Short Term
2	SP2		Embed consumer representation on all Maternity Service Governance Committees.	Medium Term
3	SP1	Co-design woman-centred Models of Care	Ensure that all midwifery continuity of care models work collaboratively with other health and community services that support families to provide wrap-around care during the First 1000 days (e.g. Child Health and Parenting Service (CHaPS), Perinatal and Infant Mental Health Service, General Practitioners).	Long Term
4	SP3		Ensure every family can choose and has access to a midwifery continuity of care model by: a) evaluating and building on existing models of care, and b) innovating to support new models of care.	Long Term
5	SP2		Implement a refreshed 'Woman at the Centre' Culture Strategy statewide, including mandatory Cultural Safety Training, Informed Consent education and Bereavement training.	Short Term

Actions for the Workforce – Capacity

No.	DoH Strategic Priority	Principle	Action	Proposed Target
6	SP3	Build partnerships with higher education providers	Establish statewide sustainable, diverse, and supported entry-to-practice pathways with targeted initiatives for regional and Aboriginal students.	Medium Term
7	SP5, 6		Partner with the University of Tasmania to establish postgraduate offerings that support career advancement for midwives e.g. Graduate Certificate in Midwifery (Specialisation). Increase midwifery postgraduate education enrolment numbers through funding streams within the Tasmanian Nursing and Midwifery Scholarship Program. Implement a statewide digital learning platform to increase the reach of professional development opportunities to rural and regional midwives, including integrated mentorship and professional supervision.	Medium Term
8	SP2	Upskill midwives to work to the full scope of practice	Develop a statewide education program to strengthen clinical capability to enable the scope of practice that is accessible to rural and regional midwives.	Medium Term
9	SP2		Strengthen established Midwifery Guidelines to reduce duplication and ensure statewide standardised, evidence-based care across Tasmania. Audit and revise all policies and clinical guidelines to elevate and strengthen practice to the full scope of midwifery practice.	Short Term
10	SP3	Support and value midwives throughout their careers	Establish statewide Midwifery Career Support Programs (e.g. Transition to Practice Programs and Early Career Support Programs, Mid-career Leadership, Endorsement).	Medium Term
11	SP2		Introduce a statewide Midwifery Professional Mentorship program to strengthen professional supervision and support for midwives practising in Tasmanian services.	Medium Term

Actions for the Workplace – Capability

No.	DoH Strategic Priority	Principle	Action	Proposed Target
12	SP2	Grow and sustain Midwifery led Models of Care	Expand midwifery caseload workforce to achieve optimal workforce numbers informed by workforce planning and forecasts, and community demand. This will include the establishment of clinically informed pathways for models of care developed in the context of public homebirth and Birthing on Country.	Long Term
13	SP2		Establish a clinical pathway which would allow for admitting rights for Privately Practising Midwives.	Short Term
14	SP3		Consider and review current barriers to midwifery scope of practice, including reviewing the <i>Poisons Act 1971</i> and <i>Reproductive Health (Access to Abortions) Act 2013</i> to align with national direction for contemporary practice.	Long Term
15	SP1	Build organisational service models that maximise the full scope of practice for midwives	Develop career pathways for Direct Entry Midwives into areas including but not limited to: Primary care, Special Care, Neonatal Paediatric Intensive Care Unit, Perinatal and Infant Mental Health Service, Child Health and Parenting Services, Women's Health and Family Planning.	Long Term
16	SP2		Develop and implement a statewide Endorsed Midwife Practice Framework in public Maternity Services.	Medium Term
17	SP2		Establish a statewide Women's and Children's Service in alignment with the Final Report on the Hospitals South Governance and Clinical Management Review. Establish midwifery leadership roles to drive practice change, embed midwifery-led shared governance, and ensure midwifery representation in executive decision-making and service planning.	Long Term

No.	DoH Strategic Priority	Principle	Action	Proposed Target
18	SP3	Develop sustainable, diverse, and supported pathways into midwifery	Introduce a Midwifery Cadetship Program for Aboriginal and Torres Strait Islander peoples, providing paid placements, mentorship, and a structured transition to practice.	Medium Term
19	SP1		Implement Registered Undergraduate Student of Midwifery (RUSOM) roles across public Maternity Services.	Short Term
20	SP5		Undertake ongoing statewide workforce modelling, analysis, and clinical placement expansion plans with regional targets for placement growth and service capacity.	Long Term

What is a Midwife?

Midwifery is to be 'with woman', to foster a connection built on trust, respect and knowledge sharing throughout pregnancy, birth and beyond. By being 'with woman', midwives provide a space where women are empowered and heard for the most significant transition in their life. To be with woman during pregnancy, birth and beyond is a privilege and described by midwives as a wonder, every time. Midwives share that it is the marvel of each pregnancy and birth that sustains and fulfils them in their professional endeavours.

Midwives are uniquely positioned to positively impact health and wellbeing for the whole family. They provide support, education, and clinical expertise to ensure the well-being of both mothers, birthing people and babies in hospitals, in the community and in the home.

Practice settings and professional contexts include:

- maternity clinics
- maternity wards/hospitals
- neonatal units
- leadership/management
- birth centres
- women's homes
- primary care settings
- family planning clinics
- community health centres
- education
- research
- policy

Endorsed Midwives

Endorsed midwives hold the necessary additional qualifications to meet the requirements for endorsement by the Nursing and Midwifery Board of Australia (NMBA).

Endorsement with the NMBA enables midwives to prescribe medications, including those on the Pharmaceutical Benefits Scheme (PBS), provide Medicare rebate applicable midwifery services, and order Medicare rebate applicable diagnostic tests within their scope of practice.

An endorsed midwife can prescribe and order medication in a variety of practice settings. The clinical areas may include antenatal care, labour and birth, postnatal care, homebirth, lactation consultancy, women's health, as well as rural/remote outreach.

Why Focus on Midwifery?

Midwifery is one of the oldest recorded professions in history, noted in many ancient religious texts, on Egyptian papyrus and across all cultures¹. The word midwife is derived from Middle English and translates to 'with woman'. The foundation of midwifery practice is to walk alongside women through their journey to motherhood. It is quiet and important work. *"In all cultures, the midwife's place is on the threshold of life, where intense human emotions, fear, hope, longing, triumph, and incredible physical power enable a new human being to emerge. Her vocation is unique"* (Sheila Kitzinger)².

In 2018, the World Health Organisation (WHO) launched new recommendations for antenatal care and care during childbirth. For the first time, these guidelines recommended that midwives take the lead in providing care throughout pregnancy, childbirth, and afterwards. It recognised that "continuity of care" is preferred by women and has been proven to reduce preterm births by 24% – a key factor in improving infant health³.

While access to care is vital for all those seeking pregnancy care and newborns, it is critical that the care is of a sufficient quality to provide a safe and positive childbirth experience, and that it is provided with respect and dignity. Continuity of care by midwives benefits anyone accessing pregnancy care, infants, and the community. WHO also recognises that to achieve this, midwives must be educated and regulated to provide the full scope of midwifery skills³.

Concerningly, health systems across the globe are experiencing midwifery workforce challenges and Australia is not immune.

In 2019, Australia's *Future Health Workforce Report (Midwifery)*, published by the Australian Government, assessed that the midwifery workforce supply met national demand, and highlighted that there was a maldistribution of midwives across rural and regional areas, and there were issues retaining midwives among those recently educated^{4,5}. However, the recently released Final Report *Midwifery Futures, Building the future Australian midwifery workforce* describes the Australian midwifery workforce as a workforce in crisis and claims that 'continuing to do the same and expecting different results is no longer possible'⁵.

The most recently available data from the *Council of Obstetric & Paediatric Mortality & Morbidity Report 2023* notes that birth numbers in Tasmania have remained stable between 2019 and 2023⁶. However, a persistent decrease in the number of clinical hours worked by midwives and projected exits of experienced midwives within five years, creates a vulnerability within Tasmanian maternity services⁷.

The community expects that Tasmanian midwives provide care that is woman-centred. We must ensure that systems and practices are in place so that the health system can meet the expectations of Tasmanian women in accessing contemporary, evidence-based, trauma-informed, woman-centred care.

"Good midwifery is a combination of art, science, experience, and instincts" (Jennifer Worth)⁸. Woman-centred care must be the foundation of midwifery practice; the philosophy of 'with woman' is as vital today as it was hundreds of years ago.

What is Happening Nationally?

The national focus to unlock the scope of practice for all clinicians is being driven, in part, by workforce gaps. The scope of practice is misunderstood for many professions, including midwifery.

Enabling midwives to practice to their full scope benefits women, families, and the health service. Reducing duplication streamlines patient pathways and supports positive outcomes for consumers while allowing other health professionals to focus on the elements of practice particular to them.

Midwives working to full scope means that they can deliver the care that women want and choose, and support families to remain as close to home where possible and appropriate. Removing barriers to the scope of practice for midwives will better meet the needs of the consumer and further consolidate the standing of midwifery as a profession in its own right⁵.

When midwives are supported to work to their full scope of practice, they report improved job satisfaction, higher levels of engagement that is linked to workforce retention and improved consumer experiences and health outcomes.

National legislation and policy amendments that support the full scope of practice for midwives:

- In 2010, the *Health Insurance Act 1973* and *National Health Act 1953* were amended to enable appropriately qualified and experienced midwives to request appropriate diagnostic imaging and pathology services for which Medicare benefits may be paid and allow them to prescribe certain medicines under the PBS.

This enabled endorsed midwives to:

- offer Medicare rebate services, including pathology and radiology services
- participate in the PBS so that the cost of medicines prescribed is subsidised for women in their care.
- PBS changes in 2023 enables midwives to prescribe MS-2 Step (mifepristone and misoprostol) for medical abortions. Additionally, commencing 1 November 2024, endorsed midwives can now order ultrasound services under Medicare to assist with the before and after care requirements of the MS-2 Step medical abortion program.
- On 16 May 2024, the Australian Government changed Commonwealth legislation (*Health Insurance Act 1973* and *National Health Act 1953*) and regulations (*Health Insurance Regulations 2018*), removing the legislative need for collaborative arrangements. The change came into effect on 1 November 2024.
 - Endorsed midwives can now practice autonomously, to provide Medicare rebate services and to prescribe Pharmaceutical Benefits Scheme medications without the need for a collaborative arrangement with a medical practitioner.
- In 2024-25, the Australian Government announced:
 - new arrangements for Professional Indemnity Insurance for Privately Practising Midwives and midwives working in Birthing on Country models of care
 - five new MBS items
 - training scholarships for midwives to safely use long-acting reversible contraceptives to provide family planning and sexual health services.

These changes recognise and support autonomous and expanded midwifery scope of practice and associated models of care that meet women's needs from menarche to menopause and beyond.

Opportunity for Change

Key local opportunities to increase the scope of practice include:

- Reviewing the Tasmanian Midwifery Formulary under the *Poisons Act 1971* to explore enhancements to prescribing practice for Endorsed Midwives
- Reviewing the *Reproductive Health (Access to Terminations) Act 2013* to consider participation of NMBA Endorsed Midwives, as it relates to the prescribing of MS-2 Step (mifepristone and misoprostol).
- Reviewing clinical pathways to explore enhanced scope of practice for endorsed midwives, including how full scope can be safely supported within public sector Maternity Services.
- Establish a clinical pathway which would allow for the establishment of admission rights for Privately Practising Midwives in Tasmanian public sector Maternity Services.

National Strategies/Projects

The 20 actions outlined in *Midwifery Matters* align with national policy work, foundational research, directions/recommendations, and available evidence. The reforms are designed to advance midwifery practice. The strategy is a dynamic, living document that will be updated as new evidence, recommendations, or legislative changes emerge. Given the wealth of work happening in the midwifery context nationally, leveraging this work is important to support Tasmanian midwives to practice in the right environment, to have a successful, fulfilling career and to meet the needs of Tasmanian women and families.

- *National Maternity Workforce Strategy 2026-2036* (under development)
- *Midwifery Futures, Final Report 2024*
- *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031*
- *New South Wales Legislative Council – Select Committee on Birth Trauma – New South Wales*
- *National Stillbirth Action and Implementation Plan, 2020*
- *National Women’s Health Strategy 2020-2030*
- *The future of the midwifery workforce in Australia Position paper Midwifery Advisory Group of the Council of Deans of Nursing and Midwifery (ANZ), 2023*
- *Midwives – Australia’s Future Health Workforce report, 2019*
- *Woman-centred care: Strategic directions for Australian maternity services, 2019*

And in Tasmania:

- *Independent Investigation of Royal Hobart Hospital Maternity Services, Final Report 2024*
- *Department of Health – Health Workforce 2040 Strategy*
- *Department of Health – Strategic Priorities 2024-2028*
- *Department of Health – LGBTIQ+ Action Plan 2024-2027*

What is Happening in Tasmania?

The *Council of Obstetric & Paediatric Mortality & Morbidity (COPMM) Report – 2023*⁶, outlines the 5545 people who gave birth in Tasmania in 2023, alongside the national averages for comparison (Figure 1).

The 2023 report identifies that:

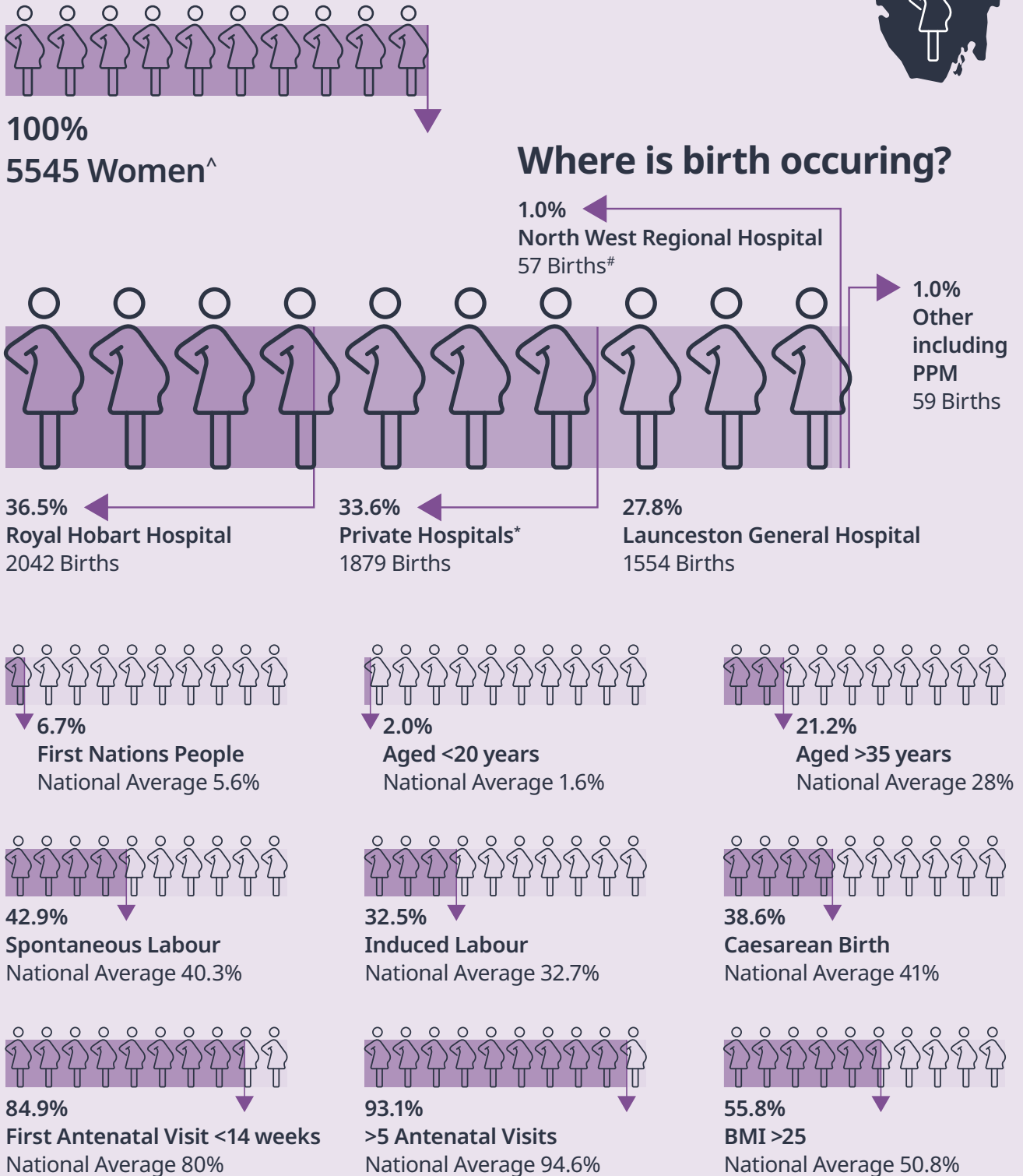
- More Tasmanian families have five or more antenatal care visits throughout their pregnancy, than the national average. This figure has remained steady over the last decade.
- Accessing antenatal care early in pregnancy (<14 weeks) is higher than the national average in Tasmania.
- The birthing population in Tasmania is younger than the national average. Tasmania has experienced a downward trend in those experiencing pregnancy under the age of 20 years in comparison to the national data.
- Spontaneous labour rates are higher when compared with the national average.
- Induction of labour and caesarean section rates in Tasmania are lower than the national average.
- More Tasmanians smoke during pregnancy and are more likely to be overweight (BMI >25) or obese (BMI >30) when compared to the national average.

This data highlights the excellent work happening across Tasmania for people who are accessing care during pregnancy and the early postnatal period. At the same time, the impact of the social determinants of health on the reported outcomes is recognised. Tasmania continues to fall behind the national average in some key health indicators, particularly smoking rates and overweight or obesity prevalence.

A comprehensive community-based response is required as the issues are deeply rooted in broader determinants of health and will continue to be addressed through established preventative public health efforts.



Figure 1: Place of Birth and Demographics



[^]Number of Total Pregnancies

*Includes public patients at the North West Private Hospital prior to 4 December 2023.

[#]Includes public births at the North West Regional Hospital after 4 December 2023.

Data Sources: Council of Obstetric & Paediatric Mortality and Morbidity Tasmania Annual Report 2023⁶.

Australian Institute of Health and Welfare. (2024). *Australia's mothers and babies*. Australian Government¹⁰.

Women and Families' Voices

The strategy recognises women and families at the centre of care.

Tasmanian women and families, including gender diverse and non-binary individuals and members of the LGBTIQ+ community, as well as those from culturally and linguistically diverse (CALD) backgrounds, have a variety of health needs. Women, LGBTIQ+, gender-diverse and non-binary individuals and the CALD community invariably understand what they want from midwifery care. Most importantly, they know what they do not want.

Self-determination, protection of autonomy, and the ability to make informed choices are key elements of respectful, trauma-informed, and safe maternity care¹¹. Consumers raise these common themes when reflecting on their pregnancy care experiences, both positive and negative. Increased media attention on birth trauma in recent years has led to public and parliamentary inquiries into maternity care across Australia.

The NSW Select Committee Report, released in April 2024, identifies multiple issues, including a lack of continuity of care, insufficient respect for birthing choices, midwifery workforce shortages, and resource constraints¹². The report recommends expanding publicly funded homebirth services, increasing access to midwifery-led care models, and ensuring continuity of care for people accessing pregnancy care.

Tasmanian women and families echoed these findings through their feedback during the North West Maternity Services Transition Project (NWMSTP) 2023-24. Cultural reform in the service is occurring through the 'Woman at the Centre – Culture Strategy', a strategy based on best practice midwifery care principles.

The 'Woman at the Centre – Culture Strategy' encompasses:

- Leadership training for current and emerging midwifery leaders
- Bespoke education programs on trauma-informed care and gendered violence
- Implementing Tasmania's first Maternity Services Women's Health Advisory Group
- Collaborating with the University of Tasmania to develop a Respectful Care Framework embedding women's voices and rights into maternity services. The Framework is the foundation for a trauma-informed, woman-centred, and respectful maternity system.

In August 2024, an independent investigation into the Royal Hobart Hospital's Maternity Service was commissioned by the Secretary of the Department of Health. The Review Panel included a consumer representative. Many individuals came forward to share their experiences, and they shaped the Final Report released on 9 January 2025.

A Select Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania (the Committee) was established in October 2023. This committee has heard from the community and healthcare providers. Submissions to the Committee repeatedly highlighted that consumers want trauma-informed, evidence-based care delivered by trusted clinicians. They want to be listened to, respected, and supported to make informed choices about their pregnancy, baby, and body. They also want continuity of midwifery care¹³.

The Department of Health is committed to listening, acting, and embedding change to ensure midwifery services truly reflect the needs and expectations of the people they are designed to serve.

Babies in Tasmania

When compared to many other regions, Australia is among the safest places in the world for childbirth, supported by a highly resourced healthcare system¹⁰. However, despite our best efforts, perinatal deaths can occur. In Australia, the leading cause of perinatal death is congenital anomalies, followed by spontaneous preterm birth¹⁰.

While Tasmania had the lowest stillbirth rate in Australia in 2023¹⁴, there is still work to be done to reduce premature births and low birth weights, even more so given Tasmania's high rate of smoking in pregnancy.

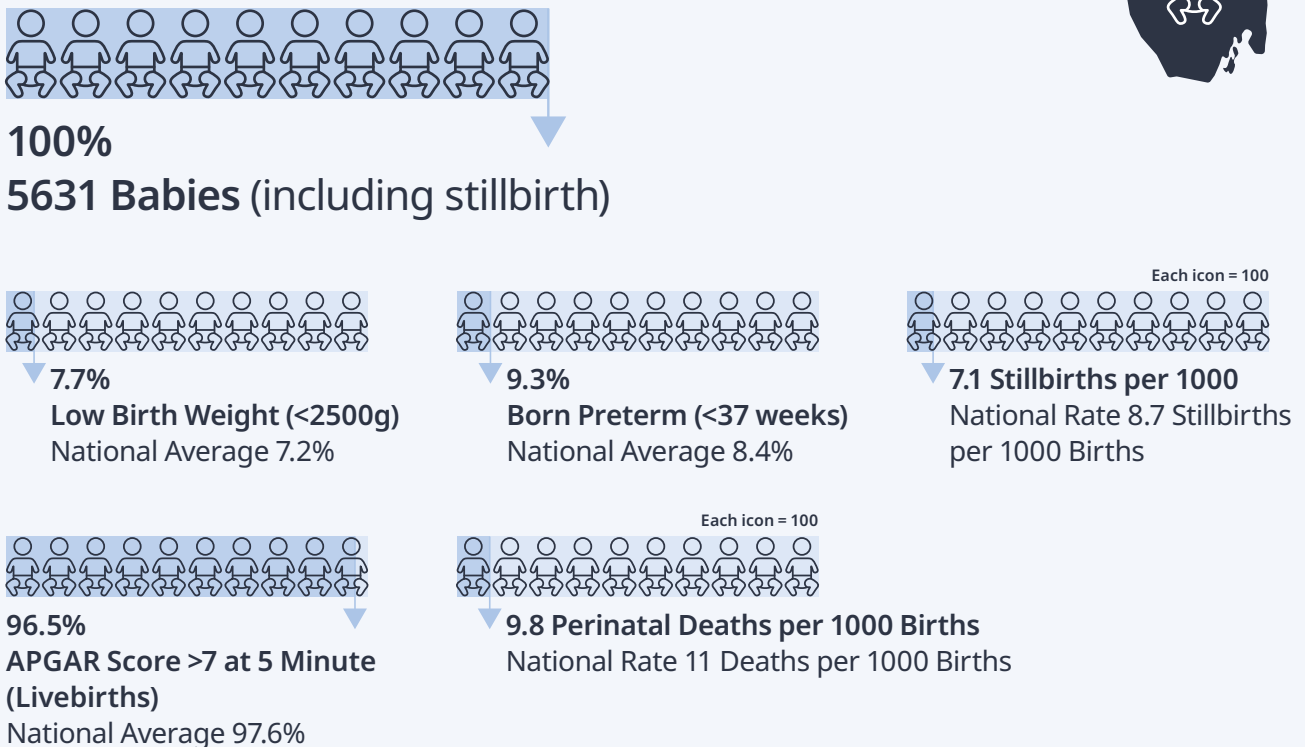
Research shows that midwifery continuity of care has great benefits. Amongst the benefits these models of care decrease rates of prematurity, low birth weights, and special care nursery admissions¹⁵.

Midwives work in partnership with women and families to monitor development, identify and manage maternal conditions, and educate women on nutrition, lifestyle choices and birth planning. Supporting breastfeeding and guiding parenting practices reduces jaundice, dehydration and weight loss, and provides support to families during the critical first weeks.

Embedding the concept of midwifery care as an essential component of preventative neonatal and paediatric care in the first 1000 days and beyond will improve the health outcomes of Tasmanian babies¹⁶.



Figure 2: Babies in Tasmania



Data Sources: Council of Obstetric & Paediatric Mortality and Morbidity Tasmania Annual Report 2023.

Australian Institute of Health and Welfare. (2024). *Australia's mothers and babies: Maternal body mass index*. Australian Government.

Midwifery Models of Care

Midwifery Continuity of Care

Midwifery continuity improves outcomes for mothers and babies¹⁷. The consistent message across the country is that midwifery continuity of care should be expanded and available to all people experiencing pregnancy, especially those with diverse needs, including those receiving care from an obstetrician.

Continuity of midwifery care is the core principle of Midwifery Group Practice (MGP). MGP is a model of care where families are assigned a primary midwife who works within a small team of midwives throughout pregnancy, labour, and the postpartum period. MGP is well established in all regions of Tasmania, providing care from a primary midwife. This model is highly valued in Tasmania, with demand exceeding availability.

Midwifery continuity of care is individualised and provided as part of a broader multidisciplinary team for women and families who are considered 'vulnerable' or 'at risk'. Access to continuity of care models has been shown to decrease adverse outcomes and birth trauma.

Increasing options for all pregnant Tasmanians, regardless of risk, postcode, preferred model of birth or previous birth outcome, will provide the best possible foundation for these people to feel supported to navigate their pregnancy and birth in a way that feels safe for them and their families.

Nationally, publicly funded homebirth models supporting autonomous midwifery practice are increasing. Implementing similar models in Tasmania will ensure equity in employment options for midwives and models of care options for midwives and pregnant people alike.

Consumers want midwifery continuity of care, and many national reports (see *"National Strategies/Projects"*) recommend increasing opportunities for continuity of care. These models of care provide a safe and positive experience for labour, birth, and the postnatal period. It is a protective factor against unwanted and unjustified interventions.

Midwives are professionally satisfied when they work in partnership with women and families in continuity of midwifery care models. When implemented well, it can protect against midwifery burnout, can increase staff satisfaction, and improve retention rates^{18, 19, 20}.

Opportunity for Change

Increasing continuity of midwifery care models and providing pregnant Tasmanians with access and choice is a key priority.

Birthing on Country

Aboriginal and Torres Strait Islander women and babies experience disproportionate adverse perinatal outcomes in Australia. Aboriginal and Torres Strait Islander women are 3.7 times more likely to experience maternal mortality, and 2-3 times more likely to have a baby that is premature, low birth weight or does not survive the first year of life²¹.

We know that we need to Close the Gap. Providing culturally safe care, which is flexible, respectful, and delivered in places and ways that build trust, is an important aspect of modern, responsive midwifery care²².

Birthing on Country models of care are services that are:

“Community-based and governed, allow for incorporation of traditional practice; involve a connection with land and country; incorporate a holistic definition of health; value Indigenous and non-Indigenous ways of knowing and learning, risk assessment and service delivery; are culturally competent; and developed by, or with, Indigenous people”¹⁷.

The inclusion of Birthing on Country models of care is having a positive impact on communities across Australia. The inclusion of these culturally safe models of care for Aboriginal and Torres Strait Islander people is shown to:

- Increase antenatal attendance
- Decrease preterm birth
- Decrease low birth weight²³

Opportunity for Change

While there are Aboriginal midwives working in community organisations in Tasmania, there is an opportunity to move towards a clinical pathway which supports a structured, formalised Birthing on Country model. Increasing the Aboriginal and Torres Strait Island workforce in Tasmania is a vital step to move towards introducing these models.

Tasmanian Midwifery Workforce

Midwives provide pregnancy care in the public and private healthcare sectors.

There are three public maternity birthing services operating across Tasmania in the South, North and North West. These birthing services are supported by satellite antenatal clinics. The services collaborate, share resources, and align care to deliver smooth, consistent and equitable access for all Tasmanian families.

Calvary Healthcare Tasmania Lenah Valley Campus is the only private maternity/obstetric service in Tasmania, following the closure of Hobart Private Hospital’s maternity service in August 2025.

A small number of privately practising midwives offer homebirth services in Tasmania. They report that demand outweighs access for this model of care.

Figure 3: Tasmanian Midwifery Workforce outlines the important aspects of the Tasmanian midwifery workforce that shape the actions to increase the workforce into the future.

Nationally, the midwifery workforce remained stable between 2015 and 2020. Although some fluctuations occurred during the COVID-19 pandemic, registrant numbers returned to pre-pandemic levels by 2023⁵.

In contrast, Tasmania has experienced a persistent downward trend in midwifery FTE over the past decade. In 2024, Tasmanian midwives worked on average 0.56 FTE⁷.

Notably, despite a gradual decrease in the average age of midwives, the proportion intending to leave the profession within five years has increased. The *Midwifery Futures* Report found that 70.1% of participating midwives across Australia who cited an intention to leave refer to reasons other than retirement, with 68% of this group aged under 50⁵.

Figure 3: Tasmanian Midwifery Workforce






100%
590 Midwives
 (Private and Public Sector)


The total worked FTE in 2024 was 330.6 FTE*




75.9%
Work in the Public Sector#
 448 Midwives




35.1%
Intend to leave within 5 years
 207 Midwives




18%
Aged >60*
 107 Midwives




4.9%
Endorsed Midwives#
 29 Midwives



2.2%
Identify as Aboriginal and/or Torres Strait Islanders
 13 Midwives



14.4%
Midwife only (not RN)#
 85 Midwives



85%
Dual Registered (Also Registered Nurses)#
 504 Midwives

In Tasmania, the typical midwife is female, they work 0.56 FTE and is aged 45.9 years old*

Data Source: #National Health Workforce Data Set 2024 (Accessed November 2025)⁷
 *Tasmanian Unit Record. 2024 (Accessed November 2025)⁷

Figure 4: Tasmanian Midwifery Headcount



Figure 5: Total Annual Midwifery FTE (Nursing FTE Excluded)

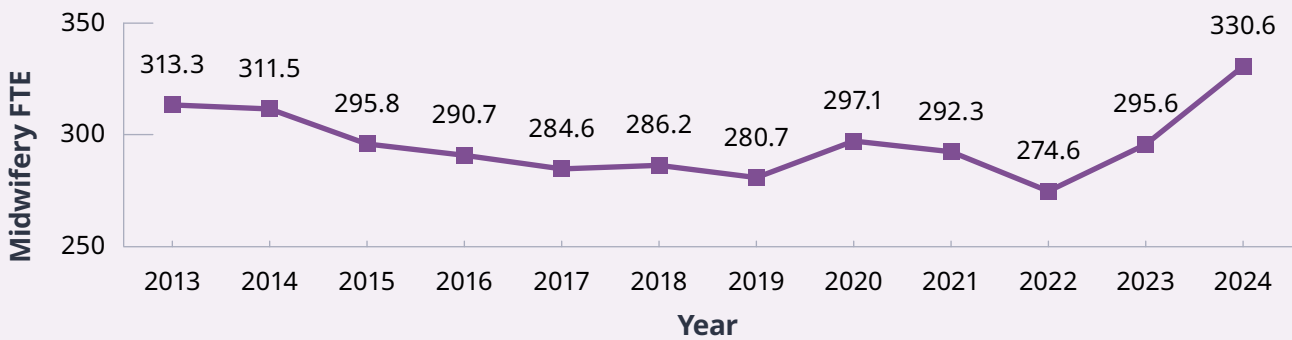


Figure 6: Average Age of Midwives

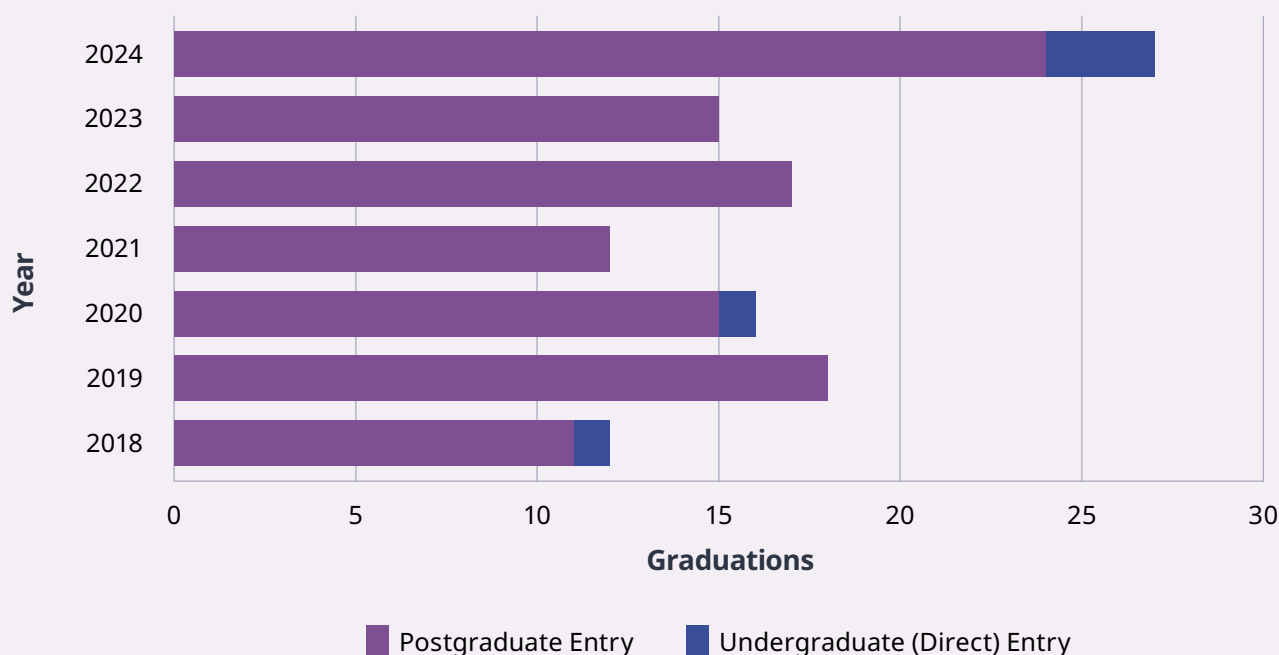


Figure 7: Percentage of Midwives Reporting Intention to Exit Midwifery Within Five Years or Less



Data Source: National Health Workforce Data Set 2024 (Accessed November 2025)

Figure 8: Tasmanian Midwifery Pipeline – Midwifery Graduations by Pathway 2018-2024



Data Source: Student Midwifery Data Repository (Tasmanian Department of Health, 2025)²⁴.

Midwifery Futures reports that there are not enough student midwives graduating to meet the future needs of maternity services and recommends that the number of midwifery students in Australia increase by at least 20%⁵.

If 35.1% of Tasmanian midwives leave the profession, as reported in the 2024 registration renewal workforce survey, the current midwifery graduate pipeline in Tasmania will need to grow to adequately replace them. In 2024, there were 27 midwifery graduates in Tasmania. If the projected exits are realised and the 2024 graduate pipeline is sustained, Tasmania will have a shortfall of 72 midwives over the next five-year period.

Not all midwives who indicate an intention to leave will exit the profession, but attrition and retirements will occur. Strategic workforce growth is essential for the sustainability of maternity services. Growing the midwifery workforce will enable innovation and the delivery of high-quality, woman-centred care⁵.

Supporting our Workforce – Midwifery Incentives

Evolving Midwifery Workforce Expectations

The expectations of the midwifery workforce are changing. Services must adapt to better acknowledge the gendered nature of caring and domestic responsibilities in our society. Flexible workplace arrangements are essential to workforce satisfaction, retention and sustainability.

Midwives continue to express how important flexible rostering is to support them in managing their personal responsibilities, especially in accessing regular childcare arrangements.

Opportunity for Change

Different models of care within midwifery require distinct rostering requirements. Engaging with midwifery teams can create equitable, flexible, and 'fit for purpose' rostering that meets service needs and complies with the requirements of the *State Service Act 2000* and the Nursing and Midwifery industrial agreements. Building a culture of recognition, flexibility, and professional autonomy will enhance recruitment, retention, and overall job satisfaction for Tasmanian midwives⁵.

Valuing and Retaining Experience

The Tasmanian Department of Health upholds the **CARE** values (**Compassion, Accountability, Respect, and Excellence**) as the foundation of its workforce culture. Building on these values remains a commitment for the Department to recognise, support and value its workforce.

Tasmania has a high proportion of midwives aged over 55, many of whom are approaching the age at which they may choose to transition to retirement. These midwives bring clinical expertise, professional wisdom, and leadership skills, qualities vital to nurturing and guiding the next generation. Retaining their contribution, in ways that suit their changing needs, will offer benefits to maternity services in Tasmania.

Opportunity for Change

Harnessing the expertise of these midwives while supporting ways of working that suit their needs is an essential retention strategy. Roles and models of structured mentorship, clinical practice support roles, and service improvement positions create opportunities to retain older midwives in the services. Co-designing these opportunities with staff aligns with the **CARE** values and supports workforce retention.

Building a sustainable midwifery workforce also requires environments where all midwives feel empowered. Embedding flexibility, professional autonomy, and recognition throughout career pathways allows midwives to thrive and contribute with meaning and purpose.

By valuing experience, supporting growth, and fostering innovation, the Tasmanian health system can exemplify **Excellence** in both workforce planning and midwifery care outcomes.

Postgraduate Pathways and Career Progression

Postgraduate education and career progression opportunities are fundamental to workforce sustainability to attract and retain midwives. The ability for career progression, including outside the clinical environment, is important. The NMBA notes practice is not restricted to the provision of direct clinical care and can include leadership, management, administration, education, research, advisory, regulatory or policy development roles, or any other role impacting on the safe, effective delivery of services²⁵.

Midwifery career pathways include:

- Postgraduate education in midwifery practice, leadership, and clinical specialties
- Roles in research, policy, and health system design
- Extension to clinical areas such as homebirth, Child and Parenting Health Service, Perinatal and Infant Mental Health Services
- Scholarship and partnership opportunities with universities and research institutes.

Opportunity for Change

Supporting midwives with these opportunities will improve career development across all stages of the career journey²⁶.

Growing our Workforce – Education Pathways

Becoming a Midwife

Midwifery education has changed significantly in the last 30 years.

The inception of undergraduate Bachelor of Midwifery (BMid) programs and the implementation of national accreditation standards and professional registration represent noteworthy developments in education²⁷.

In Australia in 2024, 23 universities offered entry-to-practice midwifery pathways²⁸. These pathways lead to various qualifications including the Bachelor of Midwifery (BMid), Graduate Diploma of/in Midwifery, Master of Midwifery and the Bachelor Degree of Nursing and Midwifery (Double Degree).

Table 1: Midwifery Education Pathways

Undergraduate Pathways			
	Prerequisite	Duration (Varies)	Outcome
Bachelor of Midwifery	None	3 Years Full Time	Midwife
Double Bachelor Degree Nursing and Midwifery	None	4 Years Full Time	Registered Nurse and Midwife
Postgraduate Pathways			
	Prerequisite	Duration (Varies)	Outcome
Bachelor of Midwifery	Bachelor of Nursing/ Bachelor of Health Science (Paramedic)	2 Years Part Time/Full Time	Registered Nurse and Midwife or Paramedic and Midwife
Graduate Diploma	Bachelor of Nursing	1-2 Years Part Time/ Full Time	Registered Nurse and Midwife
Masters of Midwifery	Any Degree	2 Years Full Time	Midwife

Growing From Within

Tasmania’s workforce needs will not be met through recruitment alone. A statewide and diverse approach to local undergraduate and postgraduate midwifery education is needed.

To meet current and future staffing demands, Tasmania’s midwifery workforce must expand significantly. Tasmania must grow and support a new workforce through the education of local midwifery students who are ready to transfer into permanent positions²⁶.

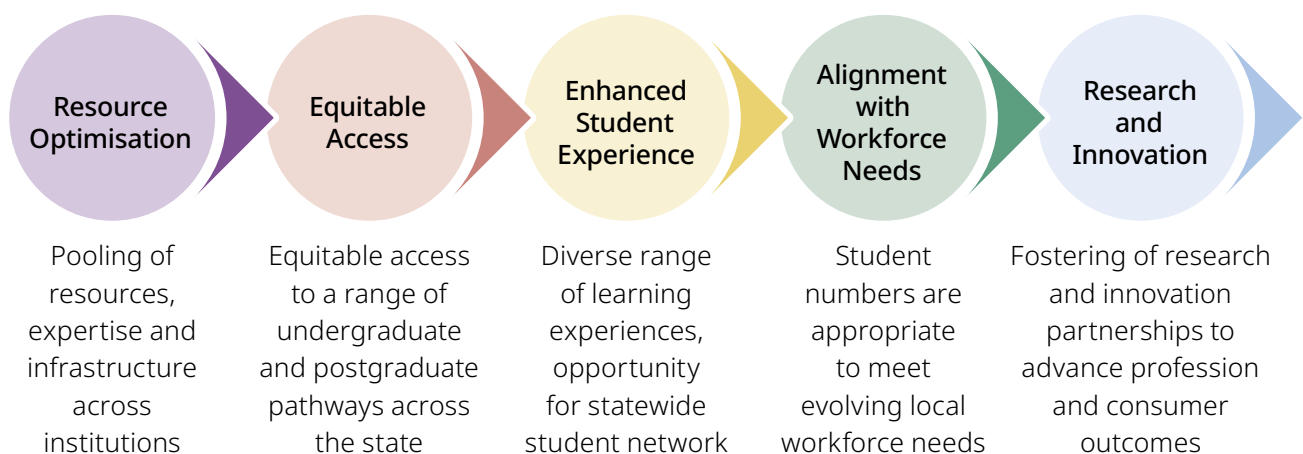
Historically, small student cohorts have made it difficult for education providers and workplaces to sustain and ensure the viability of midwifery entry-to-practice pathways in Tasmania. The student clinical requirements, against a backdrop of small birthing numbers, have created issues for maternity services' capacity to expand the number of students in placement at any one time. Consequently, each maternity service has taken a slightly different approach in its response.

Opportunity for Change

Tasmania is a small state that can adopt a creative and consistent approach to teaching and education. Strengthening consistent pathways statewide will drive growth in student numbers, mitigate fragmentation, foster a strong student network, and build capacity in placement environments. This will deliver a midwifery workforce that meets Tasmania's workforce needs.

Supporting Statewide Pathways

Figure 9: Statewide Pathways



Supporting Tasmanian Students of Midwifery

Tasmanian midwives support students enrolled in both undergraduate and postgraduate midwifery courses.

Currently, students on placement within the Tasmanian public Maternity Services are enrolled with one of four interstate universities. These universities offer online learning and residential intensive schools (state-based or interstate). The clinical placement capacity is determined by individual maternity services, which collectively offer high-quality clinical placement experiences that create confident graduates.

The current Department of Health policy supports Tasmanian students' advancement to permanent employment within the public Maternity Services upon registration as midwives.

Traditionally, the Department of Health has utilised the preceptor model for student support. Preceptor midwives guide, support, supervise, critique and assess the competency of students against the NMBA standards of practice as they transition to autonomous practice²⁹. Students are also supported by Clinical Midwifery Educators.

Tasmanian midwives support student midwives in completing the clinical component of a Graduate Diploma in midwifery offered by interstate universities. Students of midwifery undertaking the graduate diploma work in an employment model and are paid for their clinical hours. Utilising an employment model helps reduce the financial burden that students sometimes face while undertaking their studies.

University of Tasmania – Graduate Diploma in Midwifery

In 2025, the Tasmanian Minister for Health announced that an agreement with the University of Tasmania (UTas) had been reached for the recommencement of the Graduate Diploma of Midwifery in Tasmania in 2026.

Opportunity for Change

A locally delivered course will reduce the financial burden for students and offer a significant boost to growing the student population and, by extension, Tasmania's midwifery workforce.

Direct Entry Bachelor of Midwifery Workforce: Highlights from the Literature

The Direct Entry Bachelor of Midwifery (BMid) is a pathway for students who do not have a background in health professional practice. By removing the prerequisite nursing degree, the total education duration is shortened from four or five years to three years²⁷.

Eliminating the health professional prerequisite broadens the pool of potential candidates and becomes an option for school leavers. Given that students can enrol directly from school, graduates can have an extended career and period of employability^{30, 31}.

Midwives graduating from a BMid course are attracted to continuity-of-care models such as Midwifery Group Practice (MGP)⁵. Growing BMid pathways in Tasmania will increase the workforce numbers and depth for continuity of care models and support expansion to respond to increasing demand¹⁹.

Direct-entry midwives could be utilised in rural health settings, as midwife shortages are a key contributor to the closure of maternity services in rural and remote Australia^{32, 33}.

Tasmania is implementing Registered Undergraduate Student of Midwifery (RUSOM) roles to employ students of the BMid who have successfully completed all first-year components of their course in midwifery services while they continue to study, in addition to their clinical placements. As the student progresses through their course, their level of skill grows, as does their assistant role in the midwifery team.

There are real benefits for the student. The RUSOM roles offer students a deeper understanding of health systems, provide on-the-job skills in working in multidisciplinary environments, and hone skills in effective communication with colleagues and consumers. This can prevent BMid student attrition, enhance students' experience, facilitate the seamless transition to graduate midwifery, and alleviate the midwifery workforce shortages²⁰.

Tasmania currently supports a small number of BMid students. The table below notes the numbers from 2018 to 2024. BMid student enrolments and placements increased in 2024, reflecting growing interest in this education pathway. *Midwifery Futures* noted that most students studying midwifery in Australia did so via the BMid pathway⁵. While Tasmanian students have faced challenges, such as the need to travel interstate for face-to-face components, limited part-time placement opportunities and a sense of isolation, the pathway holds untapped potential. Awareness of the direct entry education options remains low.

Opportunity for Change

BMid presents a valuable opportunity to strengthen and elevate midwifery as a career. Promotion and awareness, an education provider partnership, dedicated clinical placements, and statewide coordination could collectively form the basis of a trial to test the effectiveness of streamlined access for prospective students in the Tasmanian context (Figure 8: *Tasmanian Midwifery Pipeline – Midwifery Graduations by Pathway 2018 – 2024*).

Growing our Workforce – Welcome Back to Midwifery

Figure 10: Key Elements of Successful Refresher/Re-entry Programs¹¹



Midwifery Refresher Program

Some midwives have a break from practice for a brief period and value the opportunity to refresh their skills.

Refreshing clinical skills supports the midwife to return to full scope of practice and restores confidence. It is also an effective recruitment and retention strategy. Returning midwives bring a wealth of life and work experiences that benefit the workplace and maternity care consumers. Reorienting midwives back to practice and supporting their retention in the workplace is a more efficient use of financial and human resources compared to formal entry-to-practice pathways³⁴.

Re-entry to Practice Pathways

Re-entry to Practice pathways support midwives who no longer hold registration and are seeking to return to midwifery practice³⁴. The NMBA assesses each midwife who no longer meets the requirements of the Recency of practice Registration Standard and may direct the midwife to complete a re-entry program³⁴.

The Department of Health supports individuals seeking to return to practice via the two NMBA pathways.

Pathway 1

This pathway supports 450 hours of clinical practice using direct and indirect supervision. Midwives approved for this pathway are engaged in fixed-term employment.

Pathway 2

This pathway requires the midwife to complete an accredited program of study. The program includes preparatory theoretical units and clinical placement experience. The Department of Health offers scholarships to fund the course fees, while the public Maternity Services provide clinical placements, supervision, and support for these midwives. There are two accredited midwifery re-entry courses in Australia, both delivered outside of Tasmania with face-to-face or mixed method delivery of content.

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