



National Maternity Workforce Review

Phase One Report

*An investigation into the current maternity workforce
strategies and plans across Australia*

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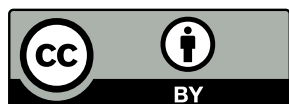
Queensland Health

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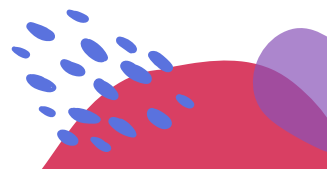
The Project Steering Group would like to acknowledge and thank all stakeholders who participated in the Review Project, via survey and consultation. We appreciate the time and valuable insights provided.

Enquiries

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Terminology

In this document, the term 'woman' or 'women' is utilised as almost all of the research has been conducted with women, and this is consistent with the language used in Woman-centred care: Strategic Directions for Australian maternity services. We do recognise gender diverse people also give birth and their needs are also important. Where we report on literature specifically regarding transgender men and gender diverse people, we use the terminology of the authors of that literature.



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Executive Summary



The Health Workforce Taskforce (HWT) sponsored the **National Maternity Workforce Review Project (the Review Project)**. The project identified the current strategies and initiatives that exist in each jurisdiction, the workforce groups required to provide maternity services, the future of the workforce groups required to provide maternity services, and potential future workforce deficits. This report presents findings and recommendations to HWT, to inform development of a future National Maternity Workforce Strategy.

The Review Project is considered Phase One of a two-phase process. The report provides an overview of considerations found through the analysis of an environmental scan of the current literature, jurisdictional strategies and workforce plans, and engagement and consultation with representatives from the national workforce.

The Review Project sought input and representation from all jurisdictions, professions, geographical regions of practice (i.e. metropolitan, regional, and rural and remote), and sectors (i.e. public, private, and not-for-profit). 227 total documents were included in the review. The engagement and consultation process yielded 306 national survey responses, with 216 utilised within analysis, as well as hosting an online open forum (with 174 attendees) and additional targeted sessions with priority groups to maximise representation across the nation.

The report provides detailed key findings that are summarised into the following categories:

- Definitions and documentation
- Sector-specific gaps and reviews
- Workforce challenges and distribution
- Cultural and community needs
- Education and development

Furthermore, the report provides several recommendations for exploration in the development of a National Maternity Workforce Strategy. This includes the scope, inclusions, and acknowledgement of the variability of definitions and scope across jurisdictions and sectors.

It also recommends addressing a range of workforce challenges particularly relating to equity, access, and diversity in community needs. The importance of the promotion of unity, support and collaboration within the maternity workforce was highlighted, as this promotes both a culturally safe workplace, and the delivery of culturally safe care.

Lastly, it was identified that comprehensive workforce planning requires careful consideration of the experiences faced by rural and remote locations, as well as the complexities of training the future workforce.



1.0 Background

This project was funded as part of the Independent review of Australia's regulatory settings relating to overseas health practitioners (the Kruk Review) [2].

The Commonwealth, State and Territory governments are focused on improving women's health outcomes and ensuring high quality maternity care.

The Health Ministers Meeting (Department of Health), previously known as the COAG Health Council, developed the Woman-centred care: Strategic directions for Australian maternity services (the WCC Strategy) [1] to provide national strategic direction to support Australia's high quality maternity care and to ensure that Australian maternity services are equitable, safe, woman-centred, informed and evidence-based. The WCC Strategy [1] highlights the improvements needed to support enhancements to contemporary practice, evidence, and international developments. It has been acknowledged that the **maternity workforce** plays a *critical* role in improving outcomes for Australian women and babies, in line with the priority areas of the WCC strategy.

The maternity workforce is in high demand particularly in regional, rural and remote locations. Women want to access maternity care in their geographic location, have available outreach services and telehealth models to ensure the provision and continuity of maternity services, regardless of location. Because of this, the Commonwealth, State and Territory governments have made women's health a priority and are committed to improving health outcomes for women and their babies [2].

To ensure long-term effective care for both women and babies, it is essential to understand the maternity workforce that is required. Consideration and understanding of what strategies and plans are in place for the maternity workforce is critical to understanding where possible gaps may be and to eliminate duplication of effort to determine if further action is required to deliver care in a sustainable way across the country moving forward.

The independent review of Australia's regulatory settings relating to overseas health practitioners' final report, prepared by Robyn Kruk AO, recommends governments collaborate through Health Ministers to develop a national maternity health strategy to facilitate planning for Australia's future workforce needs [2]. The Health Workforce Taskforce (HWT) endorsed a **National Maternity Workforce Review Project (the Review Project)**.

The Review Project is one of many projects that have recently been completed or are underway, which explore either maternity services or its workforce across the nation. The Review Project is considered Phase One of a two-phase process and culminates in the creation of a report presenting findings and recommendations to HWT for future potential strategies and actions. Following the report's findings, the development of a National Maternity Workforce Strategy will be defined as Phase Two.



2.0 Aim, Purpose and Scope

The Review Project was progressed and funded as part of Kruk Review Recommendation 18: *Support better planning for Australia's future workforce needs, including developing national workforce strategies for maternity and allied health and finalising the nursing strategy already in development.* The Review Project is the first step to developing a National Maternity Workforce Strategy. This strategy will work alongside other ongoing and completed projects, including:

- Australia's Future Health Workforce Report - Nurses (2014) [3]
- Australia's Future Health Workforce Report - Doctors (2014) [4]
- Australia's Future Health Workforce Report - Obstetrics and Gynaecology (2018) [5]
- Australia's Future Health Workforce Report - Midwives (2019) [6]
- Australian National Breastfeeding Strategy 2019 and Beyond (2019) [7]
- Enhancing Maternity Data Collection and Reporting in Australia: National Maternity Data Development Project (2018) [8]
- 'gettin em n keepin em n growin em' (GENKE II): Strategies for Aboriginal and Torres Strait Islander Nursing and Midwifery Education Reform (2022) [9]
- Midwifery Futures: The Australian Midwifery Workforce Project (in progress)
- National Consensus Framework for Rural Maternity Services (2008) (Review in progress) [10]
- National Medical Workforce Strategy (2023) [11]
- National Nursing Workforce Strategy (in progress)
- National Stillbirth Action and Implementation Plan (2020) [12]
- Nurse Practitioner Workforce Plan (2023) [13]
- Office of the National Rural Health Commissioner - National Rural Maternity Care Forum (2023)
- Unleashing the Potential of our Health Workforce – Scope of Practice Review (2024) [14]
- Woman-centred Care: Strategic directions for Australian maternity services (2019) [1]

Prior to development of a National Maternity Workforce Strategy, it is important to have a clear understanding of all current and relevant work. The aim of the Review Project was to undertake a review of the current national maternity workforce for consideration in development of a National Maternity Workforce Strategy.

The purpose of the Review Project was to understand where the gaps are in current strategies and maternity planning, to ensure the supply of maternity workforce professionals matches existing and predicted needs.

The scope of the Review Project includes:

- an environmental scan/literature review that:
 - examines existing policies and strategies
 - examines factors that impact supply and demand
 - identifies and summarises gaps in data collection
- stakeholder consultation
- development of recommendations and actions

Activities that are out of scope for this project include:

- detailed workforce modelling
- implementation planning

For the purposes of the Review Project, the term 'maternity' refers to the period from conception to six weeks postpartum.

The Review Project culminated in a report that provides recommendations for potential future strategies and actions. The report presents an overview of the findings from a nationwide review of existing strategies, initiatives and workforce groups required to provide maternity services, as well as the future of such workforce groups and potential future workforce deficits.

The report also highlights any significant gaps and findings identified through analysis for consideration by HWT in relation to development of a National Maternity Workforce Strategy.



3.0 Methodology

A Project Steering Group (PSG) (see Appendix 1) was formed with Queensland Health (QH) as the lead in partnership with Office of the Chief Nursing and Midwifery Officer (CNMO) representatives from Australian Capital Territory (ACT) Health and Northern Territory (NT) Health.



3.1 Environmental Scan

An environmental scan of the academic and practice literature was conducted to gain a broad understanding of the current state of maternity services and the relevant workforces across Australia.



The following process was utilised:

- ✓ Definition of principles, activities, milestones and project timelines, and establishment of project operating principles
- ✓ Development of the consultation and communication plan
- ✓ Review of current literature and jurisdictional strategies
- ✓ Identification of the existing strategies through a national survey
- ✓ Engagement and consultation with priority groups
- ✓ Engagement and consultation through an open virtual forum with key stakeholders
- ✓ Development of an interim (draft) report including recommendations
- ✓ Submission of final report for approval by HWT

The environmental scan process was divided into three key stages.

- 1 Google search engine was utilised to locate relevant literature using a variety of search terms, including: maternity service, maternal health, perinatal, antenatal, postnatal, workforce, models of care, mothers and babies, nurse/midwife to patient ratios, First Nations, culturally and linguistically diverse (CALD), rural and remote, woman-centred care, national maternity strategy, and women's health.
- 2 Google search engine was then employed to locate relevant workforce strategy documentation, using search terms including: strategies, framework, workforce plan, practice standards, and position statements for each jurisdiction and at a national level.
- 3 The Department of Health's public access website of each jurisdiction was navigated using a range of search terms, including: maternity service, maternal, perinatal, antenatal, postnatal, workforce, models of care, nurse/midwife to patient ratios, First Nations, CALD, rural and remote, and women's health.

The environmental scan and consultation process included all jurisdictions, professions, and sectors associated with maternity services. Care was taken to ensure the review accurately reflected the broad landscape of opinions and that there were multiple opportunities for stakeholders to contribute.

The objective was to base the findings and recommendations in a well-rounded understanding of the needs and experiences encountered nationwide, from both a qualitative and quantitative perspective.



See **Appendix 2** for a comprehensive list of all documentation included in the Review Project.

3.2 Engagement and Consultation

In response to the priority the Australian and jurisdictional governments have placed on improving the health outcomes for women and their babies, and the vast amount of work underway across the country, a key component of the Review Project was to engage and consult the maternity workforce nationwide.



3.2.1 Stakeholder Identification and Categorisation

Relevant stakeholders were identified by the Review Project and HWT jurisdictional representatives consisting of the following groups:

- ✓ Health jurisdictions
- ✓ Colleges / educational institutions
- ✓ Professional associations
- ✓ Peak and advisory bodies
- ✓ Private and not-for-profit organisations

In addition, the Review Project aimed to involve additional stakeholders who were able to provide documentation and insights relevant to the project's scope, particularly regarding commentary on or access to existing workforce strategies and plans.





Stakeholders were categorised based on their consultation and communication needs, as well as their impacts and influence.



Inform

Regular and clear updates are provided to keep stakeholders informed about the project's progress, ensuring they understand the Review Project's goals and actions.



Consult

Stakeholders with specialist knowledge or those directly impacted by the initiatives are consulted for their valuable input, which is essential for planning and refining the Review project.



Involve

Stakeholders with a vested interest in the project's outcomes are actively involved in the development process, ensuring a joint approach that aligns with the collective interest.



Partner

Critical stakeholders are involved as partners in the creation of solutions, which ensures shared responsibility and strengthens the project's impact.



Empower

Key decision-makers and champions are empowered to make strategic choices that support the project's long-term viability and effectiveness.

3.2.2 National Survey

An online survey was developed to further identify and engage with relevant stakeholders.

The survey collected demographic information from respondents to identify any gaps in data collection and ensure that the Review Project met its full scope and inclusivity.



The survey sought input from respondents regarding the following topics:

- ✓ Availability of maternity or workforce strategies and/or plans to inform maternity care in their workplace or jurisdiction.
- ✓ Perceived challenges associated with current maternity or workforce strategies in their workplace or jurisdiction.
- ✓ Workforce groups that are required to provide maternity care.
- ✓ Future predictions for the provision of maternity services.
- ✓ Any potential or perceived risk associated with maternity services or workforce that may occur in the future.

Between December 2023 and March 2024, the engagement process for the survey included:

- ✓ Email to CNMO representatives for each jurisdiction to promote the project, and seek their support in engagement with the survey across their jurisdiction.
- ✓ Email to HWT Jurisdictional representatives for distribution to the maternity workforce using jurisdictional distribution channels, across all sectors.
- ✓ Survey release for two-week period.
- ✓ Email reminder to all stakeholders for survey completion.
- ✓ Email reminder + extension of survey of 3 days to promote distribution and inclusion.
- ✓ Regular informal engagement through the CNMO and HWT network to distribute across the nation and provide updates on engagement.



3.2.3 Targeted Engagement and Consultation

The Review Project utilised a range of forums and methods of engagement and consultation throughout the project.

The approach provided stakeholders with multiple opportunities to remain updated and contribute relevant documentation and insights as part of the review.



It was identified that a range of priority community groups would benefit from targeted engagement opportunities to ensure their unique circumstances and needs were considered.

The survey process revealed a gap in understanding regarding current strategy and workforce data for women and families of CALD backgrounds.

These included:

- ✓ Project introduction email to all stakeholders
- ✓ 'Registration of Interest' stakeholder opt-in form to allow people/organisations to provide their email addresses to be kept informed on the project
- ✓ Initial feedback form to collect stakeholder views and/or ideas regarding maternity care across Australia
- ✓ Communiques at the end of each month to all stakeholders
- ✓ Regular informal engagement through CNMO representatives by Project Steering Group
- ✓ Presentation to HWT during their monthly meetings
- ✓ Email to CNMO representatives to confirm document submissions in each jurisdiction
- ✓ Project update and presentation at Australian and New Zealand Council of Chief Nursing and Midwifery Officers (ANZCCNMO) meeting
- ✓ Online focus group for First Nations representatives
- ✓ Online focus group for Private Health representatives
- ✓ Project update and presentation at Midwifery Futures National Symposium
- ✓ Online 90-minute deep dive forum for all stakeholders

In response, the Review Project attempted to consult with representatives from this priority group, but unfortunately, the PSG were unable to connect with the appropriate contacts within the designated timeframe of the project.



3.3 Limitations of Data Collection

Considerable effort has been made to ensure the identification of current strategies, and broad consultation was conducted with as many relevant stakeholders as possible across Australia.

However, a number of limitations have been recognised:

The completion of the survey and participation in online forums relied on voluntary participation and sharing of documents.

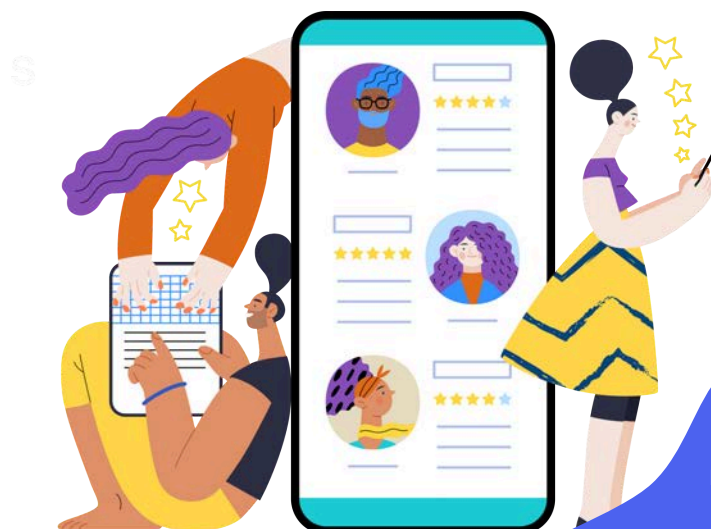
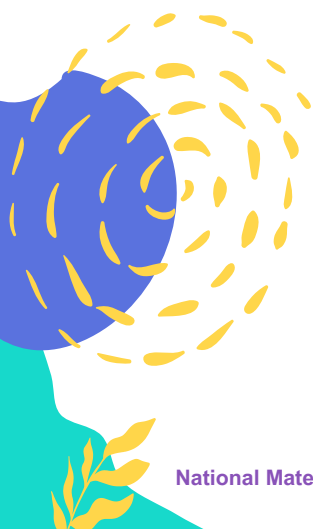
Not all strategies are published online or readily accessible by survey respondents or the Review Project.

Not all selected respondents were able to participate in the targeted stakeholder consultation process due to their availability.

Some documents are currently under development or review and were not accessible.

The timeframe for this review process was compressed to a 12-week period.

The documentation that was received demonstrated considerable variability in structure, scope, focus and content. This presented a challenge in forming a strategic, unified and cohesive understanding of the maternity workforce across Australia.



4.0 Key Findings

4.1 National Survey Response Profile

A national survey was open from 9 February to 27 February 2024.

Please refer to Appendices 3, 4, and 5 to view the response rates by profession, sector, and location of practice, nationally and for each jurisdiction.

4.1.1 Response Rate by Profession

Six (6) survey respondents represented a workforce dedicated or focused on servicing the First Nations population. Two (2) respondents were located in the Northern Territory with the others from New South Wales (1), Queensland (1), Victoria (1) and Western Australia (1).

No respondents were identified to represent a workforce dedicated or focused on servicing the CALD population.

As a result, the Review Project undertook additional activities to attempt to engage and consult with these priority groups.

Activities included:

- 1** Directly contacting representatives from organisations delivering maternity services to these groups to encourage participation and completion of the survey.
- 2** Seeking input from jurisdictional CNMO representatives to identify additional stakeholders who may be able to provide input and feedback.
- 3** Additional virtual consultations with identified stakeholders.



4.2 National Online Open Forum

A facilitated 90-minute national online forum for all stakeholders was undertaken to deep dive into both the future needs and risks of the maternity workforce.

174 stakeholders attended the open forum, with 113 completing an anonymous demographic survey to allow the Review Project to present additional engagement data. These demographics provide a snapshot of voluntary participation across the Australian peoples.

174

stakeholders
attended the
open forum

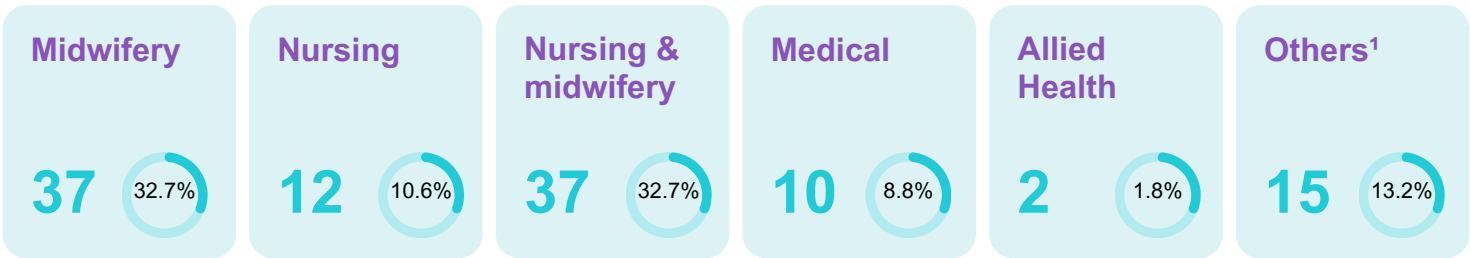


113

stakeholders
completed the
demographic survey

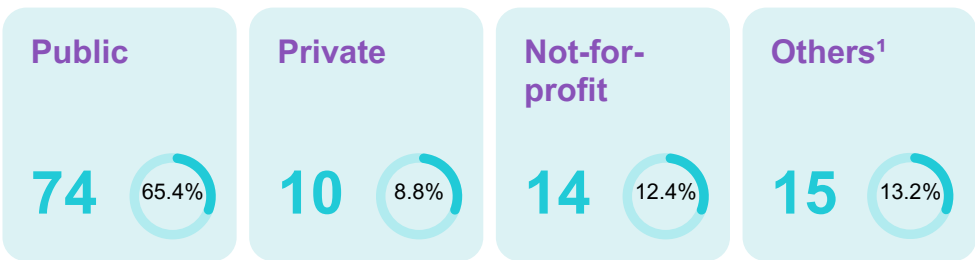


Profession



¹ - including Aboriginal health practitioner, GP, lactation consultant, breastfeeding peer support, administration, paramedic and midwife, healthcare leaders and managers, health service planners, peak body representatives.

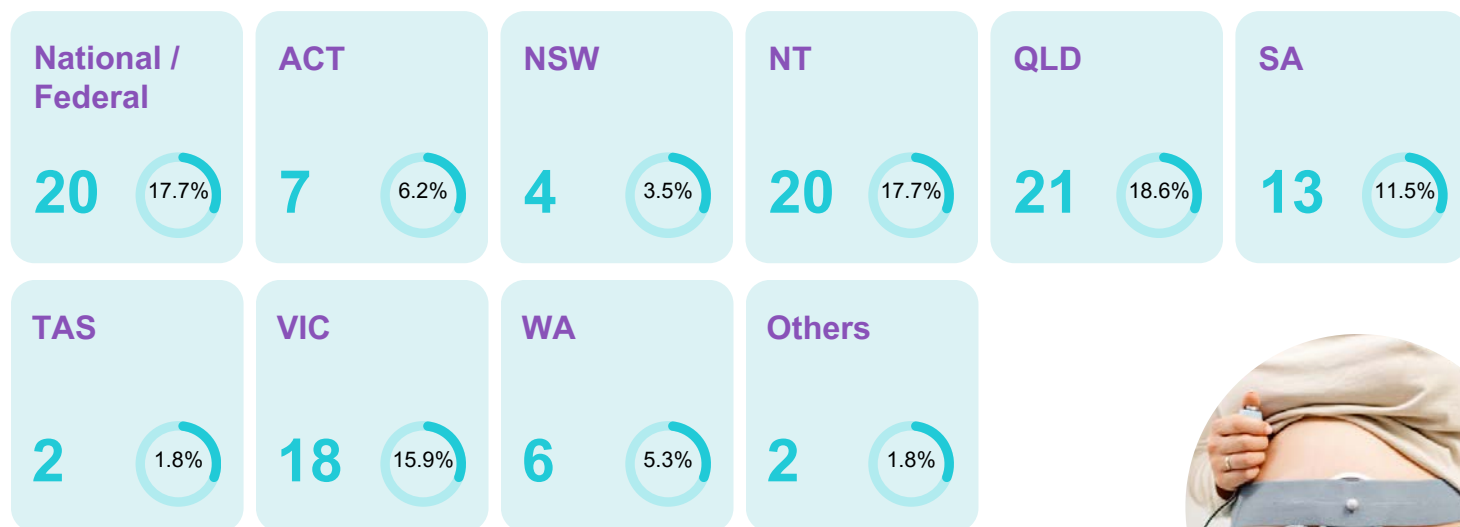
Sector



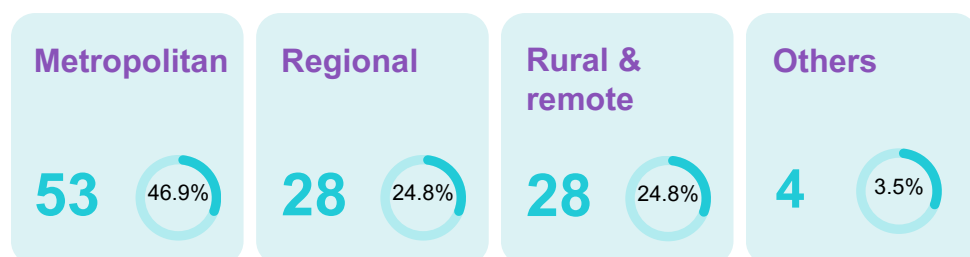
¹ - including federal government, university, research, independent clinic, peak bodies, professional colleges, ATSI organisation, defence.



Jurisdiction



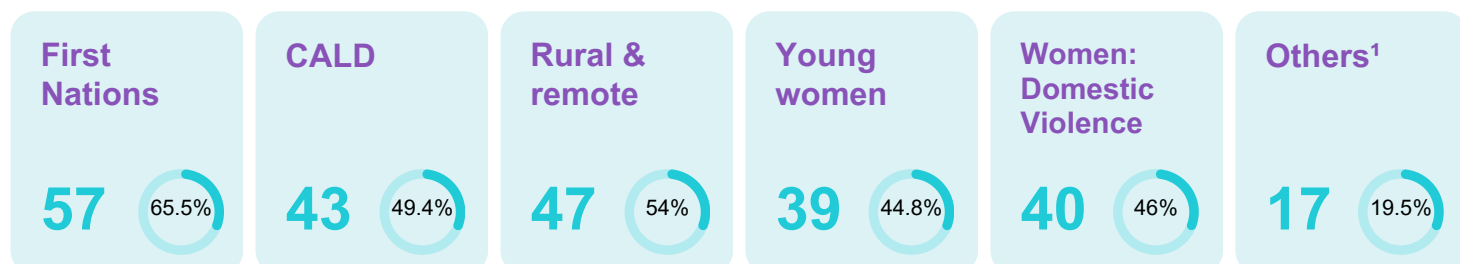
Primary location of practice



Priority groups

87 out of 113

(77%) responses indicated their roles provide targeted initiatives or services for priority groups



¹ - including national/statewide policies for priority groups and women's health, mental health and other drugs, women requiring abortion care, trans and gender diverse communities, socio-economically disadvantaged and vulnerable communities.

4.3 Current Strategies and Work Plans

4.3.1 Overview

This section is based on the findings of the environmental scan and the consultation and engagement process.

A significant number of documents were reviewed for the purposes of this report. To assist HWT with its considerations in the development of a broader workforce strategy, this section focuses only on documentation that was identified to inform the workforce for the future of maternity services across Australia.

All other documentation provided or identified throughout the Review Project is included for broader analysis and understanding (see Appendix 2).

Appendix 6 outlines national or jurisdictional strategies, work plans, or frameworks that inform workforce planning for the future of maternity services. It also includes significant documents that are within scope and will be published in 2024.

4.3.2 Considerations

The Review Project defined ‘maternity care’ from conception to six weeks postpartum. It is acknowledged that there may be varied approaches to how ‘maternity care’ is defined across jurisdictions.

Results from the environmental scan and the consultation and engagement process revealed that there was a wide range of strategy or workforce planning documentation both nationally, and across the jurisdictions.

However, the Review Project received limited strategy or workforce planning documentation from both the **private and not-for-profit sectors**. While a number of private and not-for-profit organisations were willing to provide feedback and commentary, they did not provide published documentation for review.

Additionally, there appeared to be some discrepancies across the private and not-for-profit sectors in terms of their engagement with the publicly available jurisdictional documentation. Some practitioners reported using the national or jurisdictional Department of Health documentation, others demonstrated that they had developed their own internal strategy and workforce planning priorities and documentation

The Review Project learned of a current study underway by Catholic Health Australia, aimed at understanding the current state of the private and not-for-profit sector workforce.



The project was not able to access the results of this study in time for the submission of this report. However, it has been identified that the results of the study would fill a gap in the current compilation of strategy and workforce planning documentation and assist in providing a more comprehensive overview of strategy and workforce planning nationally.

The Review Project also found that there was inconsistency in both the definition and scope included in strategies and workforce planning documentation, referring to 'priority groups' of women. That is, women who typically face barriers to accessing high-quality care and are more likely to experience adverse outcomes.

During the consultation and engagement process with representatives from the national workforce, various communities and individuals were referenced as possible 'priority groups' including:

- First Nations women
- Women from CALD backgrounds
- Women living in regional, rural and remote areas
- Women exposed to domestic violence
- Trans and gender diverse communities
- Women requiring abortion care (medical termination and spontaneous)
- Women with disabilities
- Women from low socio-economic backgrounds
- Women with mental health and/or psychiatric health impacts
- Women with alcohol and/or other drugs impacts
- Young women

Whilst the WCC Strategy [1] does not specify 'priority groups' as such, it does identify the following groups of women who are more likely to experience adverse outcomes:

- First Nations women
- Women from CALD backgrounds
- Women living in regional, rural, and remote areas
- Teenage mothers
- Women who experience family violence.



4.4 Maternity Workforce Groups

4.4.1 Maternity Models of Care

The Australian Institute of Health and Welfare (AIHW) recently released a report "Maternity models of care in Australia, 2023" [71]. The report identified that whilst women have some choice in relation to the type of care they receive during the maternity period and which health provider they engage, this is usually influenced by their individual circumstances and the availability of options in their area.

In 2023, around 1,000 models of care were reported as being in use across 251 maternity services in Australia. These models of care can be grouped into 11 major model categories. The most commonly used model of care was public hospital maternity care (41% of models). This was followed by shared care (15%), midwifery group practice caseload care (14%), and private obstetrician (specialist) care (11%) [71].



As identified by AIHW [71] and in the WCC Strategy [1], the 11 major models of care categories include:

1 Private obstetrician (specialist) care:

Antenatal care provided by a private specialist obstetrician. Intrapartum care is provided in either a private or public hospital by the private specialist obstetrician and hospital midwives in collaboration. Postnatal care is usually provided in the hospital by the private specialist obstetrician and hospital midwives and may continue in the home, hotel or hostel.

2 Private midwifery care:

Antenatal, intrapartum and postnatal care is provided by a private midwife or group of midwives in collaboration with doctors in the event of identified risk factors. Antenatal, intrapartum and postnatal care could be provided in a range of locations, including the home.

3 GP obstetrician care:

Antenatal care provided by a GP obstetrician. Intrapartum care is provided in either a private or public hospital by the GP obstetrician and hospital midwives in collaboration. Postnatal care is usually provided in the hospital by the GP obstetrician and hospital midwives and may continue in the home or community.

4 Shared care:

Antenatal care is provided by a community maternity service provider (doctor and/or midwife) in collaboration with hospital medical and/or midwifery staff under an established agreement, and can occur both in the community and in hospital outpatient clinics. Intrapartum and early postnatal care usually takes place in the hospital by hospital midwives and doctors, often in conjunction with the community doctor or midwife (particularly in rural settings).

5 Combined care:

Antenatal care provided by a private maternity service provider (doctor and/or midwife) in the community. Intrapartum and early postnatal care provided in the public hospital by hospital midwives and doctors. Postnatal care may continue in the home or community by hospital midwives.

6 Public hospital maternity care:

Antenatal care is provided in hospital outpatient clinics (either onsite or outreach) by midwives and/or doctors. Care could also be provided by a multidisciplinary team. Intrapartum and postnatal care is provided in the hospital by midwives and doctors in collaboration. Postnatal care may continue in the home or community by hospital midwives.

7 Public hospital high risk maternity care:

Antenatal care is provided to women with medical high risk/complex pregnancies by maternity care providers (specialist obstetricians and/or maternal-fetal medicine (MFM) subspecialists in collaboration with midwives) with an interest in high risk maternity care in a public hospital. Intrapartum and postnatal care is provided by hospital doctors and midwives. Postnatal care may continue in the home or community by hospital midwives.

8 Team midwifery care:

Antenatal, intrapartum and postnatal care is provided by a small team of rostered midwives (no more than eight) in collaboration with doctors in the event of identified risk factors. Intrapartum care is usually provided in a hospital or birth centre. Postnatal care may continue in the home or community by the team of midwives.

9 Midwifery group practice caseload care:

Antenatal, intrapartum and postnatal care is provided within a publicly-funded caseload model by a known primary midwife with secondary backup midwife/midwives providing cover and assistance in collaboration with doctors in the event of identified risk factors. Antenatal care and postnatal care is usually provided in the hospital, community or home with intrapartum care in a hospital, birth centre or home.

10 Remote area maternity care:

Antenatal and postnatal care is provided in remote communities by a remote area midwife (or a remote area nurse) or group of midwives sometimes in collaboration with a remote area nurse and/or doctor. Antenatal and postnatal care, including high- and low-risk pregnancies, as well as consultations for the management of gestational diabetes is currently provided via telehealth in a number of areas. Alternatively, fly-in-fly-out models can support clinicians in an outreach setting. Intrapartum and early postnatal care is provided in a regional or metropolitan hospital (involving temporary relocation prior to labour) by hospital midwives and doctors.

11 Private obstetrician and privately practising midwife joint care:

Antenatal, intrapartum and postnatal care is provided by a privately practising obstetrician and midwife from the same collaborative private practice. Intrapartum care is usually provided in either a private or public hospital by the privately practising midwife and/or private specialist obstetrician in collaboration with hospital midwifery staff. Postnatal care is usually provided in the hospital and may continue in the home, hotel or hostel by the privately practising midwife.



The AIHW's "Maternity models of care in Australia, 2023" report collated the proportion of the models of care categories across the nation in 2023. Appendix 7 outlines the proportion of models of care categories utilised nationally and across jurisdictions in 2023 [71].

The below table outlines the key workgroups, as detailed by AIHW [71] and the WCC Strategy [1], for each model of care category.

Models of care	Workforce Groups		
	Antenatal	Intrapartum	Postnatal
1 Private obstetrician care	Private specialist obstetrician	Private specialist obstetrician Hospital midwives	Private specialist obstetrician Hospital midwives
2 Private midwifery care	Private midwife or group, collaborating with doctors for identified risk factors	Private midwife or group, collaborating with doctors for identified risk factors	Private midwife or group, collaborating with doctors for identified risk factors
3 GP obstetrician care	GP obstetrician	GP obstetrician Hospital midwives	GP obstetrician Hospital midwives
4 Shared care	Community doctor and/or midwife in collaboration with hospital medical and/or midwifery staff	Hospital midwives and doctors, in conjunction with community doctor or midwife	Hospital midwives and doctors, in conjunction with community doctor or midwife
5 Combined care	Private doctor and/or midwife	Hospital midwives and doctors	Hospital midwives
6 Public hospital maternity care	Hospital doctors and/or midwives Possibility for multidisciplinary team	Hospital midwives and doctors in collaboration	Hospital midwives
7 Public hospital high risk maternity care	Hospital specialist obstetricians and/or foetal medicine sub-specialists in collaboration with midwives	Hospital doctors and midwives	Hospital midwives
8 Team midwifery care	Team of midwives in collaboration with doctors for identified risk factors	Team of midwives in collaboration with doctors for identified risk factors	Team of midwives
9 Midwifery Group Practice caseload care	Publicly-funded primary midwife with secondary backup midwife/midwives in collaboration with doctors for identified risk factors	Publicly-funded primary midwife with secondary backup midwife/midwives with collaboration with doctors for identified risk factors	Publicly-funded primary midwife with secondary backup midwife/midwives
10 Remote area maternity care	Remote area midwife or remote area nurse or group of midwives in collaboration with a remote area nurse and/or doctor	Hospital midwives and doctors	Remote area midwife or remote area nurse or group of midwives in collaboration with a remote area nurse and/or doctor
11 Private obstetrician and privately practising midwife joint care	Private obstetrician and midwife	Private obstetrician and midwife in collaboration with hospital midwifery staff	Private obstetrician and midwife

According to AIHW [71], the 11 different categories broadly describe the purpose of the model of care, although not all women in a model of care will necessarily follow the same journey or receive the same care pathway as intended by the model. Therefore, there are likely additional workforce groups involved in delivering these models of care.

4.4.2 Engagement and Consultation Output

During the engagement and consultation process, the Review Project asked a sample of the national workforce to identify the key workforce groups required to deliver maternity services.

Stakeholders from various sectors and jurisdictions provided insights into the workforce groups necessary to provide maternity care. Their responses highlighted the comprehensive and multidisciplinary nature of maternity service delivery, including:

- Aboriginal health workers and practitioners, indicating an understanding of the importance of culturally safe maternity care.
- Allied health professionals (e.g. physiotherapists, social workers, psychologists, dentists, and dietitians) for their contribution to the holistic care of women during the maternity period. The responses indicated a recognition of women's psychological and physical well-being as integral to maternity care, necessitating the involvement of these specialists.
- Medical practitioners, including General Practitioners (GPs), GP obstetricians, and obstetricians, especially their importance in rural and remote settings where they often provide a wide range of services, including obstetric and anaesthetic care. Specialist medical services (e.g. paediatricians, anaesthetists, neonatologists, MFM specialists) in higher-risk cases or where specialised interventions are required.
- Midwives were emphasised by respondents to be central to maternity care across various settings, including private and not-for-profit sectors, metropolitan, regional, and remote locations (including student midwives).
- Nurses, including those at different levels and specialisations (e.g. registered nurses, enrolled nurses, nurse practitioners, student nurses) are essential to maternity care teams alongside midwives.
- Support staff, including administrative, clerical, and auxiliary services (e.g. imaging services professionals, pastoral care) for facilitating the smooth delivery of maternity care services.
- The role of emergency services, such as the Royal Flying Doctor Service (RFDS), in facilitating access to maternity care in remote areas.
- The use of maternity care assistants and doulas, reflecting a trend towards personalised and continuous support during pregnancy, childbirth and the postnatal period.



Across the jurisdictions, additional workforce areas were identified as potential areas for inclusion in the future. The current workforce identified these areas as:



Lactation consultants, whose expertise is being increasingly recognised despite a lack of formal recognition by universities



Genetic counsellors



Interpreters



Child protection services



Legal Aid services



Family and Community Health services



Community and Justice services



Diabetes specialists



Perinatal mental health services



Parenting support

The significance of integrating Indigenous governance and knowledge, particularly in remote and rural settings, was emphasised in the NT jurisdiction, although it is relevant across all jurisdictions. The roles of Aboriginal health practitioners, Djakamirr (First Nations doulas), community elders, Indigenous clinic workers, and Strong Women Workers, especially in remote and rural settings were highlighted. This emphasises the importance of culturally safe and respectful care that acknowledges and considers traditional practices in maternity settings. This applies to both First Nations communities and women and families from CALD backgrounds. It was also identified that such care should be accessible nationwide, with a particular focus on remote areas where traditional and cultural practices are deeply interwoven with community needs.



Additional comments of note included:

- Consultation revealed a call for continuity in carer-led models, especially for higher-risk women, with the integration of clinical services with support services to ensure comprehensive care.
- The need for innovative approaches to workforce management (e.g. including counting babies within 'patient' ratios, incorporating multidisciplinary teams, nationally-sponsored support of maternity care workforce).
- Reliance on enhancing opportunities for student nurses and student midwives to gain familiarity with maternity services to promote midwifery as a career pathway.
- Emphasis on the need for a woman-centred approach, allowing women to choose their care providers and cautioning against pressuring women into specific pathways.
- There is a repeated call for the care model to be adaptable and focused on the woman's needs, suggesting a flexible workforce capable of providing a wide range of services based on individual care requirements.



During the engagement and consultation process, feedback indicated the need for a **multidisciplinary** approach to providing maternity care. This approach involves a wide range of professionals and support staff, which may not be explicitly identified or documented in existing models of care. It was reported that all these groups work **collaboratively** in addressing the complex needs of women and families during the maternity period.

In summary, there is a diverse view across the country regarding the workforce groups required to provide maternity care compared to those identified in the existing models of care by AIHW [71] and within the WCC Strategy [1]. The need for these groups to work collaboratively was also highlighted. The National Maternity Workforce Strategy will need to consider how to define the scope of the workforce providing maternity care.

4.5 Future View of Maternity Service Provision



4.5.1 Midwifery Futures Project

Currently underway, the Midwifery Futures Project aims to enable the continuous development of a flexible, responsive and sustainable Australian midwifery workforce that can meet the needs of women and their families.

As part of this project there are four key papers in progress which, together with the final Midwifery Futures Report, will deliver a projection of workforce supply and demand, a synthesis of the information gathered from analysis, literature review and consultation, and recommendations for the sustainability of the profession.

One of the papers from the Midwifery Future Project is available for inclusion. This paper [72] describes and analyses the current literature on the maternity care needs of women in Australia. The paper highlights that the central need for those accessing maternity care is continuity of care, specifically midwifery continuity of care. Other related needs include autonomy, respect, clear communication, a support person being involved, cultural safety, care locally, and provision of information. Despite efforts to provide continuity of midwifery care, only a small proportion of women have access to it [72].

4.5.2 Future Workforce Planning

This section outlines the findings of the environment scan and the engagement and consultation process with regard to future workforce planning. Appendix 8 lists current national or jurisdictional workforce reports.



4.5.3 Workforce Engagement and Consultation Output

As part of the engagement and consultation process, the Review Project asked a sample of the national workforce for their view of the maternity service workforce in the future.

Engagement and consultation indicated a need for strategic adjustment in maternity service provision across various jurisdictions and sectors in Australia.

- 1 A view identified by workers is a **shortage of midwives** and skilled **clinical staff** exacerbated by burnout, disengagement, and an ageing workforce. This shortage, it is feared, may lead to service closures, particularly in rural and remote regions, thus limiting access to maternity services for women in these areas.
- 2 To enable recruitment, training and retention of the maternity workforce, respondents believed it necessary to emphasise the creation of **flexible working conditions** that support work-life balance and address unique barriers for **rural and remote regions**, such as accommodation, transport, and training opportunities.
- 3 Many respondents advocated for the **adoption of more midwifery-led models of care**. This includes the expansion of Midwifery Group Practice (MGP) services, birthing on country models, and utilisation of midwives to their full scope of practice.
- 4 Respondents noted a call for the provision of safe and reliable birthing services closer to home, supported by collaborative, multidisciplinary teams, particularly in rural and remote areas. This includes the integration of digital health solutions to help overcome geographical barriers to access to maternity care.
- 5 **Increasing complexity of pregnancies** due to factors such as maternal age, comorbidities, and technological advancements in fertility services should result in robust planning in recruitment, training, and support for the evolving needs of both the workforce and the families they serve.
- 6 Strengthening service models that offer **continuity of care** and **carers**, such as MGP, midwifery-led care, and GP-led care is essential. This includes integration of digital health systems to foster a connected workforce and facilitate continuity of care across different services and locations.



- 7 Establishing **clear career pathways, leadership roles**, mentorship, and continuous professional development opportunities for **midwives** as a **separate and autonomous profession**
- 8 Encouraging **multidisciplinary team** approaches in service delivery, including proper administrative support, to support health professionals to work to their full scope of practice.
- 9 Building a workforce equipped to deliver holistic, **culturally safe care** that is responsive to the needs of diverse populations, including First Nations, refugees, and CALD groups.
- 10 There is a need for a **nationally coordinated approach** to workforce planning and system reforms.
- 11 Finally respondents believed it important to ensure maternity care is **woman-centred** and relationship-based, with a focus on health literacy, primary and preventative care.

Stakeholders expressed a strong desire for innovative approaches, policy support, and systemic changes to develop resilient, adaptable, and woman-centred maternity services across Australia. The focus is on collaboration, respect, professionalism, and developing a maternity care system that respects women's rights and preferences while addressing workforce and accessibility issues.

4.5.4 Considerations

4.5.4.1 Nursing and Midwifery Workforce

The Future of the Midwifery Workforce in Australia – position paper [80], prepared by The Midwifery Advisory Group of the Council of Deans of Nursing and Midwifery (CDNM) in Australia and Aotearoa New Zealand, found that since 2013, there was a 40% reduction in clinically practising midwives aged 45-54. This decrease is considered to have resulted in a significant loss of experience and leadership in the midwifery workforce. The paper identified six causal factors including: ineffectual leadership, occupational burnout, lack of professional recognition, insufficient opportunities to practise midwifery continuity of carer, shortage of clinical practice placements, and a deficit of First Nations and cultural and linguistic diversity in the workforce. The paper further highlighted rural and remote challenges, including closures of maternity units, which limit opportunities for rural midwives to practise and cause a reduction in student clinical practice placements. This, in turn, forces more midwifery students from rural areas into metropolitan placements.

In addition, at the Midwifery Futures National Symposium held in March 2024, a discussion paper [81] was presented that provided further support for the findings that workforce numbers were declining, and challenged the original predictions calculated within the Commonwealth Department of Health review, Australia's Future Health Workforce Report - Midwives (2019) [6]. The discussion paper outlined a range of additional considerations to be included in future workforce modelling, such as the COVID-19 pandemic impacts on workforce, variations in supply and demand across different models of care delivery, maldistribution of midwives in rural and remote areas, difficulty in retention and recruitment, and a possible conflict between service delivery models and the current accredited education programs

Furthermore, the paper highlighted possible inaccuracies in maternity workforce data. Despite the national registration approach, workforce data has continued to be imprecise, with low workforce survey response rates and difficulties in identifying dual registered nurse/midwives who may have midwifery registration but might not be currently working in midwifery [82].

Accurately gauging the supply and demand of the midwifery workforce will help inform development of the National Maternity Workforce Strategy.



4.5.4.2 Obstetricians, Gynaecologists and General Practice Obstetricians Workforce

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) provided more detailed workforce data in their 2022-23 pre-budget submission to the Federal Government [83]. The submission identified that whilst there was an increasing supply of specialist obstetricians and gynaecologists (O&G) across Australia, there was a maldistribution between major metropolitan areas, (well served) and rural and remote areas (under-served). In 2022, 92% of the Australian O&G specialists were in either metro areas or regional towns, with only 8% of O&G specialists located in rural and remote locations across Australia, with a decreasing scale proportionate to remoteness [83].

General practice obstetricians (GPOs) often fill the service gaps in rural and remote areas, and RANZCOG identified a similar maldistribution of the GPO workforce. In 2022, 65.9% of GPOs were based in major metropolitan areas or regional towns, with 32.9% based in rural and remote locations [84]. GPOs are a critical workforce for supporting safe and equitable provision of O&G services in rural and remote Australia, particularly in the absence of specialist O&Gs.

4.5.4.3 General Practitioners Workforce

The engagement and consultation process further highlighted that there is a widespread view across the medical workforce that there is a decline in GPs across Australia providing maternity care, and this directly impacts access and choice for pregnant women especially in rural and remote communities.

The medical workforce indicated that GP shared antenatal care is discouraged by:

- Existing legislation and funding models.
- Limitations in opportunities and exposure to scope of practice in training junior doctors.
- The variation in GP shared care guidelines and credentialing requirements across jurisdictions.
- Poor communication between public hospital antenatal clinics and GPs, and the lack of support from the public system for GP shared care models.
- Lack of confidence in GP shared care models by local hospital and health services across jurisdictions, leading to women being transferred to other models of care.



It was also identified that there is an increased focus on midwifery led care models, and that GPs feel that their continuity of care with women and families is lost, their ability to collaborate is discouraged, and that this impacts on the choice and equity of access for pregnant women in all regions of Australia. GPs, alongside other medical practitioners within the maternity workforce, highlighted the need to increase and improve collaborative interdisciplinary practice to ensure the woman has continuity of care, but retains access to health professionals she may need, and to have this access as close to home as possible.

4.6 Future Potential Risks

4.6.1 Population Diversity

The WCC Strategy highlights the nation's focus on delivering equitable access to safe, responsive and quality maternity care across Australia.

This is further supported by the National Women's Health Strategy 2020-2030 [18] and by various jurisdictional documentation, including the Tasmanian Women's Strategy 2018-2021 [85], NSW Women's Strategy 2023 - 2026 [86], Queensland Women and Girls' Health Strategy 2032 [46] and Victorian Women's Sexual and Reproductive Health Plan 2022-2030 [87]. Women across the country have expressed their desire for consistent, high-quality, evidence-based care, especially for women and girls residing in rural and remote communities, LGBTIQ+ communities and women from First Nations and CALD communities.

There is significant diversity in the population of people in Australia giving birth. Over one-third of those who have recently given birth in Australia were born overseas, and the majority of these women have migrated from a non-English speaking country [72].

There is wide diversity of migrant and refugee communities in Australia, resulting in different challenges for women and families of different cultural groups [88, 89]. First Nations mothers accounted for 5.0% of women who gave birth, and approximately 3% of people identify as transgender or gender-diverse [88][90]. Challenges also exist in maternity care for rural and remote women, who made up 2.2% of those who gave birth in 2021. It has been reported that the needs of these populations are not always met during pregnancy care, and that their needs and care may differ from the general population.

Despite the focus on equitable and quality maternity care in Australia, the diverse needs of women from various backgrounds, including those born overseas, or from First Nations, CALD, and LGBTIQ+ communities, may not be fully met, leading to disparities in care and outcomes.

4.6.2 Dual Registration

It was reported that in some jurisdictions there is a significant level of complexity surrounding the practice of dual registration in nursing and midwifery, notwithstanding the advice provided on the Nursing and Midwifery National Board website.

Those who choose to maintain both registrations are required to demonstrate recency of practice for both professions which means they are expected to complete and demonstrate that they have met the required practice hours, the continuing professional development requirements and have relevant professional indemnity insurance for both nursing and midwifery practices [95].

This translates into a portion of the workforce that is experiencing challenge managing dual registration requirements.

Nursing and midwifery are separate professions, working from different foundational models such as wellness versus medical. It has been highlighted throughout the engagement and consultation process that there are considerable advantages of having a dual-registered workforce, especially in rural and remote communities, which allows for workforce mobility due to their widened scope of practice and the promotion of continuity of carer.

However, a key barrier identified is that there appears to be inequity in access to undertake the work required to demonstrate and meet these recency of practice requirements. It has become evident throughout the engagement and consultation process that the experience varied across jurisdictions and locally, and had wide-ranging impacts, including recruitment and retention, fatigue management, staffing, clinical training and placement for students, and if local hospitals or health services are equipped with the right staff to respond to the wide range of consumer and medical needs that may arise.

In summary, the delineation between the nursing and midwifery professions and the resulting impacts on maternity services and the workforce are complex and wide-ranging. There also appears to be a varied approach to supporting workforces that are registered in both professions.





4.6.3 Tertiary Education Sector and Future Workforce

The engagement and consultation process highlighted a significant level of complexity with regard to emerging graduates, and that inclusion of those in the tertiary education sector is important to consider in planning for a future workforce.

There are a range of challenges faced in training the future workforce, such as equity of access, placement poverty and traditional education systems being unsupportive of culturally safe learning environments. Moreover, insufficient funding, and an increased workload for the existing workforce, are also major challenges.

These challenges are further amplified in rural and remote communities. Due to the closures of maternity units in rural and remote locations, there are fewer opportunities for rural midwives and doctors, resulting in a reduction in student clinical practice placements and training in these areas. Consequently, students often have to leave rural areas to access metropolitan placements [80].

Another complexity is the difference in the type of practice/theory student midwives are taught, and the reality of their expected practice when they enter the system. For instance, there is limited ability for graduate midwives to work in midwifery group practice or midwifery-led models of care. While continuity models of care can accommodate newly registered midwives, there is limited availability. As a result, the disparity between training and practice has led to graduates leaving the workforce. This was explicitly reported across both ACT and NT jurisdictions, with similar experiences nationally.

Therefore, in developing a National Maternity Workforce Strategy input could be sought from tertiary education sectors, and take into consideration the wide-ranging complications encountered when training the future workforce.

4.6.4 Antenatal Care Funding for General and Private Practice

During the engagement and consultation process, the medical workforce identified a range of complexities surrounding the funding of antenatal care in both general and private practice.

It was identified that there are increasing difficulties associated with antenatal care, especially in the first trimester, resulting in the length of consult needed to ensure a comprehensive overview is undertaken to make sure the woman's care requirements are met. It was reported however, that there are restrictions associated with the Medicare Benefits Schedule (MBS) funding, which reportedly does not provide appropriate remuneration for the time required to provide quality antenatal care. This is in turn impacting the financial viability of the model of care.

Further to this, the disparity between remuneration for GP registrars and their hospital counterparts, combined with inadequate Medicare rebates for general practice (attributed to a lack of training and funding reform and years of no or low MBS indexation), has been identified as one of the key factors leading to a projected shortfall in GP supply [96].

It was also reported that increasing costs associated with insurance premiums were leading to inadequate policies that don't consider the volume of work. This was reportedly resulting in a decrease in the ability to blend public and private GPO services for practitioners. As a consequence WA, QLD and NT GPOs are choosing to only practise publicly.



4.6.5 Engagement and Consultation Output

As part of the engagement and consultation process, the Review Project asked a sample of the national workforce for their perspectives on the future potential risks for the maternity workforce.

The following is a summary of the responses received:



Workforce sustainability and skills shortage

- A significant concern among respondents is the anticipated decrease in the willingness and **availability of GPs**, rural generalists, and specialists to practice obstetric care, particularly in **regional** and **rural and remote areas**. This was identified as a nationwide issue, exacerbated by burnout, dissatisfaction, and a lack of suitable remuneration, leading to an shortage in skilled obstetric and midwifery staff.
- Several respondents emphasised the **ageing** obstetric and midwifery workforce, noting that more experienced staff are exiting their professions prematurely, leading to a loss of invaluable knowledge and skills. This situation is aggravated by the difficulty to recruit and train new staff at a rate that matches the demand for skilled care, further compounded by burnout among remaining staff members.
- **Limited career progression** opportunities were reported, with insufficient funding provided to support training, and under-recognition of skills and scope of practice for midwives.
- The workforce across sectors, professions and jurisdictions has called out for greater work-life balance. However, it was identified by many stakeholders that there is no appreciation of the **implications** that an increased **part-time** workforce will have on **staffing levels**, particularly in light of current reports that this workforce is already experiencing burnout, staff shortages and recruitment and retention challenges.



Geographical and access disparities

- There are **regional discrepancies** in the availability and access to skilled care with difficulties in recruiting MFM specialists and midwives in regional, rural and remote areas, and the impact the closure of rural birthing units has on limiting maternity care options for women in these areas.
- **Inconsistencies** were identified in funding, resourcing and insurance arrangements across different **states** and **territories**, different professions and different sectors, impacting the distribution of services and workforce nationwide.





Support, incentives and workplace culture

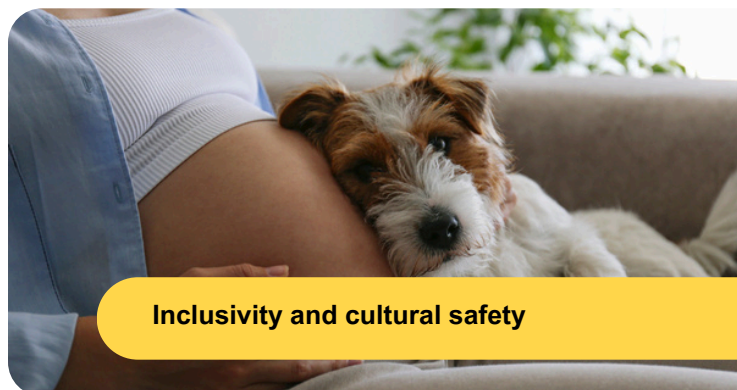
- A recurring theme is the need for better support and incentives to attract and retain staff in the obstetric and midwifery workforce. Suggestions include offering more flexible, family-friendly workplaces, providing ongoing development and ensuring competitive remuneration; as well as addressing issues with workplace cultures including bullying and expectations regarding high levels of responsibility without the provision of adequate support.
- It was identified that there were potential risks to psychological safety associated with burnout and moral distress due to prolonged unaddressed workforce and workplace issues, in particular the lack of flexibility in, or resistance to, opportunities to address and be involved with workplace and contractual arrangements.
- The maternity workforce is reporting the presence of vicarious or secondary trauma, most often a result of repeated exposure to difficult events over time (e.g. including fatalities, mistreatment towards women or birthing people, being unable to provide the care they want to).



Models of care implementation

- Respondents also highlighted the need for a focus on integrating more comprehensive models of care to adapt to changing demands and workforce capabilities, including continuity of care models that could attract and retain midwifery staff while effectively meeting women's needs.

- Concerns were raised regarding inadequate implementation and integration of models of care that could result in unsafe practice or possible closure of services.



Inclusivity and cultural safety

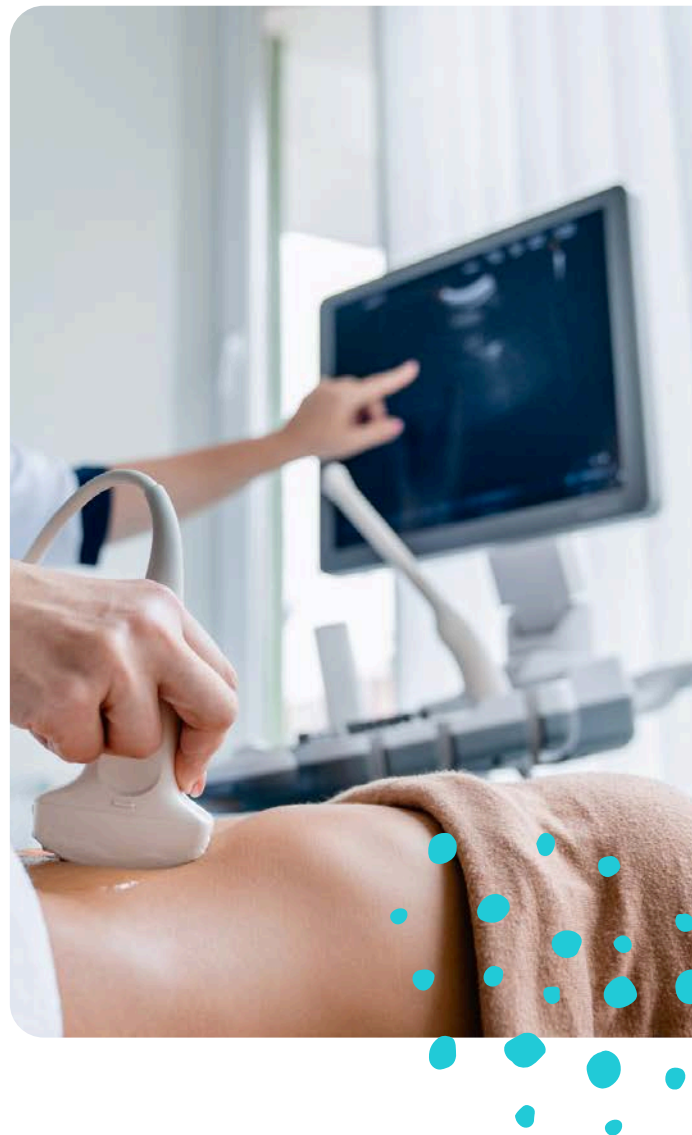
- Gaps in trauma-informed care, culturally safe education and the inclusion of diverse cultural traditions, such as the role of traditional birth attendants, in workforce planning and service delivery were identified.
- There are also gaps in cultural safety in workplaces and work practices for First Nations and CALD staff. Examples provided included inconsistency in the application of workforce policies with it being reliant on local leadership to determine if staff are able to participate in cultural practices during work hours. It was also noted that education models do not support or cater for different cultural ways of learning (e.g. First Nations' knowing, being and doing), and limited or absent First Nations or CALD leadership across hospitals.



5.0 Summary of Key Findings

In the development of a National Maternity Workforce Strategy, it is recommended the following key findings are taken into consideration:

- 1 The definition of 'maternity care' differs across jurisdictions.
- 2 Currently, there is a gap in understanding around strategies and workforce documentation for the private and not-for-profit sectors. However, Catholic Health Australia is in the process of completing a workforce review of private and not-for-profit organisations providing maternity services. It is believed that the information contained in this report would be extremely valuable and be of assistance in future national workforce planning.
- 3 From the information provided, discrepancies appeared across the private and not-for-profit sectors regarding engagement with publicly available jurisdictional documentation. Some practitioners reported using the national or jurisdictional Department of Health documentation; others demonstrated that they had developed their own internal strategies, workforce planning priorities and documentation.
- 4 Feedback gathered following consultation identified that due to workforce challenges, jurisdictions and sectors can often find themselves competing when recruiting and in the retention of staff. Additionally, Australia is now also competing with other nations in attracting and retaining healthcare professionals [2].
- 5 It was found that there was no shared definition or understanding of women who typically are not afforded the same level of access to care and/or are more likely to experience adverse outcomes.
- 6 There are divergent views regarding the workforce groups required to provide maternity care.
- 7 There is limited availability of targeted documentation, including strategies and workforce planning, for women (and families) from CALD backgrounds. Over one-third of women who have recently given birth in Australia were born overseas, and the majority of these women have migrated from non-English-speaking countries [88]. Workforce strategies, practices, and planning are critical for addressing these communities' maternity care requirements.



- 8 Both First Nations communities and women and families from CALD backgrounds articulated the need for culturally safe workplaces, and care that respects and integrates traditional practices with medical expertise. It is particularly important to ensure that culturally safe workplaces and culturally safe care are accessible nationwide, with a focus on remote communities where traditional and cultural practices are more deeply interwoven.
-
- 9 It was identified that the current supply and demand in nursing and midwifery workforce modelling (updated in 2019) [6] has gaps that need to be addressed. These include COVID-19 pandemic impacts, disparity in supply and demand across different models of care, maldistribution of nurses and midwives in rural and remote areas, difficulty in recruiting and retaining staff, and the potential for conflict between service delivery models and existing accredited education programs.
-
- 10 There are reported inconsistencies in GP shared care guidelines and credentialing requirements across jurisdictions.
-
- 11 There is a diverse view surrounding the future of maternity models of care, with different professions advocating for increased focus and funding for models led by their respective professions. That is, midwives are identifying the need for more midwifery-led models of care, and GPs and GPOs are identifying the importance of medical-led models of care. The medical workforce has expressed its concern for their future role in maternity services. There is also reportedly a gap in the communication between public hospital antenatal clinics and GPs who deliver shared care models.
-
- 12 Health professions delivering maternity services across Australia are experiencing challenges with the maldistribution of the workforce, indicating that metropolitan and regional areas are favoured over rural and remote locations. Ramifications for the workforce are felt in training future workforces, scope of practice, and ongoing recruitment and retention challenges. It was highlighted as a nationwide issue, leading to an anticipated shortage of a skilled maternity workforce in rural and remote areas.
-
- 13 The maternity workforce is seeking greater work-life balance, which is influencing a tension between part-time workforces and goals for increased service accessibility.

- 14 The occurrence and complexity of dual registration while maintaining the delineation between the nursing and midwifery professions.

- 15 During the engagement and consultation process, it was discussed that supporting emerging graduates in the tertiary education sector is crucial in planning for the future workforce. However, there are several complex challenges facing training of the future workforce, such as equity of access, placement poverty, traditional education systems that don't support culturally safe learning environments, insufficient funding and increased workload on existing workforce as leaders and trainers.



6.0 Recommendations



Assess current workforce

Conduct an evaluation of the current maternity workforce, including age and geographic distribution.



Leverage technology

Enhance the use of telehealth and other technological solutions to provide continuity of care across different regions.



Collaborate and integrate

Foster collaboration and integration across different sectors and professions to encourage and promote a holistic approach and professionals working to their full scope of practice.



Support training and development

Ensure the Strategy includes provisions for training and supporting the future workforce, addressing challenges in access to placements and culturally safe learning environments.



Develop strategic directions

Formulate strategic directions for workforce development, including education and training pipelines, recruitment, and retention strategies.



Workforce challenges

Identify workforce challenges facing the workforce including, but not limited to, maldistribution.



Ensure cultural safety

Promote culturally safe workplaces that respect and dignify all women and families.



Identify gaps and needs

Identify gaps in the workforce and areas with critical shortages, particularly in regional, rural, and remote locations.



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94 Queensland Government. Health and Other Legislation Amendment Bill (No.2) 2023. [Internet] Brisbane, Australia: Queensland Government; 2023 [cited 2024 March]. Available from: https://www.legislation.qld.gov.au/view/html/bill_first/bill-2023-052#frnt-lt

95 Nursing and Midwifery Board. Fact sheet: Registration as a nurse and a midwife - dual registration [Internet]. Australia: NMBA; 2019 [cited 2024 March]. Available from: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Registration-as-a-nurse-and-a-midwife.aspx>

96 Australian Medical Association. The general practitioner workforce: why the neglect must end [Internet]. Barton, Australia: AMA; 2022 [cited 2024 March]. Available from: <https://www.ama.com.au/articles/general-practitioner-workforce-why-neglect-must-end>



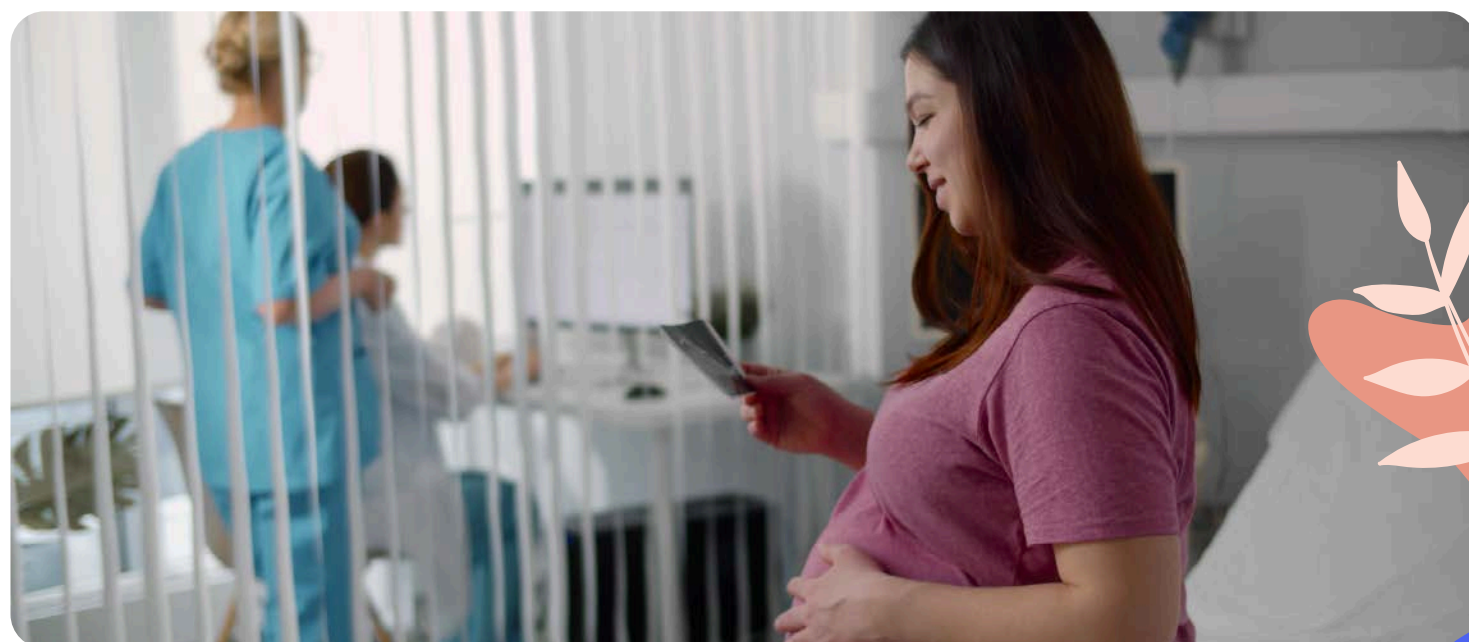
Appendices

Appendix 1: Project Steering Group Members

National Maternity Workforce Review Project Steering Group

Organisation	Representative
Queensland Health	Adjunct Associate Professor Joseph Occhino , Assistant Deputy Director-General, Workforce Strategy Branch, Clinical Planning and Service Strategy Division Ms Joanna Capewell , Director, Workforce Strategy Branch, Clinical Planning and Service Strategy Division Ms Alicea Invincible , Manager, Workforce Strategy Branch, Clinical Planning and Service Strategy Division Ms Donna Drew , Principal Project Officer, Workforce Strategy Branch, Clinical Planning and Service Strategy Division Ms Claire Boffey , Assistant Project Officer, Workforce Strategy Branch, Clinical Planning and Service Strategy Division
ACT Health	Ms Catherine McGrory , ACT Chief Nursing and Midwifery Officer Ms Chanel Connor , ACT Assistant Director Midwifery
NT Health	Adjunct Professor Mish Hill , NT Chief Nursing Midwifery Officer Ms Cheryl MacDonald , NT Deputy Chief Nursing Midwifery Officer

The National Maternity Workforce Review Project Steering Group was supported by Strategic Momentum Group to deliver this Phase 1 Report.



Appendix 2: List of Documents Identified in the Review Project

A total of **227 documents** have been identified through the environment scan, national survey (9-27 February 2024), and targeted stakeholder engagement process (1-18 March 2024).

They consist of 41 reports, 38 strategies, 31 guidelines, 25 work plans, 21 research / published literature, 20 frameworks, 16 media releases, 8 position statements, 6 policies, and 21 others (such as legislation, manuals and toolkits).

Reports (41)

Jurisdiction	Title	Source	Year
Australia	Australia's mothers and babies	Australian Institute of Health and Welfare	2023
Australia	Enhancing maternity data collection and reporting in Australia: National Maternity Data Development Project Stage 3 and 4 Working paper	Australian Institute of Health and Welfare	2017
Australia	Health workforce	Australian Institute of Health and Welfare	2022
Australia	Maternity models of care in Australia, 2023	Australian Institute of Health and Welfare	2023
Australia	A national minimum dataset for nursing workforce planning and decision making - A White Paper	Australian College of Midwives	2020
Australia	Solving maternity workforce shortages through getting the skillmix right	Australian College of Midwives	2005
Australia	Developing a National Strategic Approach to Maternity Services - Consultation Paper	Australian Health Ministers' Advisory Council	2018
Australia	The general practitioner workforce: why the neglect must end	Australian Medical Association	2022
Australia	Australia's Future Health Workforce Report - Doctors	Department of Health	2014
Australia	Australia's Future Health Workforce Report - Nurses	Department of Health	2014
Australia	Australia's Future Health Workforce Report - Obstetrics and Gynaecology	Department of Health	2018
Australia	Australia's Future Health Workforce Report - Midwives	Department of Health	2019
Australia	Monitoring and evaluation services for Woman-centred care: Strategic directions for Australian maternity services - Part 1: Baseline report	Department of Health	2022
Australia	Unleashing the Potential of our Health Workforce – Scope of Practice Review Issues Paper 1	Department of Health	2023
Australia	Birthing on Country maternity service delivery model: A rapid review	Maternity Services Inter-Jurisdictional Committee	2012

Jurisdiction	Title	Source	Year
Australia	Birthing on Country resources	Molly Wardaguga Centre	N/A
Australia	Midwifery Futures : The Australian Midwifery Workforce Project (in progress)	Nursing and Midwifery Board of Australia	N/A
Australia	Midwifery Futures: Building the future of Australian midwifery workforce - National Symposium discussion paper	Nursing and Midwifery Board of Australia	2024
Australia	Independent review of health practitioner regulatory settings (Kruk's Review)	Regulatory Reform	2023
ACT	Review of Public Maternity Unit in the ACT	ACT Health	2010
NSW	Allied Health Macro Trend Report	NSW Health	2022
NSW	Audiology Horizons Scanning and Scenario Generation Report	NSW Health	2022
NSW	Final Report - NSW Health Nutrition and Dietetics Workforce Horizons Scanning and Scenario Generation	NSW Ministry of Health	2020
NSW	NSW Health Social Work Workforce - Horizons Scanning and Scenario Generation	NSW Ministry of Health	2018
NSW	NSW Mothers and Babies	NSW Health	2021
NSW	NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023	NSW Health	2019
NSW	Physiotherapy - Horizons Scanning and Scenario Generation	NSW Ministry of Health	2017
NSW	Psychology - Horizons Scanning and Scenario Generation	NSW Ministry of Health	2015
NSW	Sonography - Horizons Scanning and Scenario Generation	NSW Ministry of Health	2019
NSW	Speech Pathology - Horizons Scanning and Scenario Generation	NSW Ministry of Health	2018
NSW	The Changing Landscape of the Genetic Counselling Workforce - Final Report	NSW Health	2017
NT	Health Workforce Needs Assessment 2023	NT Primary Health Network	2023
QLD	OCNMO Year in Review 2023	Office of Chief Nursing and Midwifery Officer	2023
QLD	Rural Maternity Taskforce Report	QLD Health	2019

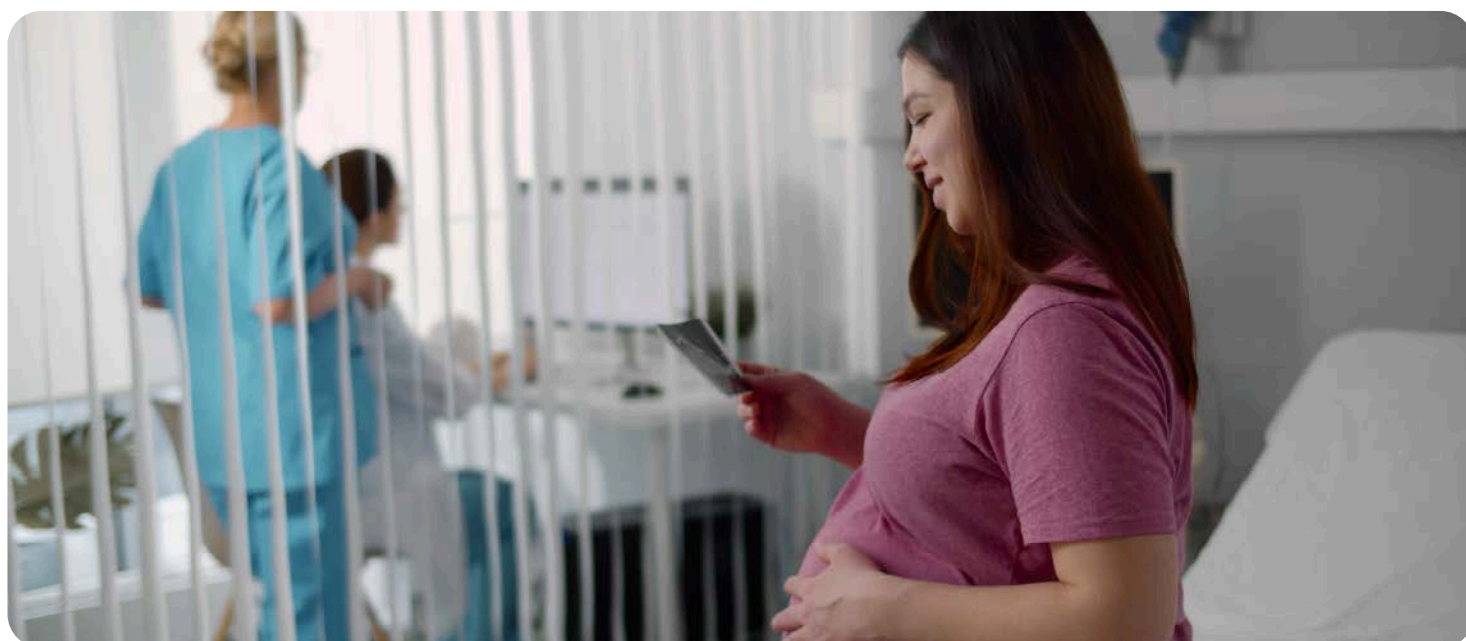
Jurisdiction	Title	Source	Year
VIC	Central Hume Maternity Care Project Report	Benalla Health	2023
VIC	Inquiry into perinatal services - Final report	Parliament of Victoria	2018
WA	Improving maternity care for refugee and migrant women in Western Australia: Report from 2013–2014 workshops	WA Health	2013
WA	Nursing and Midwifery in Western Australia: A Discussion Paper	WA Health	2021
WA	Report on Review of Maternity Services in Metropolitan Non-Tertiary Public Hospitals	WA Health	2015
WA	WA Health Network Branch Maternity Consultation Report	WA Health	2007
New Zealand	A looming crisis...or a crisis? The O&G workforce in Aotearoa - Report of the ANZ O&G Working Group	Royal Australian and New Zealand College of Obstetricians and Gynaecologists	2022
Europe	Technical brief on strengthening the nursing and midwifery workforce to improve health outcomes	World Health Organisation	2022

Strategies (38)

Jurisdiction	Title	Source	Year
National	Australian National Breastfeeding Strategy 2019 and Beyond	COAG Health Council	2019
National	'gettin em n keppin em n grown em' (GENKE II): Strategies for ATSI Nursing and Midwifery Reform	Congress of ATSI Nurses and Midwives	2022
National	National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031	Department of Health	2021
National	National Medical Workforce Strategy 2021 - 2031	Department of Health	2021
National	National Nursing Workforce Strategy (under development)	Department of Health	Pending
National	National Women's Health Strategy 2020 - 2030	Department of Health	2020
National	Stronger Rural Health Strategy 2018 - 2028	National Rural Health Alliance	2018
National	Woman-Centred Care: Strategic directions for Australian Maternity services August 2019	COAG Health Council	2019

Jurisdiction	Title	Source	Year
ACT	ACT Health Workforce Strategy 2023-2032	ACT Health	2023
ACT	Maternity in Focus: First Action Plan 2022-2025	ACT Health	2022
ACT	Maternity in Focus: The ACT Public Maternity System Plan 2022-2032	ACT Health	2022
NSW	Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW	NSW Health	2023
NSW	First 2000 Days Implementation Strategy 2020-2025	NSW Health	2020
NSW	Future Health: Guiding the next decade of healthcare in NSW 2022-2032	NSW Health	2022
NSW	National Women's Strategy 2023-2026	NSW Government	2023
NSW	NSW Aboriginal Health Plan 2013-2023	NSW Health	2013
NSW	NSW Health Genomics Strategy	NSW Health	2017
NSW	NSW Regional Health Strategic Plan 2022-2032	NSW Health	2022
NSW	Strategic Workforce Plan 2019 - 2024	Northern NSW LHN	2019
NT	NT Health Strategic Plan 2023-2028	NT Government	2023
NT	NT Health Workforce Strategy 2019 to 2022	NT Health	2019
QLD	Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026	QLD Health	2016
QLD	Better Care Together: A plan for QLD's state-funded mental health, alcohol and other drug services to 2027	QLD Health	2022
QLD	Early Career Nursing and Midwifery Retention Strategy 2022 - 2026	QLD Health	2022
QLD	Growing Deadly Families - Aboriginal and Torres Strait Islander Maternity Services Strategy 2019 - 2025	QLD Health	2019
QLD	Health Workforce Strategy for Queensland to 2032 (to be published in 2024)	QLD Health	2024
QLD	Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – Interim Investment Strategy 2021-2022	QLD Health	2021

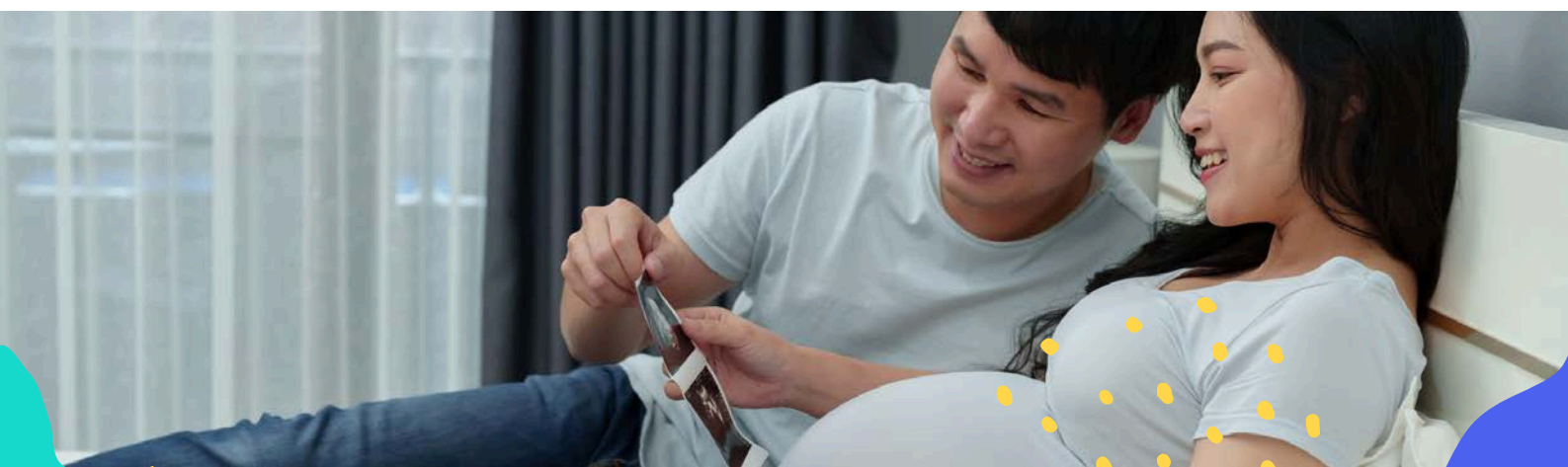
Jurisdiction	Title	Source	Year
QLD	Nursing and Midwifery Workforce Strategy 2023 - 2026	West Moreton Health	2023
QLD	Queensland Women and Girls' Health Strategy 2032	QLD Health	2024
SA	South Australia's Rural Health Workforce Strategy 2018 - 2022	SA Health	2018
TAS	Health Workforce 2040 Strategy	TAS Department of Health	2019
TAS	Tasmanian Women's Strategy 2018-2021	TAS Government	2018
VIC	Aboriginal Workforce Strategy 2021 - 2026	VIC DoH	2021
VIC	VACCHO Statewide GP Workforce Strategy 2021 - 2031	VACCHO	2021
VIC	Victorian Aboriginal Health and Wellbeing Workforce Strategy 2022 - 2026	VACCHO	2022
VIC	Victorian Health Workforce Strategy	VIC DoH	2024
WA	WA Country Health Service Maternal and Newborn Care Strategy 2019-24	WA Health	2019
WA	WA Health Aboriginal Workforce Strategy 2014-2024	WA Health	2014



Guidelines (31)

Jurisdiction	Title	Source	Year
Australia	Stillborn Clinical Care Standard	Australian Commission on Safety and Quality in healthcare	2022
Australia	The Fourth Australian Atlas of Healthcare Variation - Chapter 1: Early planned birth	Australian Commission on Safety and Quality in healthcare	2021
Australia	The Second Australian Atlas of Healthcare Variation - Chapter 3: Women's health and maternity	Australian Commission on Safety and Quality in healthcare	2017
Australia	The Third Australian Atlas of Healthcare Variation - Chapter 1: Neonatal and paediatric health	Australian Commission on Safety and Quality in healthcare	2018
Australia	Mental healthcare in Perinatal Period: Australian Clinical Practice Guidelines	Centre of Perinatal Excellence	2023
Australia	Pregnancy Care Guidelines	Department of Health	2020
Australia	Shared Maternity care in Australia	Royal Australia and New Zealand College of Obstetricians and Gynaecologists	2021
NSW	Resilience Assessment in Maternity Services Facilitation Guide	Clinical Excellence Commission	2022
NSW	Maternity and Neonatal Service Capability	NSW Health	2022
NSW	NSW Statewide Screening - Hearing (SWISH) Program	NSW Health	2010
NT	Healthy Under 5 Kids Program: Education Package	NT Government	2022
NT	Maternity Care Overview PPHC Remote NT Health Guideline	NT Health	2021
NT	CARPA Standard Treatment Manual for rural and remote practice: supporting clinical practice in the bush	Central Australian Aboriginal Congress, et al.	2022
NT	Clinical Procedures Manual for remote and rural practice: supporting clinical practice in the bush	Central Australian Aboriginal Congress, et al.	2022
NT	Medicines Book for Aboriginal and Torres Strait Islander health practitioners: supporting clinical practice in remote and Indigenous communities	Central Australian Aboriginal Congress, et al.	2022
NT	Women's Business Manual for remote and rural practice: Supporting clinical practice in the bush	Central Australian Aboriginal Congress, et al.	2022
QLD	QLD Clinical Guidelines - Maternity Guidelines	QLD Health	2023

Jurisdiction	Title	Source	Year
QLD	Partnering with the woman who declines recommended maternity care	QLD Health	2020
SA	South Australian Perinatal Practice Guideline: Anxiety and Depression in the Perinatal Period	SA Health	2019
SA	South Australian Perinatal Practice Guideline: Postnatal Care - Routine care of the well woman and neonate	SA Health	2021
SA	Standards for Maternal and Neonatal Services in South Australia 2020 Clinical Directive	SA Health	2020
VIC	Maternity and newborn services user guide	Safer Care Victoria	2018
VIC	Koori Maternity Services Guidelines	Victorian Department of Health	2017
VIC	Healthy Mothers, Healthy Babies Program Guidelines	Victorian Department of Health	2017
VIC	Maternal and child health program standards	Victorian Department of Health	2019
VIC	Innovation practice guide for maternal and child health services	Victorian Department of Health	2019
VIC	Transition to practice guidelines: Victorian maternal and child health services	Victorian Department of Health	2019
VIC	Safe and effective use of interpreters: Practice note for Maternity and Child Health services	Victorian Department of Health	2021
VIC	Telehealth guidelines for Maternal and Child health services	Victorian Department of Health	2022
VIC	Maternal Child Health Service guidelines	Victorian Department of Health	2021
WA	Statewide Maternity Shared Care Guidelines	WA Health	2021



Work plans (25)

Jurisdiction	Title	Source	Year
Australia	Future focused primary healthcare: Australia's Primary healthcare 10 year Plan 2022-2032	Department of Health	2022
Australia	Nurse Practitioner Workforce Plan	Department of Health	2023
Australia	National Stillbirth Action and Implementation Plan	Department of Health	2020
Australia	National Maternity Action Plan For The Introduction Of Community Midwifery Services in Urban And Regional Australia	Maternity Choices	2002
ACT	Canberra Health Services Nursing and Midwifery Workforce Plan 2022 - 2023 (draft)	Canberra Health Services	2022
NSW	NSW Closing the Gap Implementation Plan 2022 – 2024	NSW Health	2022
NSW	NSW Health Workforce Plan 2022-2032	NSW Health	2022
NSW	NSW Health Genomics Strategy Implementation Plan 2021-2025	NSW Health	2021
NSW	NSW Refugee Health Plan - 2022-2027	NSW Health	2022
NT	Strategic Workforce Plan 2022 to 2025	NT Government	2022
NT	Northern Territory Nursing and Midwifery Plan 2023 - 2028	NT Health	2023
QLD	Workforce Action Plan Horizon 1 - 2022 to 2024 (in draft)	Office of Chief Nursing and Midwifery Officer	2022
SA	SA Rural Allied and Scientific Health Workforce Plan 2021-26	SA Health	2021
SA	SA Rural Nursing and Midwifery Workforce Plan 2021 - 2026	SA Health	2021
SA	South Australia's Rural Aboriginal Health Workforce Plan 2021-26	SA Health	2021
QLD	Metro North Nursing and Midwifery Workforce Action Plan 2023 - 2028	Metro North Health	2023
SA	South Australia's Rural Medical Workforce Plan 2019-24	SA Health	2019

Work plans (25)

Jurisdiction	Title	Source	Year
TAS	Health and Wellbeing for Women Action Plan	TAS Department of Health	2020
TAS	Health Workforce 2040: Allied Health	TAS Department of Health	2019
TAS	Health Workforce 2040: Medicine	TAS Department of Health	2019
TAS	Health Workforce 2040: Nursing and Midwifery	TAS Department of Health	2019
VIC	Victorian women's sexual and reproductive health plan 2022-30	Victorian Department of Health	2022
VIC	Western Health Nursing and Midwifery Workforce Plan 2022-26	Western Health	2022
WA	Maternity Model of Care - Surgery and Specialist Care Directorate	South Metropolitan Health Service	2023
WA	Closing the Gap: Jurisdictional Implementation Plan	WA Health	2021

Research / Published Literature (25)

Jurisdiction	Title	Source	Year
Australia	Australian maternity service provision: a comparative analysis of state and territory maternity care frameworks	Australian Health Review	2022
Australia	National review of maternity services 2008: women influencing change	BMC Pregnancy and Childbirth	2011
Australia	Nurse/midwife-to-patient ratios: A scoping review	Contemporary Nurse	2024
Australia	Maternity services for rural and remote Australia: barriers to operationalising national policy	Health Policy	2017
Australia	The Mother's Tale: Women's experiences of maternity care in Australia - The Birth Dignity Survey 2020	Maternal Health Matters	2021
Australia	Factors influencing referral to maternity models of care in Australian general practice	medRxiv	Pending
Australia	A scoping review of evidence comparing models of maternity care in Australia	Midwifery	2021

Jurisdiction	Title	Source	Year
TAS	Health and Wellbeing for Women Action Plan	TAS Department of Health	2020
TAS	Health Workforce 2040: Allied Health	TAS Department of Health	2019
TAS	Health Workforce 2040: Medicine	TAS Department of Health	2019
TAS	Health Workforce 2040: Nursing and Midwifery	TAS Department of Health	2019
VIC	Victorian women's sexual and reproductive health plan 2022-30	Victorian Department of Health	2022
VIC	Western Health Nursing and Midwifery Workforce Plan 2022-26	Western Health	2022
WA	Maternity Model of Care - Surgery and Specialist Care Directorate	South Metropolitan Health Service	2023
WA	Closing the Gap: Jurisdictional Implementation Plan	WA Health	2021
Australia	Improving maternity services for Indigenous women in Australia: moving from policy to practice	MJA	2016
Australia	Culturally and linguistically diverse women's views and experiences of accessing sexual and reproductive healthcare in Australia: a systematic review	Sexual Health	2016
Australia	In what ways does maternity care in Australia align with the values and principles of the national maternity strategy? A scoping review	Sexual & Reproductive Healthcare	2023
Australia	Our work: Workforce	Transforming Maternity Care Collaborative	N/A
Australia	A comparison of the Woman-centred care: strategic directions for Australian maternity services (2019) national strategy with other international maternity plans	Women and Birth	2023
Australia	Enabling the context for Aboriginal and Torres Strait Islander Community Controlled Birthing on Country services: Participatory action research	Women and Birth	2023
Australia	Implementing caseload midwifery: Exploring the views of maternity managers in Australia – A national cross-sectional survey	Women and Birth	2016
Australia	The future of the Australian midwifery workforce - impacts of ageing and workforce exit on the number of registered midwives	Women and Birth	2021
Australia	What do women in Australia want from their maternity care: A scoping review (Faktor et al)	Women and Birth	2023
QLD	O43 - Queensland Birth Strategy – Transforming Maternity Care	Women and Birth	2023
VIC	Translating evidence into practice: Implementing culturally safe continuity of midwifery care for First Nations women in three maternity services in Victoria, Australia	eClinical Medicine	2022

Jurisdiction	Title	Source	Year
VIC	Maternity Connect: Evaluation of an education program for rural midwives and nurses	Women and Birth	2022
VIC	Midwifery workforce challenges in Victoria, Australia. A cross-sectional study of maternity managers	Women and Birth	2024
VIC	Supporting the midwifery workforce: An evaluation of an undergraduate midwifery student employment model at a large tertiary maternity service in Victoria, Australia	Women and Birth	2023

Frameworks (20)

Jurisdiction	Title	Source	Year
Australia	National Consensus Framework for Rural Maternity Services	Australian College of Rural and Remote Medicine	2008
Australia	National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families	Department of Health	2016
Australia	National Rural and Remote Nursing Generalist Framework 2023-27	Department of Health	2023
Australia	Maternity care in Australia	Royal Australian and New Zealand College of Obstetricians and Gynaecologists	2017
NSW	First 2000 Days Framework	NSW Health	2020
NSW	Integrated Trauma Informed Care Framework: My story, my health, my future	NSW Health	2023
NSW	Maternity and Neonatal Service Capability	NSW Health	2022
QLD	Business Planning Framework - A methodology for nursing and midwifery workload management	QLD Health	2021
QLD	Clinical Service Capability Framework v3.2 - Maternity Services	QLD Health	2014
QLD	Maternity shared care operational framework	QLD Health	2021
QLD	Queensland Rural and Remote Maternity Services Planning Framework	QLD Health	2022
QLD	The First 2000 Days - The Opportunity of a Lifetime	QLD Health	2023
QLD	Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – Policy and Accountability Framework	QLD Health	2010
SA	Clinical Service Capability Framework - Maternity and Neonatal Services	SA Health	2016

Jurisdiction	Title	Source	Year
SA	SA Health Statewide Midwifery Framework	SA Health	2022
TAS	Tasmanian Role Delineation Framework: Women's and children's services - maternity services	Tasmanian Department of Health	2023
VIC	Capability frameworks for Victorian maternity and newborn services	VIC DoH	2022
WA	Clinical Service Capability Framework - Maternity	South Metropolitan Health Service	N/A
WA	WA Country Health Service Maternal and Newborn Care Capability Framework Policy	WA Health	2020
WA	WA Health Clinical Services Framework 2014-2024	WA Health	2014

Media Releases (16)

Jurisdiction	Title	Source	Year
Australia	Delivering under pressure	ABC News	2023
Australia	The Birth Project: A year-long investigation into birth and beyond	ABC News	2022
Australia	Maternity services workforce survey: what we learned	Australian Nursing & Midwifery Federation	2022
Australia	Indemnity insurance restored for midwives delivering labour care at home	Department of Health	2023
Australia	NMBA partners with the Burnet Institute and colleagues to deliver a midwifery workforce review	NMBA	2023
ACT	Nurse/Midwife-to-Patient Ratios	ACT Health	2023
ACT	Improving access to Canberra's public maternity system	ACT Government	2019
NSW	Nurse and midwife staffing models	NSW Government	2022
NSW	Midwives demand safe staffing ratios in maternity	NSW Nurses & Midwives Association	2022
NSW	Ratios - it's a life saver	NSW Nurses & Midwives Association	2024
QLD	Boost for regional maternity services in Queensland	QLD Government	2023

Jurisdiction	Title	Source	Year
QLD	Queensland to introduce nation-leading midwife ratios for mums and bubs	QLD Government	2023
QLD	New laws pave the way for midwife-to-patient ratios and better access to abortion services	QLD Government	2024
VIC	Maternity Workforce Initiative Trial	Australian Nursing & Midwifery Federation	2023
VIC	Ratios set to improve from July	Australian Nursing & Midwifery Federation	2023
WA	WA Midwifery Workforce Shortage	Australian College of Midwives	2022

Position Statements (8)

Jurisdiction	Title	Source	Year
Australia	Position Statement: Rural Maternity Services	Australian College of Rural and Remote Medicine	2019
Australia	Position Statement: Rural Maternity Services	Australian College of Midwives	2023
Australia	Maternity care in general practice	Royal Australian and New Zealand College of Obstetricians and Gynaecologists	2018
Australia	The future of the midwifery workforce in Australia - Position Paper	Council of Deans of Nursing and Midwifery (ANZ)	2023
Australia	Obstetric and gynaecology services in rural and remote regions in Australia	Royal Australian and New Zealand College of Obstetricians and Gynaecologists	2020
ACT	The Registered Midwife in Maternal, Child and Family services in the Australian Capital Territory	ACT Health	2023
QLD	QNMU safe workload in midwifery standard	Queensland Nurses and Midwives Union of Employees	2017
QLD	Policy Position: Rural Maternity Services in Queensland	Rural Doctors Association of Queensland	2023

Policies (6)

Jurisdiction	Title	Source	Year
NSW	NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023	NSW Health	2019
QLD	Remote Area Nursing Incentive Package (RANIP)	North West HHS	2022
QLD	Workforce attraction incentive scheme	North West HHS	2024
WA	Western Australian Women's Health and Wellbeing Policy: Lifting the health profile of women and girls	WA Health	2019
WA	Womens and Newborns Health Network - Policy for Publicly Funded Homebirths including Guidance for Consumers, Health Professionals and Health Services	WA Health	2013
WA	Public Home Birth Program Policy	WA Health	2021

Others (21)

Jurisdiction	Title	Source	Year
Australia	National Agreement on Closing the Gap	Coalition of ATSI Peak Organisations and all Australian Governments	2020
Australia	Fact sheet: Registration as a nurse and a midwife - dual registration	Nursing and Midwifery Board of Australia	2019
Australia	Maternal, child and family health nurses and midwives in Australia. A regulatory perspective.	Nursing and Midwifery Board of Australia	2023
Australia	Pre-budget submission 2022-2023	Royal Australian and New Zealand College of Obstetricians and Gynaecologists	2022
NSW	Health Services Amendment (Nurse-to-Patient and Midwife-to-Patient Ratios) Bill 2022	NSW Government	2022
NSW	Continuity of Care Models: A Midwifery Toolkit	NSW Health	2023
NSW	Midwifery Pathways in Practice (MidPiP)	NSW Health	2024
NSW	NSW Aboriginal Nursing and Midwifery Strategy (note: not a strategy document)	NSW Health	2023

Jurisdiction	Title	Source	Year
NSW	Aboriginal Workforce in NSW Health (note: not a strategy document)	NSW Health	2024
QLD	Health and Other Legislation Amendment Bill (No.2) 2023	QLD Government	2023
QLD	Maternity care options in Queensland	QLD Health	2019
QLD	Perinatal reports and information	QLD Health	-
QLD	Multicultural Health - Resources for health workers	QLD Health	-
SA	Allied Health Rural Generalist Pathway	SA Health	-
VIC	Maternal and child health workforce training and resources	VIC Department of Health	2024
VIC	Working as a nurse or midwife	VIC Department of Health	N/A
VIC	Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2018: Bill Brief	APO	2019
WA	Midwifery Continuity of Carer Model Toolkit	WA Health	2016
WA	Resource toolkit for refugee and migrant women accessing maternity services	WA Health	2015
International	Respectful Maternity Charter: the universal rights of childbearing women	White Ribbon Alliance	N/A
International	Share of people identifying as transgender, gender fluid, non-binary, or other ways worldwide as of 2023, by country	Statista	2023



Appendix 3: National Survey Response Rate by Profession

Profession	Overall	Jurisdiction								
		Federal	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Allied Health	4	-	1	-	1	2	-	-	-	-
Medical	29	2	1		2	13	1	1	3	6
Midwifery	39	-	1	7	1	3	2	1	18	6
Nursing	20	2		2		2	1		10	3
Nursing & Midwifery	109	3	2	14	7	25	7	2	31	18
Service planner	11	1	-	1	-	5	-	-	3	1
Research	3	-	-	-	2	-	-	-	1	-
Consumer	1	-	-	-	-	1	-	-	-	-
Total	216	8	5	24	13	51	11	4	66	34



Appendix 4: National Survey Response Rate by Sector

Sector	Overall	Jurisdiction								
		Federal	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Public	158	2	4	19	6	43	11	3	39	31
Both public & private	2	-	-	-	-	1	-	-	-	1
Private	33	1	1	4	3	2	-	1	20	1
Not-for-profit	11	-	-	-	2	2	-	-	6	1
Professional	9	5	-	-	2	2	-	-	-	-
not working/ unspecified	3	-	-	1	-	1	-	-	1	-
Total	216	8	5	24	13	51	11	4	66	34

Appendix 5: National Survey Response Rate by Location of Practice

Location	Overall	Jurisdiction								
		Federal	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
National	10	8	-	-	1	-	-	-	1	-
Statewide	26	-	1	2	5	9	1	3	3	2
Metropolitan	79	-	4	15	1	10	3	1	25	20
Regional	63	-	-	3	2	18	6	-	25	9
Rural and remote	29	-	-	1	3	12	1	-	9	3
Not working / unspecified	9	-	-	3	1	2	-	-	3	-
Total	216	8	5	24	13	51	11	4	66	34

Appendix 6: Current Strategies, Work Plans and Frameworks that Inform Workforce Planning for Future Maternity Services

National/Federal

Organisation	Sector	Title	Description
Australian Government - Department of Health(2022)	Public	<u>Future focused primary healthcare: Australia's Primary healthcare 10 Year Plan 2022 - 2032</u>	The Plan [15] aims to deliver even better outcomes for Australian people, healthcare providers and the healthcare system, focusing on three streams of work: future focused healthcare; person-centred primary healthcare supported by funding reform; and integrated care, locally delivered.
Australian Government - Department of Health(2021)	Public	<u>National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031</u>	The Framework and Implementation Plan [16] has been designed to align with the 2020 National Agreement on Closing the Gap and the National Aboriginal and Torres Strait Islander Health Plan. It is a co-designed plan that addresses six key strategic directions, which together aims for Aboriginal and Torres Strait Islander people to represent 3.43% of the national health workforce by 2031.
Australian Government- Department of Health(2016)	Public	<u>National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families</u>	The Framework [17] was developed to accompany the National Framework for Universal Child and Family Health Services, the National Framework for Child and Family Health Services – secondary and tertiary services, and the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023 (the Health Plan). The core elements of health services for Aboriginal and Torres Strait Islander children and families include: early identification of family needs and risks; health promotion; health and developmental monitoring; and responding to identified needs.
Australian Government - Department of Health(2021)	Public	<u>National Medical Workforce Strategy 2021-2031</u>	The Strategy [11] is a collaborative vision for using data and evidence to develop and maintain a high-quality, effective, and well-distributed medical workforce. Whilst doctors work with multidisciplinary teams to deliver healthcare, this Strategy is focused on doctors, not the full healthcare team.
Australian Government - Department of Health	Public	<u>National Nursing Workforce Strategy</u>	This Strategy is currently under development, with another round of consultation expected to be held in the second half of 2024. It is noted that midwives are a separate profession and therefore out of scope of this strategy. However, many midwives have dual registration so their perspective on nursing issues and the impact of the strategy on them will be considered.
Australian Government - Department of Health(2020)	Public	<u>National Women's Health Strategy 2020-2030</u>	The Strategy [18] outlines Australia's national approach to improving health outcomes for all women and girls in Australia. Taking into account the changes in the policy environment, considers the latest evidence and identifies the current gaps and emerging issues in women's health, the Strategy aims to inform targeted and coordinated action at the national and jurisdictional levels to address the priority health needs of women and girls in Australia.
Australian Government: Department of Health(2023)	Public	<u>Nurse Practitioner Workforce Plan</u>	The Workforce Plan's aim [13] is to enhance the accessibility and delivery of person-centred care for all Australian communities through a well-distributed and culturally safe Nurse Practitioner workforce. It is designed to work alongside the 'gettin em n keepin em n growin em' 2022 report by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, and The National Nursing and Midwifery Digital Health Capability Framework.

Organisation	Sector	Title	Description
Australian Government - Department of Health(2022)	Public	<u>Future focused primary healthcare: Australia's Primary healthcare 10 Year Plan 2022 - 2032</u>	The Plan [15] aims to deliver even better outcomes for Australian people, healthcare providers and the healthcare system, focusing on three streams of work: future focused healthcare; person-centred primary healthcare supported by funding reform; and integrated care, locally delivered.
Australian Government - Department of Health(2021)	Public	<u>National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031</u>	The Framework and Implementation Plan [16] has been designed to align with the 2020 National Agreement on Closing the Gap and the National Aboriginal and Torres Strait Islander Health Plan. It is a co-designed plan that addresses six key strategic directions, which together aims for Aboriginal and Torres Strait Islander people to represent 3.43% of the national health workforce by 2031.
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Australian Government - Department of Health(2020)	Public	<u>National Women's Health Strategy 2020-2030</u>	The Strategy [18] outlines Australia's national approach to improving health outcomes for all women and girls in Australia. Taking into account the changes in the policy environment, considers the latest evidence and identifies the current gaps and emerging issues in women's health, the Strategy aims to inform targeted and coordinated action at the national and jurisdictional levels to address the priority health needs of women and girls in Australia.
Australian Government: Department of Health(2023)	Public	<u>Nurse Practitioner Workforce Plan</u>	The Workforce Plan's aim [13] is to enhance the accessibility and delivery of person-centred care for all Australian communities through a well-distributed and culturally safe Nurse Practitioner workforce. It is designed to work alongside the 'gettin em n keepin em n growin em' 2022 report by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, and The National Nursing and Midwifery Digital Health Capability Framework.
Australian Government - Department of Health: COAG Health Council(2019)	Public	<u>Woman- Centred Care: Strategic directions for Australian Maternity services August 2019</u>	The Strategy [1] aims to ensure that Australian maternity services are equitable, safe, woman-centred, informed and evidence-based. The strategy utilised current evidence and feedback provided by women and health professionals, and is underpinned by four key values of safety, respect, choice and access.

Organisation	Sector	Title	Description
Australian Government: Department of Health - Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (2022)	Public	<u>'Gettin em n keepin em n growin em' (GENKE II): Strategies for Aboriginal and Torres Strait Islander Nursing and Midwifery Education Reform</u>	The Report [9] outlines strategies for Aboriginal and Torres Strait Islander nursing and midwifery education reform, to eradicate racism and to apply and maintain Cultural Safety across all aspects of the health and education system.
Australian College of Rural and Remote Medicine (2008)	Not-for-profit	<u>National Consensus Framework for Rural Maternity Services</u>	The Consensus Framework [10] has been developed to guide policy and planning for sustainable rural maternity services across Australia. It was established by consensus among five professional organisations representing the core disciplines that provide maternity care, outlining a set of principles to support the development of specific strategies to support quality maternity services in rural Australia.
National Rural Health Alliance(2018)	Not-for-profit	<u>Stronger Rural Health Strategy</u>	The Strategy [19] aims to build a sustainable, high quality health workforce that is distributed across the country according to community need particularly in rural and remote communities. It includes a range of incentives, targeted funding and bonding arrangements and will give doctors more opportunities to train and practice in rural and remote Australia, to meet the challenge of redistributing the workforce. It will also enable a stronger role for nurses and allied health professionals in the delivery of more multidisciplinary, team based models of primary healthcare.

Australian Capital Territory (ACT)

Organisation	Sector	Title	Description
ACT Health(2023)	Public	<u>ACT Health Workforce Strategy 2023-2032</u>	The Strategy [20] sets out a 10-year vision to develop a sustainable, skilled, and culturally diverse health workforce in the ACT. It establishes eight strategic priorities, including enhancing Indigenous workforce participation, fostering collaborative health systems, and promoting innovation in care delivery. The Strategy will be realised through iterative action plans, informed by ongoing reviews and data-driven insights to adapt to evolving healthcare needs.
ACT Health(2022)	Public	<u>Maternity in Focus: The ACT Public Maternity System Plan 2022-2032 and Maternity in Focus: First Action Plan 2022-2025</u>	The Maternity System Plan [21] incorporates a variety of national maternity related strategies and the ACT Government's Response to the ACT Legislative Assembly's Inquiry into Maternity Services. It outlines priority actions across ACT maternity services, covering four key themes: consumers, best practice maternity care, clinical governance and data, and workforce. The Plan recognises the current significant improvement work that is being undertaken locally and includes a commitment to over 50% of women and pregnant people having access to continuity of care by 2028 and will be supported by three Action Plans, with the first spanning 2022 - 2025. [22]

New South Wales (NSW)

Organisation	Sector	Title	Description
NSW Health(2023)	Public	<u>Connecting, listening and responding: A Blueprint for Action - Maternity care in NSW</u>	The Blueprint [23] describes ten key goals, with specific objectives, actions and lead agencies identified to support each goal to improve overall maternity experience and outcomes. It aligns with the goals and strategies of the NSW Health First 2000 Days Framework, First 2000 Days Implementation Strategy 2020-2025 and the NSW Closing the Gap Implementation Plan 2022- 2024.
NSW Health(2020)	Public	<u>First 2000 Days Framework and First 2000 Days Implementation Strategy, 2020-2025</u>	The Framework [24] is a strategic policy document that is underpinned by three strategic objectives: understanding the importance of the first 2000 days of a child's life (from conception to 5 years); care and support for all; and specialised care for those who need it. The objectives are the foundation to the three goals and ten strategies outlined in the Implementation Strategy. [25]
NSW Health(2022)	Public	<u>Future Health: Guiding the next decade of healthcare in NSW 2022-2032</u>	The Report [26] provides the strategic framework and priorities for the whole system over the next decade. Six strategic outcomes have been identified, including a specific focus on the workforce planning and development to ensure staff are supported to deliver safe, reliable, person-centred care driving the best outcomes and experiences.
NSW Health(2023)	Public	<u>Integrated Trauma-Informed Care Framework: My story, my health, my future</u>	The Framework [27] aims to mitigate the impacts of trauma, prevent the exacerbation of trauma, and promote healing. Preventing experiences of trauma (including prenatal, antenatal and postnatal exposure) is critical for improving outcomes. It includes key principles for the whole of the public health system, including the delivery of frontline care, the design of new health facilities, or the development of policy.
NSW Health(2022)	Public	<u>Maternity and Neonatal Service Capability</u>	This Report [28] guides NSW Health local health districts and specialty health networks in determining the service capability level of their maternity and neonatal services and outlines the processes for assessment, notification and reporting. It describes the workforce requirements for different levels of maternity and neonatal services.
NSW Health(2023)	Public	<u>Tiered Networking Arrangements for Perinatal Care in NSW</u>	This Policy Directive [x] provides guidance for NSW local health districts, Sydney Children's Hospitals Network and services in the ACT on the structure, functioning and governance of tiered perinatal networks.
NSW Health(2013)	Public	<u>NSW Aboriginal Health Plan 2013-2023</u>	This Plan [29] outlines the strategic directions that consider key issues, such as how to build respectful, trusting and effective partnerships between NSW Health and the Aboriginal communities it serves, and addressing Aboriginal health needs now and into the future. The Strategic Direction 4: Strengthening the Aboriginal workforce describes actions to attract, develop and sustain more Aboriginal people to work in health.
NSW Health(2022)	Public	<u>NSW Closing the Gap Implementation Plan 2022-2024</u>	The Implementation Plan [30] comprehensively documents the approach NSW is taking to implement the landmark National Agreement on Closing the Gap, including Aboriginal health workforce development and business planning.

Organisation	Sector	Title	Description
NSW Health(2022)	Public	<u>NSW Health Workforce Plan 2022-2032</u>	The Plan [31] provides a delivery framework to guide the implementation of the workforce-related strategies across the health system. The strategic focus includes ensuring the delivery of safe, reliable, person-centred care, through driving the best outcomes and experiences, and creating system wide opportunities to unlock potential of the health workforce.
NSW Health(2019)	Public	<u>NSW Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023</u>	The Plan [32] is the strategic statewide policy for meeting the health needs of culturally and linguistically diverse consumers for the next five years. It aims to ensure people of culturally and linguistically diverse backgrounds have equitable access to the healthcare services that are culturally responsive, safe and high quality.
NSW Health(2022)	Public	<u>NSW Refugee Health Plan 2022-2027</u>	Together with the NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023, this Plan [33] affirms NSW Health's commitment to meeting the health needs of all people from culturally and linguistically diverse backgrounds. It provides essential guidance to the NSW Health system to improve healthcare for people from refugee backgrounds.
NSW Health(2022)	Public	<u>NSW Regional Health Strategic Plan 2022-2032</u>	The Plan [34] is a roadmap for NSW Health to help build future regional workforce, embrace change and innovation and foster new ways of delivering services, including maternity services and models of care, all while delivering care in our regional communities.

Northern Territory (NT)

Organisation	Sector	Title	Description
NT Government(2023)	Public	<u>NT Health Strategic Plan 2023-2028</u>	This Plan [35] is structured around four strategic focus areas that will enable us to achieve a new approach to designing and delivering care. It focuses on preventative and primary healthcare and the use of the appropriate technology, infrastructure, environment and workforce approaches to provide personalised care closer to home. We will deliver care models informed by data and in partnership across the health and wellbeing sectors.
NT Government(2019)	Public	<u>NT Health Workforce Strategy 2019 to 2022</u>	The Strategy [36] is focused on ensuring all Territorians have access to a safe, patient-centred and sustainable health system. It supports the NT Health Strategic Plan 2018 - 2022 and focuses on meeting the needs and driving innovation through development of our workforce in priority areas.
NT Government(2023)	Public	<u>Northern Territory Nursing and Midwifery Plan 2023-2028</u>	The Strategy [37] promotes the collaboration of nursing and midwifery staff to deliver better health for all and to provide care at the right place and time. The focus is on consumer well being, delivery of high quality care, a sustainable future, and a supported workforce.

Queensland (QLD)

Organisation	Sector	Title	Description
QLD Health(2016)	Public	<u>Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026</u>	The Framework [38] sets the principles, priorities and actions that focus workforce planning and investment on building a strong workforce to deliver a healthy future for Queensland's Aboriginal and Torres Strait Islander community.
QLD Health(2022)	Public	<u>Better Care Together: A plan for QLD's state-funded mental health, alcohol and other drug services to 2027</u>	The Plan [39] is the five-year plan setting the strategic directions and priorities across the state-funded mental health, alcohol and other drug service system, including Priority 1 key action focusing on provision of perinatal and infant mental health treatment, care and support for new parents and infants across Queensland.
QLD Health(2014)	Public	<u>Clinical Service Capability Framework v3.2 - Maternity Services</u>	The Framework [40] outlines the minimum support services, workforce, safety standards and other requirements for both public and private health facilities to ensure safe and appropriately supported maternity services.
QLD Health(2022)	Public	<u>Early Career Nursing and Midwifery Retention Strategy. 2022 - 2026</u>	The Strategy's [41] intended purpose is to support respective Hospital and Health Service's workforce planning functions to build upon current efforts to maximise attraction and retention of Queensland Health's nurses and midwives. The Strategy intends to align with departmental workforce initiatives to improve the supply, attraction and retention of health workforces.
QLD Health(2019)	Public	<u>Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019 - 2025</u>	The Strategy [42] details three priority areas to ensure access to high quality, clinical and culturally capable maternity services: co-design and co-delivery of services; access to woman-centred, comprehensive and culturally capable maternity care; and a culturally capable workforce, across all disciplines of maternity care.
QLD Health	Public	<u>Health Workforce Strategy for Queensland to 2032</u>	The Strategy is currently under development. It is anticipated to be ready for release mid-2024.
QLD Health(2023)	Public	<u>The First 2000 Days - The Opportunity of a Lifetime</u>	The Report [43] highlights the importance of a healthy start to life and the need for the Queensland health system to make it a focus. The report culminates with the identification of 14 key recommendations for QLD Health to implement, including a whole of government First 2000 Days strategy.

Organisation	Sector	Title	Description
QLD Health(2010) (2021)	Public	<u>Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – Policy and Accountability Framework and Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 - Interim investment strategy</u>	This Policy and Accountability Framework [44] provides the overarching policy directions to guide the Queensland Government's effort towards closing the health gap by 2033 and maintaining sustainable health outcomes thereafter. It has been developed following an examination of the available evidence regarding the health status of Indigenous Queenslanders and what is known about the health interventions that are most likely to close the health gap. It also articulates the accountability and reporting mechanisms that will be utilised by the Queensland Government. It includes baseline data and forward trajectories to 2033 for key performance measures to enable effective tracking and reporting of progress over time. The Interim Investment Strategy 2021-22 [45] has been developed as a provisional approach pending the outcomes of a range of emerging reforms, guiding Queensland Health's targeted investment towards improving outcomes in Aboriginal and Torres Strait Islander peoples' health. Underpinned by those same principles established in the previous Making Tracks Investment Strategy 2018-2021 this Interim Investment Strategy 2021-22 builds on progress over recent years continuing to operationalise evidence based action and targeted investment against the five priority areas previously agreed.
QLD Health(2024)	Public	<u>Queensland Women and Girl's Health Strategy 2032</u>	The Strategy [46] aims to improve the health and wellbeing of all women and girls across their life course, with a focus on our priority communities, to achieve health equity, including: First Nations women and girls culturally and linguistically diverse (CALD) women and girls women and girls with disability members of Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ+) communities women and girls living in rural and remote areas women and girls in contact with the justice system, including women in custody.

South Australia (SA)

Organisation	Sector	Title	Description
SA Health(2016)	Public	<u>Clinical Service Capability Framework - Maternity and Neonatal Services</u>	The Framework [47] outlines the minimum standards for the provision of maternity and neonatal services in South Australia. It is noted that this framework does not prescribe staffing ratios, absolute skill mix, or other workforce requirements for a team providing a service, as these are best determined locally and in accordance with relevant regulations, standards and policies.
SA Health(2022)	Public	<u>SA Health Statewide Midwifery Framework</u>	The Framework [48] encompasses a broad range of strategies that aim to shape, influence and sustain the provision of safe and contemporary midwifery care to women and families in South Australia.
SA Health(2021)	Public	<u>SA Rural Allied and Scientific Health Workforce Plan 2021-26</u>	The Workforce Plan [49] has been developed to guide allied and scientific health workforce planning in regional, rural and remote South Australia from 2021–2026. It recognises the importance of the regional allied and scientific health workforce to regional and rural communities and acknowledges the complexity and diversity of the allied and scientific health workforce and the settings in which they work. The Workforce Plan aims to ensure a sustainable rural allied and scientific health workforce.
SA Health(2021)	Public	<u>South Australia Rural Nursing and Midwifery Workforce Plan 2021 - 2026</u>	The Workforce Plan [50] has been developed to facilitate the commitment to recruit, train and develop the nursing and midwifery workforce needed to deliver country health services, focusing on three key themes including: building a skilled workforce; new and sustainable workforce models for rural healthcare; and developing a collaborative and coordinated health system.

Organisation	Sector	Title	Description
SA Health(2021)	Public	<u>South Australia's Rural Aboriginal Health Workforce Plan 2021-26</u>	The Workforce Plan [51] sets the direction for Aboriginal health workforce planning across regional, rural and remote South Australia from 2021–2026. It recognises that significant action is needed to increase the recruitment, retention, training, development and support needs of the current and future Aboriginal health workforce. The Plan outlines specific and culturally informed strategies to attract, retain, grow and support the Aboriginal health workforce within regional local health networks.
SA Health(2018)	Public	<u>South Australia's Rural Health Workforce Strategy 2018 - 2022</u>	The Strategy [52] has been developed to facilitate the commitment to recruit, train and develop the health professionals needed to deliver country health services. It aims to develop a strong, available and sustainable rural health workforce who can work in partnership with consumers and their families to provide effective and appropriate rural healthcare.
SA Health(2019)	Public	<u>SA Rural Medical Workforce Plan 2019-24</u>	The Workforce Plan [53] sets the direction for medical workforce planning across regional, rural and remote South Australia from 2019–20 to 2023–24. It recognises the challenges facing the rural medical workforce and aims to address these through specific actions on expanding rural medical training, better supporting the doctors providing these vital health services in rural areas and increasing collaboration with metropolitan hospitals, local councils and the Commonwealth Government to ensure a sustainable workforce into the future.

Tasmania (TAS)

Organisation	Sector	Title	Description
Tasmanian Government(2020)	Public	<u>Health and Wellbeing for Women Action Plan 2020-23</u>	The Action Plan [54] aims to improve the overall health and wellbeing of all women and girls in Tasmania through its focus on five strategic priorities, including Priority 1 on improving women's maternal, sexual and reproductive health.
Tasmanian Government - Department of Health(2019)	Public	<u>Health Workforce 2040 Strategy</u>	The Strategy [55] aims to provide a detailed overview of the health workforces in Tasmania, an overview of key workforce challenges and how to address these challenges to strengthen the current workforce and ensure its sustainability over time.
Tasmanian Government - Department of Health(2019)	Public	<u>Health Workforce 2040: Allied Health</u>	The Document [56] supports the Health Workforce 2040: Strategy, along with Health Workforce 2040: Medicine and Health Workforce 2040: Nursing and Midwifery. It is an analysis of Tasmania's registered allied health workforce and some other selected allied health professions in 2019 and provides insights into future health workforce needs, challenges, and opportunities.
Tasmanian Government - Department of Health(2019)	Public	<u>Health Workforce 2040: Medicine</u>	The Document [57] supports the Health Workforce 2040: Strategy. The other supporting documents are Health Workforce 2040: Allied Health and Health Workforce 2040: Nursing and Midwifery. It provides an analysis of Tasmania's medical workforce in 2019 using data from the national health workforce dataset.

Organisation	Sector	Title	Description
Tasmanian Government - Department of Health(2019)	Public	<u>Health Workforce 2040: Nursing and Midwifery</u>	The Document [58] supports the Health Workforce 2040: Strategy, along with Health Workforce 2040: Allied Health and HealthWorkforce 2040: Medicine. It is an analysis of Tasmania's nursing and midwifery workforce in 2019 and provides insights into future health workforce needs, challenges and opportunities.
Tasmanian Government - Department of Health(2023)	Public	<u>Tasmanian Role Delineation Framework: Women's and children's services - maternity services</u>	The Framework [59]describes the maternity service, its requirements and the minimum staffing needs and clinical support services required within each level of healthcare facility.

Victoria (VIC)

Organisation	Sector	Title	Description
Victorian Government - Department of Health(2021)	Public	<u>Aboriginal Workforce Strategy</u>	The Strategy [60] aims to create an outstanding culturally safe employee experience for Victorians, where individuals are valued for their cultural knowledge and lived experience, resulting in being an employer of choice. The strategy has been developed in collaboration with Aboriginal and Torres Strait Islander employees.
Victorian Government - Department of Health(2022)	Public	<u>Capability Frameworks for Victorian Maternity and Newborn Services</u>	The Framework [61] describes the requirements for providing safe and high-quality maternity and newborn care for Victorian public and private hospitals, including the required workforce, infrastructure, equipment and clinical support services.
Victorian Government - Department of Health (2024)	Public	<u>Victorian Health Workforce Strategy</u>	The Strategy [62] sets out how Victoria will attract, develop, and retain their healthcare workers. Key focus areas include: Increasing supply of priority roles; strengthening rural and regional workforces; improving employee experience; building future roles and capabilities; and leveraging digital, data and technology.
Victorian Aboriginal Community Controlled Health Organisation(2021)	Not-for-profit	<u>VACCHO Statewide GP Workforce Strategy 2021 - 2031</u>	The Strategy [63] aims to deliver a high quality clinically and culturally appropriate GP workforce for ACCOs in Victoria and to ultimately ensure that their Aboriginal communities receive the best primary healthcare at VACCHO member services.
Victorian Aboriginal Community Controlled Health Organisation(2022)	Not-for-profit	<u>Victorian Aboriginal Health and Wellbeing Workforce Strategy 2022 - 2026</u>	The Strategy [64] outlines ten strategic priorities and provides a coordinated framework to address the attraction, recruitment, retention, and development of the Aboriginal and Torres Strait Islander health and wellbeing workforce – inclusive of clinical and non-clinical employment across all levels, roles, and functions.
Western Health(2022)	Not-for-profit	<u>Western Health Nursing and Midwifery Workforce Plan 2022-26</u>	The Workforce Plan [65] outlines three overarching priorities: (1) attract and retain the best nurses and midwives for our growing health service; (2) empowering the provision of best care, exploring alternate models of care and building expertise; and (3) enhancing clinical and professional leadership and management in the organisation.

Western Australia (WA)

Organisation	Sector	Title	Description
Government of Western Australia(2021)	Public	<u>Closing the Gap Jurisdictional Implementation Plan</u>	The Plan [66] outlines the WA Government's commitment under the National Agreement on Closing the Gap. It signifies a 12-month, phased approach to embracing systemic changes required to address a complex interplay of factors affecting Aboriginal communities. One of the key strategies focuses on the investment in Aboriginal maternity workforce to deliver antenatal and postnatal services, in alignment with the WCC Strategy.
Government of Western Australia - WA Country Health Service(2020)	Public	<u>WA Country Health Service Maternal and Newborn Care Capability Framework Policy</u>	The Policy [67] provides information about where maternity and newborn care services can be delivered and the standards that apply to provision of these services. The delineation of service levels is based on the WA Health Clinical Services Framework, 2014-2024 and the 2009 WA Framework for the Care of Neonates in Western Australia.
Government of Western Australia - WA Country Health Service(2019)	Public	<u>WA Country Health Service Maternal and Newborn Care Strategy 2019-24</u>	This is a five-year Plan [68] to strengthen the delivery of, and access, to high quality maternal and newborn care services. The Strategy focuses on four key directions: sustainable, quality maternal and newborn care services; partnerships, collaboration and support; skilled and stable workforce; and innovative use of technology. The Strategy is supported by the development of regional service and implementation plans that consider local context, workforce planning, available resources and community needs.
Government of Western Australia(2014)	Public	<u>WA Health Aboriginal Workforce Strategy 2014-2024</u>	The Strategy [69] aims to develop a strong, skilled and growing Aboriginal health workforce across WA Health including clinical, non-clinical and leadership roles. The key priority areas of the Strategy are: attraction and retention; workforce skill development; workforce design; workforce planning and evaluation.
Government of Western Australia - Department of Health (2019)	Public	<u>Western Australia Women's Health and Wellbeing Policy: Lifting the health profile of women and girls</u>	The Policy [70] provides direction to the WA health system and its partners on how best to deliver strategies that optimise the health, safety and wellbeing of women and girls in WA, particularly those at greatest risk of poor health. The document includes future priorities and actions that align with the National Strategic Approach to Maternity Services.



Appendix 7: Maternity Models of Care in Australia and 2023 Utilisation Rates, Nationally and Jurisdictionally

Models of care	National	Jurisdiction							
		ACT	NSW	NT	QLD	SA	TAS	VIC	WA
1 Private obstetrician care	107	4	26	1	22	7	3	34	10
2 Private midwifery care	19	0	0	0	9	0	0	4	6
3 GP obstetrician care	39	0	11	0	3	6	0	4	15
4 Shared care	152	2	39	6	30	9	0	40	26
5 Combined care	28	1	4	0	6	1	0	8	8
6 Public hospital maternity care	414	10	177	5	67	18	12	83	42
7 Public hospital high risk maternity care	24	1	24	1	11	3	1	7	6
8 Team midwifery care	16	0	4	3	1	1	0	5	2
9 Midwifery Group Practice caseload care	142	4	36	2	53	12	4	21	10
10 Remote area maternity care	39	0	10	6	16	0	3	0	4
11 Private obstetrician and privately practising midwife joint care	2	0	0	1	0	0	0	1	0
Total	1012	22	331	24	219	57	23	207	129

Appendix 8: National and Jurisdictional Workforce Reports

Organisation	Sector	Title	Description
Australian Institute of Health and Welfare(2022)	Public	<u>Health Workforce</u>	This web article [73] presents key statistics on the health professionals who are registered with the Australian Health Practitioner Regulation Agency (AHPRA). It provides current trends in demographics, with a specific focus on rural and remote areas, working hours, and also the impact of the COVID-19 pandemic on the health workforce.
Australian Government - Department of Health(2014)	Public	<u>Australia's Future Health Workforce Report - Doctors</u>	This Report [4] describes the current medical workforce in Australia (in 2014) and future challenges around imbalances between supply and demand, contributed by a significant increase in domestic medical students, ageing medical workforce, and the lack of coordination across the medical training pipeline between governments, universities, medical colleges and employers. The Report also provides a projection of the supply and demand for doctors to 2030 and recommendations for future working, including annual updates to the workforce modelling data to enable adjustments to future needs and prioritisation of future policy work to gain a better understanding of vocational medical training.
Australian Government - Department of Health(2019)	Public	<u>Australia's Future Health Workforce Report - Midwives</u>	This Report [6] updates the first iteration of midwifery supply and demand projections conducted by the Health Workforce 2025 Volume 1 Report, and the concerns around data limitations and methodology in the same report as expressed by midwifery professionals. The key recommendations include: updating the workforce modelling results to determine requirements for future adjustments every two years; prioritising future policy work to address issues of maldistribution and retention; services continue to increase the availability of midwifery continuity of care models so that midwives can fully utilise their education and training; and service and education providers collaborate to ensure that education and services are better aligned.
Australian Government - Department of Health(2014)	Public	<u>Australia's Future Health Workforce Report - Nurses</u>	This Report [3] provides the results of nursing workforce planning projections conducted by Health Workforce Australia in 2014 and information on the number and characteristics of nurses working in different sectors. The key recommendations include: establishing a national nursing and midwifery education advisory network to advice on the planning and coordination of education and employment requirements of nurses and midwives; prioritising actions in the mental health nursing sector; enhancing longitudinal tracking of nursing graduate employment outcomes, early career retention and movements of nurses across sectors and locations; and establishing a method for collecting and calculating Enrolled Nurse education attrition data to inform future workforce planning.
Australian Government - Department of Health(2018)	Public	<u>Australia's Future Health Workforce Report - Obstetrics and Gynaecology</u>	This Report [5] is part of the first segment of analysis under the capacity and distribution of work. It involves updating the supply and demand projection in Obstetrics and Gynaecology as previously published in the Health Workforce Volume 3 Report.
Australian Government - Department of Health(2023)	Public	<u>Unleashing the Potential of our Health Workforce – Scope of Practice Review Issues Paper 1</u>	This is the first Issue Paper [14] of two to be developed through an independent review, focusing on health professionals who currently provide or have the potential to provide primary care and explores the available evidence of the benefits, risks, barriers and enablers associated with health practitioners working to their full scope of practice. Five key themes have been identified as areas of focus: legislation and regulation; employer practices and settings; education and training; funding policy; and technology.

Organisation	Sector	Title	Description
Council of Deans of Nursing and Midwifery (ANZ)(2023)	Public	<u>The Future of Midwifery Workforce in Australia - Position Paper</u>	The Paper [74] aims to inform decision-makers about a pressing need for workforce reforms. It identifies six key initiatives and practices that could improve midwifery retention and workforce sustainability, including: developing leadership; addressing occupational burnout; strengthening professional recognition; mainstreaming midwifery continuity of carer; sustaining growth and quality of experience in professional experience placement; and promoting broader workforce diversity.
NSW Health(2022)	Public	<u>Allied Health Macro Trend Report</u>	The Report [75] aims to bring together the findings of 18 Horizons Scanning and Scenario Generation reports of 23 allied health professions and identify six macro trends relevant to the allied health workforce as a collective, including: promoting the value of the allied health workforce; leadership and governance; training and career progression; workforce planning and data; service delivery; and access and equity. It also informs the potential future opportunities of the NSW Health allied health workforce in relation to the six macro trends.
NSW Health(2017)	Public	<u>The Changing Landscape of the Genetic Counselling Workforce - Final Report</u>	The Report [76] offers evidence and insights into the changing landscape of the NSW genetic counselling workforce, enabling planning the future composition and strategic development of the workforce so that it best serves the future needs of the NSW population.
NT Primary Health Network(2023)	Not-for-profit	<u>Health Workforce Needs Assessment 2023</u>	This Needs Assessment [77] document provides an update on the current and emerging needs of the workforce, with a specific focus on the Barkly region. It identifies gaps in the primary care workforce and services and discusses new and creative ways to provide healthcare, improve benefits for healthcare workers, support their needs, and involve them in decision-making. The use of technology to deliver healthcare remotely and the importance of supporting healthcare professionals are also emphasised.
WA Health(2014)	Public	<u>Nursing and Midwifery in Western Australia: A Discussion Paper</u>	This Paper [78] provides a preliminary overview of the WA nursing and midwifery professions. Five key themes aligning with the objectives of the Sustainable Health Review and WA COVID-19 recovery plan are identified: maximising full and expanded scope of practice; leadership enhancement and development; nursing and midwifery-led, interprofessional models of care; growth of the nurse practitioner workforce; building a statewide nursing and midwifery digital, research and innovation strategy.
Australian College of Midwives(2021)	Not-for-profit	<u>The future of the Australian midwifery workforce - impacts of ageing and workforce exit on the number of registered midwives</u>	This published paper [79] projects the overall number of midwives registered with the Nursing and Midwifery Board of Australia and the timing of their retirement to 2043 based upon the ageing of the population.

