

DISTRICT HEALTH BOARDS NEW ZEALAND INC

DRAFT - Midwifery Workforce Survey July 2007

This survey was completed by 21 DHBs (a combination of maternity managers and midwifery professional leaders) and 7 respondents from the New Zealand College of Midwives (NZCOM) regional network (from Hawke's Bay; Waikato; Whanganui; Midcentral; South Island – Canterbury, South Canterbury, West Coast DHBs; and two additional responses from the West Coast DHB region).

This survey was undertaken over a short time period (2 weeks) during July/August 2007 to gain a quick understanding of the regional spread of any midwifery shortages. Survey respondents were not asked to provide comprehensive responses or ensure the accuracy of their responses. In addition, this survey results paper has not been validated by survey respondents and may not accurately report DHB and NZCOM responses.

Current availability

LMC

- 1 DHB reports too many LMC's (Nelson Marlborough - Nelson)
- 11 DHBs report the right amount/an adequate supply of LMCs (Whanganui; Waitemata – North; Nelson Marlborough – Blenheim; Otago; Canterbury – Christchurch; West Coast; Taranaki; Hawke's Bay; Waikato – urban; Tairāwhiti; Wairarapa)
- 10 DHBs report a shortage¹ of LMCs (Auckland; Canterbury – Ashburton; South Canterbury; Hutt Valley; Northland; Lakes; Waikato – rural; Midcentral; Capital and Coast; Southland)
- 2 DHBs report a large shortage² of LMCs (Waitemata – West; Counties Manukau)
- 2 DHBs report a seasonal shortage of LMC midwives during the Christmas period (Bay of Plenty; Hawke's Bay)

Core

- 7 DHBs report the right amount/an adequate supply of core midwives (Nelson Marlborough – Nelson; Otago; South Canterbury; West Coast; Waikato – rural; Tairāwhiti; Wairarapa)
- 11 DHBs report a shortage of core midwives (Waitemata – North; Auckland; Nelson Marlborough – Blenheim; Bay of Plenty; Canterbury; Hutt Valley; Hawke's Bay; Lakes; Waikato – urban; Midcentral; Capital and Coast)
- 7 DHBs report a large shortage of core midwives (Whanganui; Waitemata – West; Taranaki; Northland; Midcentral – Tararua; Counties Manukau; Southland)

Discrepancies

In some instances discrepancies were found in reports between DHBs and the NZCOM regional network. There may also be an issue if the views of the maternity manager differ from staff (who weren't surveyed). Another issue raised was that many midwives

¹ No definition of 'shortage' was provided and was subjectively determined

² No definition of 'large shortage' was provided and was subjectively determined

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still remain with the New Zealand Nurses Organisation and the NZCOM regional network may not have access to the full picture of midwifery across the country.

Figures on midwife shortages as at August 2007

DHB name	Current core shortage	Estimated core shortage (6 months)	Current LMC shortage	Estimated LMC shortage (6 months)	Total range of shortage per DHB region current - estimated
Northland	10 - 13	10	11 - 16	11 - 16	21 - 29
Waitemata	6 (North) 5 (West)	6 (North) 5 (West)	3 (North) 8.5 (West)	0 (North) 8.5 (West)	22.5 - 19.5
Auckland	15	9	unsure ²	unsure	15 - 9 (+ LMCs)
Counties Manukau	16	18	30	30	46 - 48
Waikato	5	7	Unsure	unsure	5 - 7 (+ rural LMC)
Bay of Plenty	3	Changes ⁴	unsure	Holiday cover	3
Lakes	4.4	3	4	4 - 6	10 - 9
Tairāhiti	0	0	0	0	0
Hawke's Bay	3 - 6	5 - 6	0	1	6 - 7
Midcentral	2 (Taranua) 4	3 (Taranua) unsure	2 (Taranua) 2	2 (Taranua) unsure	4 - 5
Taranaki	4	5	0	0	4 - 5
Whanganui	3	3 - 5	0	1 - 2	3 - 7
Wairarapa	0	0	0	1 - 2	0 - 2
Hutt Valley	5	8	5	5 - 7	10 - 15
Capital and Coast	13	7	12	12	25 - 19
Nelson	2 (Blenheim)	2 - 3 (Blenheim)	0	0	2 - 3
Marlborough					
Canterbury	4	6	5 (Ashburton)	5 (Ashburton)	9 - 11
South Canterbury	0	0	0	3	0 - 3
West Coast	0	0	0	0	0
Otago	0	0	0	0	0
Southland	6	6 - 8	2	4	8 - 12
TOTALS	110.4 - 116.4	103 - 109	84.5 - 89.5	87.5 - 98.5	200.4 - 199

*shaded regions do not wish to participate in a joint recruitment initiative as they do not have shortages

² 'Unsure' refers to the respondent not knowing if a shortage exists or the extent of any shortage

⁴ 'Changes' refers to the shortage being variable and fluctuating over any period of measurement

Methods used to quantify LMC shortages

The following methods were used by DHBs to quantify LMC shortages:

- 10 DHBs report knowing women are unable to find an LMC (and either having to be managed by core midwives, obstetricians or through shared care arrangements) (Auckland; Bay of Plenty; Hawke's Bay; Hutt Valley – 250 women; Northland; Taranaki; Waitemata – 569 births; Counties Manukau; Capital and Coast – 300/400 women; Southland)
- 3 DHBs report LMCs being unable to take on new women (Auckland; Waikato; Midcentral). For Midcentral this relates to the GP LMCs in Taranaki.
- 6 DHBs report women having to ring a large number of LMCs before finding one (Hawke's Bay; Lakes; Northland; Canterbury; Waikato; Southland)
- 6 DHBs report having a close enough relationship with LMCs or NZCOM to know what the LMC situation is (Northland; Canterbury; South Canterbury; Whanganui; Southland; Wairarapa)
- 1 DHB reports there being no LMCs in their region and women having to travel for this service (Midcentral – Taranaki)

Where are new midwifery recruits expected to come from?

LMC

- 12 DHBs stated new graduates (Whanganui; Midcentral; Waitemata; Nelson Marlborough; Canterbury; Hutt Valley; Northland; Lakes; Waikato; Capital and Coast; Southland; Wairarapa)
- 3 DHB stated other parts of the health system (Lakes; Hawke's Bay; Waikato). One DHB noted that this was from core midwives
- 2 DHBs stated midwives returning to work (Canterbury; Counties Manukau)
- 5 DHBs stated overseas (Whanganui; Nelson Marlborough; South Canterbury; Counties Manukau; Southland)

Core

- 12 DHBs stated new graduates (Midcentral; Waitemata; Auckland; Bay of Plenty; Canterbury; Taranaki; Northland; Hawke's Bay; Waikato; Counties Manukau; Capital and Coast; Southland)
- 4 DHB stated other parts of the health system (Midcentral; Northland; Hawke's Bay; Waikato). One DHB noted this was nurses working in postnatal areas
- 7 DHBs stated midwives returning to work (Whanganui; Canterbury; Northland; Waikato; Counties Manukau; Capital and Coast; Southland)
- 16 DHBs stated overseas (Whanganui; Midcentral; Waitemata; Auckland; Nelson Marlborough; Bay of Plenty; Canterbury; Taranaki; Hutt Valley; Northland; Lakes; Hawke's Bay; Waikato; Counties Manukau; Capital and Coast; Southland)
- 2 DHBs stated they didn't know (Bay of Plenty; Midcentral)

The majority of DHBs thought new LMC recruits would come from New Zealand graduates. The majority of DHBs thought new core midwife recruits would come from overseas. This may reflect the desire of New Zealand graduates to become self employed and for overseas midwives to need to orient themselves to the New Zealand context within a core midwifery setting.

DHBs interested in participating in a joint recruitment initiative and for which type of midwives

- 1 DHB is interested in participating for LMC midwives only (South Canterbury)
- 4 DHBs are interested in participating for core midwives only (Bay of Plenty; Taranaki; Northland; Hawke's Bay)
- 9 DHBs are interested in participating for both LMC and core midwives (Whanganui; Midcentral; Waitemata; Auckland; Canterbury; Hutt Valley; Lakes; Capital and Coast; Southland). One of these is in principle depending upon the financial commitment required (Midcentral)
- 3 DHBs do not wish to participate as they have no shortages (Nelson Marlborough; Otago; West Coast).
- 1 DHB (Counties Manukau) is already part of the Auckland region recruitment and therefore does not need to participate in the short term.
- 2 DHBs were unsure whether they would like to participate (Waikato - decision needed to be made by someone else; Wairarapa - don't have shortages)
- 1 DHB would like to participate but only in an advisory capacity as they did not have midwifery shortages (Tairāwhiti)

14 DHBs wish to participate in an immediate joint recruitment exercise.

Recruitment initiatives and success

DHBs were asked to describe any overseas or NZ recruitment initiatives they had been involved in and how successful they were. The success of recruitment initiatives was very mixed amongst DHBs with some reporting great success with the same initiatives others did not find successful. The following issues were also noted:

- The high cost of using agencies (Midcentral; Bay of Plenty)
- The time delay in recruiting overseas midwives with the process taking at least six months
- Losing overseas midwives from the core to LMCs (Bay of Plenty; Hawke's Bay; Northland; Whanganui; Midcentral)
- Overseas midwives perceived as being demanding, institutionalised and not understanding autonomous practice
- About half move on or return home after a period and don't stay long term

Particular success factors noted included:

- Using a New Zealand trained midwife to do the recruiting rather than a generic recruiter
- Remaining consistently in touch with overseas midwives which means recruitment activity needs to be repeated and not a one off

Auckland DHB noted a potential opportunity at an international conference in Glasgow in June 2008 where there are expected to be 5000 midwives attending.

Combined

- 1 DHB developed a new website for their maternity unit (with links to lots of relevant information) and participated in a regional recruitment initiative Zest 4 Life. This also involved circulating pens with the web address at the NZCOM

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conference (Tairāwhiti). Waikato DHB also participated in this initiative and has open recruitment considering all approaches they receive.

New Zealand

- 1 DHB is undertaking internal DHB advertising to entice appropriate RNs into midwifery roles (Midcentral)
- 1 DHB offers student placements (Midcentral)
- 1 DHB visits all the Midwifery Schools every three years to discuss jobs with third year students (Auckland)
- 1 DHB promotes their DHB to AUT every year (Auckland)
- 2 DHBs advertise on the NZCOM website (Lakes; Counties Manukau)
- 6 DHBs advertise on their DHB websites for NZ and overseas midwives (Lakes; Taranaki; Midcentral; Counties Manukau; Southland; Wairarapa)
- 3 DHBs advertise in newspapers (Northland; Tairāwhiti; Midcentral)
- 3 DHBs advertise in local journals (Northland; Tairāwhiti; Midcentral)
- 3 DHBs use word of mouth advertising (Canterbury; Whanganui; Midcentral)
- 1 DHB uses an agency (Capital and Coast)

Overseas

- 12 DHBs recruit from overseas through a variety of mechanisms (Hawke's Bay; South Canterbury; Waitemata; Whanganui; Counties Manukau; Capital and Coast; Auckland; Tairāwhiti; Waikato; Bay of Plenty; Nelson Marlborough; Wairarapa)
- 1 DHB provides information evenings on NZ midwifery in the UK and Australia (Auckland)
- 5 DHBs advertise in international midwifery journals (Auckland; Northland; South Canterbury; Waitemata; Tairāwhiti)
- 2 DHBs use an overseas agency (Bay of Plenty; Capital and Coast)
- 3 DHBs use placements for overseas/UK student midwives (Hutt Valley; Lakes; Whanganui)
- 1 DHB advertised in international newspapers (Northland)
- 1 DHB has had their Midwifery Educator, who is from the UK, write an article on her experience for a UK journal (Tairāwhiti)
- 2 DHBs have used a stand or poster at an overseas conference (Waitemata; Wairarapa)
- 1 DHB has a recruitment officer who is constantly in touch with overseas (Midcentral)
- 1 DHB uses overseas websites (Wairarapa)

Assistance with gaining APC

DHBs were asked to comment on the assistance they provide overseas midwives in gaining an APC:

- 2 DHBs provide rotation through the service so midwives can work across the scope of practice (Counties Manukau and Midcentral)
- 1 DHB provides APC maintenance after an APC has been gained (Northland)

- 15 DHBs provide financial assistance of some kind (e.g. for course costs, study days, free attendance at compulsory education, APC fees, Midwifery Standards Review fees) (Auckland, Bay of Plenty, Hawke's Bay, Hutt Valley, Lakes, Tairāwhiti, Taranaki, Waikato, Waitemata, West Coast, Whanganui, Midcentral, Counties Manukau, Southland, Wairarapa)
- 4 DHBs expect a full APC to be in place before midwives start work (Nelson Marlborough, Northland, Canterbury, South Canterbury).
- 6 DHBs provide a midwifery educator or other assistance with professional plans, portfolio development and advice (Auckland; Hawke's Bay; Canterbury; Midcentral; Counties Manukau; Lakes)
- 2 DHBs provide supervised practice (Hawke's Bay; Waitemata)

Retention initiatives

All the initiatives described in the above section on assistance with gaining APCs can also be viewed as retention initiatives. In addition:

- 1 DHB has implemented mentors for all new staff members including midwives (Auckland)
- 4 DHBs have a quality leadership programme (Hawke's Bay; Waitemata; Nelson Marlborough, Capital and Coast)
- 1 DHB provides rotation through primary, secondary and community (Hutt Valley)
- 2 DHBs support the core and LMC interface (Hutt Valley; Waitemata)
- 1 DHB provides support for midwives to rotate from core to LMC and back again in response to lifestyle changes (Hutt Valley)
- 2 DHBs support new LMCs setting up practice by making referrals and temporary DHB contracts until a case load is built up (Lakes; Waikato)
- 2 DHBs offer part time contracts (Lakes; Tairāwhiti)
- 8 DHBs promote a supportive environment through education support and midwifery professional advice (Lakes; Hutt Valley; Hawke's Bay; Waikato; Waitemata; Counties Manukau; Capital and Coast; Southland)
- 5 DHBs provide flexible rosters (Hutt Valley; Lakes; Otago; Tairāwhiti; Capital and Coast)
- 1 DHB offers airfare refunds for overseas midwives after they have stayed for one year (South Canterbury)
- 4 DHBs provide comprehensive orientation for overseas midwives (Tairāwhiti; Waikato; Waitemata; Counties Manukau)
- 1 DHB reported no specific retention initiatives
- 1 DHB provides case load opportunities for both urban and rural midwives (Waikato)
- 1 DHB has a wellness programme (Hawke's Bay)
- 1 DHB provides clinical supervision for community midwives (Hawke's Bay)
- 2 DHBs provides rotation through all the activities required for a full scope of practice (Waikato; Midcentral)
- 1 DHB offers a first year of practice programme (Waitemata)
- 1 DHB provides a relocation package (Waitemata)
- 1 DHB provides forums and newsletters for/with LMCs (Waitemata)
- 1 DHB is expanding opportunities for midwife led labour and birth for low risk secondary care women (Midcentral)
- 1 DHB provides child care (Counties Manukau)

- 1 DHB educates locally based women to become midwives (Southland).

Other

The following additional comments were made:

- There may be enough midwives within a region, but sometimes they could be better distributed.
- A shortage of midwives in a core facility may be due to lack of FTE's rather than not enough midwives applying for jobs.
- Midwives move in and out of LMC/ core work and also move from area to area.
- There is variation in size of geographical area that different midwives will cover. Some city midwives limit their practice to the city boundary and others also take in a considerable rural area too.
- Some women travel out of area to birth due to lack of LMC's nearby and as a result it affects the number of women accessing rural facilities.
- In some cases more work could be absorbed by the current LMC midwives available
- Leave is an issue when there are staff shortages.
- There is a huge amount of hours spent in keeping in touch and supporting overseas midwives to get through Midwifery Council requirements (staying positive), as well as other things such as: arranging accommodation; meeting them at the airport; showing them around; socialising with them (Tairāwhiti)
- Potential competence issues for core midwives were noted in rural areas where work volumes are low.
- Private and public providers of maternity care are working more collaboratively, because there is sharing of the workforce.
- The aging workforce and the gap between the number being trained and the number leaving the workforce within the next 5 years is a major issue.
- An ageing workforce with decreasing health status means lower caseloads
- Skills and numbers of core midwives to meet secondary/tertiary maternity needs.
- Work/life balance of LMCs anecdotally resulting in early handover and smaller caseloads
- Whilst birthing numbers in a region are easy to establish many midwives work part time and so it is difficult to be clear about the numbers of places available with LMC midwives, and how the two equate.
- Other times that a lack of LMC services are noted are when women move to the area or return to NZ later in pregnancy, and have not previously booked a midwife. Often these women need to make numerous phone calls and still may not find a midwife. This indicates clearly that whilst areas may not be significantly short of midwives, there is also very little leeway in the service.
- Rural areas are known to have difficulty in recruiting midwives, this may be for a variety of reasons, such as not be desirable in terms of lifestyle choice, and midwives may feel that they do not have sufficient backup services if an unexpected outcome occurs.
- Another issue for LMCs in rural areas is that whilst there may be a birthing population who require services, there may not be enough births over a year to support an adequate number of LMC midwives, with the current funding model. This may not allow them to take adequate time off and have back up for sick leave and holidays.

- Retention is a key area that needs to be developed.
- Development of sufficient midwifery leaders in DHBs could help in establishing what support is required in order to retain the current workforce of experienced midwives and in recruiting other midwives.
- Another issue which could be addressed is in women being able to access the Midwifery Degree programme, and the fact that the programme requires a large financial commitment, not always possible for women who have limited funds and who will not be able to earn a living for the majority of the programme.
- Research could be undertaken on LMC and core midwifery workloads (FTE's and midwifery hours per patient)
- The shortage of Midwives is almost at crisis point. Midwives are being replaced with Registered Nurses to work in the Postnatal ward on a temporary basis until Midwives can be recruited
- We have the bare minimum in our core team to keep the facility open and desperately require at least two more midwives to ensure safe, flexible rostering arrangements. There is a national shortage but it is particularly critical in rural areas
- We have difficulty in recruiting New Graduate midwives because in the past we have had to encourage them to work .9 FTE to consolidate their practice. The FTE is also driven from the fact that CIA funding is not available to part time new graduate hospital midwives although many of the new graduate midwives who have contemplated work at MCH in 2008 are mothers and would like to work .6 FTE. (Midcentral)
- DHBs report varying arrangements, for example:
 - Whanganui DHBs Continuity Midwifery Service has 50% of LMC market share caring for 300 - 330 women per year
 - Midland DHBs will have increased difficulties with the handover of secondary care as LMCs have been doing it but they are now indicating that they wish to hand these over (Bay of Plenty)
 - Timaru practices differently from other areas with only have 3 independent midwives in the community and Obstetricians are LMC's for most of the pregnancies.
 - The rural nature of the province and the fact that there are five primary maternity units throughout the region limit the number of clients a number of LMC's can provide care for (Southland)