EUROPEAN
MIDWIVES
ASSOCIATION

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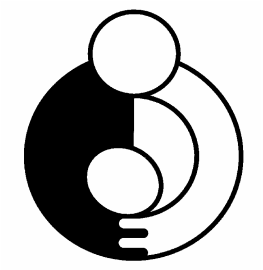

Response from the

European Midwives Association (EMA)

31st March 2009

Commission of the European Communities

COM (2008) 725

GREEN PAPER

On the European Workforce for Health Brussels

Introduction

The European Midwives Association (EMA) welcomes the opportunity to respond to the issues raised in this Green Paper and to make positive suggestions that can add value to future actions within the EU and Member States. EMA is an umbrella organisation representing 26 associations from 20 EU, 2 EFTA and 4 candidate countries. It therefore speaks on behalf of the majority of the midwifery workforce in the EU and neighbouring countries and represents the opinions of 81,300 midwives.
Midwives are engaged in health promotion and disease and risk prevention with women and their families at a time when women are open and amenable to positive health influences. The role of the midwife therefore has the ability and potential to positively contribute to and influence the health of present and future generations within Europe and worldwide.

The introductory paragraph identifies the background to the Green Paper and the need for health systems to have efficient and effective work forces of the highest quality. In this response, the EMA will identify ways in which midwives can contribute to increasing efficiencies and effectiveness within health care systems.

1. In the Rationale for the Green Paper, it is acknowledged that 'there are insufficient numbers of younger people coming through the systems to replace those who leave' and 'the weak attractiveness of healthcare and public health related jobs to new generations'.

   Possible areas for action:

   The EMA recommends that both the EU and Member States collect data on the reasons why health care professionals leave their chosen profession. This information can identify the perceived negative aspects and issues which can be addressed and rectified. A professionally fulfilled and rewarded workforce has positive recruitment potential.

2. In Section 4, the Green Paper identifies Factors influencing the Workforce for Health in the EU and the main issues to be addressed. Amongst others, recognition is given to the contribution of women and the need to increase staff motivation and morale. The EMA welcomes the recognition of these factors.

   Possible areas for action:

   (i) Consideration must be given to flexible working patters (for both men and women) and other societal issues such as maternity leave, paternity leave and affordable childcare as a means of encouraging women to stay in the workforce and to return to the workforce during and following family commitments.

   (ii) The EU and Member States should seek ways of identifying retention at work issues (as well as recruitment and return to work issues). The greatest incentive to being a midwife is being able to work as a midwife and fulfill the role of the midwife thereby making a positive difference to the health of women and their families. Throughout the EU, many midwives leave their chosen profession because of traditions, systems and processes that inhibit them from fulfilling these activities. This is an ineffective and inefficient use of a talented resource. Studies conducted in the UK and Ireland identified that midwives left their chosen profession because of (a) conflicting philosophies of care with their employment environment (b) an inability to practice the type of midwifery for which they are educated [1, 2]. Health (maternity care) systems which were too busy with little time for individualized care and where the organization of care was fragmented inhibited midwives from practising autonomously and led to midwives leaving midwifery practice.

   Retention incentives which should be considered include:

   (iii) Acknowledgement of the education and skills of midwives together with the development of maternity care systems which permit midwives to influence service development. Whilst midwives have a voice within health care systems, often what is being voiced is not being heard within systems which may have different values and goals. It is necessary to have

1 Ball, J., Curtis, P. and Kirkham, M. (2000)

2 Eastern Regional Health Authority (ERHA) (2004)

all professionals, including midwives, represented at decision making and influential levels within health care organizations and systems;
(iv) The creation of rewards (not just monetary) and avenues for professional and personal development.

An issue inhibiting the fulfillment of the activities of the midwife is the existence of legislation within Member States which co-exists with Directive 36/2005/EC but causes conflict in practice. Such legislation relates to health care insurance systems, prescription of medications and the need for a medical doctor to confirm normality of pregnancy. The existence and persistence of such practices encourages unnecessary duplication of care and inefficiencies in care provision. This results in the existence of a highly educated workforce that is limited in achieving its full and effective potential.

Possible areas for action:

Member States should (i) be encouraged to collate data on retention at work issues (ii) seek ways of rectifying inhibiting factors and (iii) ensure the existence of cohesive regional, National and EU legislation. This is essential in the context of freedom of movement and patient safety.

Whilst the inability of midwives to fulfill the activities outlined in Directive 36/2005/EC is both ineffective and inefficient, there are examples from some Member States where midwives have fulfilled, extended and expanded their role and scope of practice within the multidisciplinary health care team. Such systems can provide models of effective and efficient practice for other countries.

3. The use of technology

Possible areas for action:

(i) Whilst technological advances are generally welcome, skilled health care professionals may be more effective in improving health outcomes especially in countries where health systems are spending scarce resources on purchasing equipment but do not have the personnel to operate them appropriately.
(ii) It is essential to monitor the use and consequences of technology. The challenge in obstetrics and midwifery is to use and benefit from new medical technology without the concomitant over medicalisation, which can result in additional diagnostic tests, false positive screening tests, unnecessary caesarean section and subsequent maternal morbidity.

4. The Green Paper remarks on the 'brain drain' that can result from migration and recruitment practices. The EMA suggest that the EU and Member States consider ways of achieving 'brain gain' and 'brain exchange' programmes. The talents within the midwifery workforce of one country can be effectively shared with others at various stages of the professional life cycle. There are many examples of midwives from one EU countries supporting midwifery colleagues in candidate countries and developing countries through various twinning arrangements. Examples include: the provision of monetary support to attend meetings/conferences/education programmes; the provision of midwives and educators on a short term periodic basis permitting the development of practice, education and legislation.

Possible areas for action:

Member States should be encouraged, and where necessary funded, to develop twinning and/or exchange programmes and to identify practitioners who are willing and sufficiently flexible in their lifestyle to facilitate the development of such programmes.

5. The EMA welcomes the inclusion of a section on data to support decision making. At the outset it is imperative that the EU and Member States seeks ways of collating accurate contemporaneous and comparable data on the health care workforce. Areas that are essential to achieve this objective include:
(i) Registration of qualification, country in which qualification was obtained and country of birth. As registration of qualification alone does not mean a person is in practice and part of the workforce, it is imperative that data on the number of practising midwives in a country is collated: by number of persons and by whole time equivalents.

(ii) When more than one qualification is registered, it is imperative that the qualification necessary for a particular employment is identifiable. For example, if a person is both a registered nurse and a registered midwife, it is necessary to identify which qualification is necessary for their current practice.

The collation of this data will ensure accuracy and transparency and aid meaningful cross border comparison.

Possible areas for action:

(i) It is essential that the EU and Member States collate accurate data on the health care work force.

(ii) It is essential that the EU and Member States encourage research on practitioner outcomes and the impact of various patterns of care on health outcomes. The data emerging from Euro Peristat is to be commended, encouraged and developed.

References

Ball, J., Curtis, P. and Kirkham, M. (2000) Why do Midwives Leave? London: RCM

Eastern Regional Health Authority (ERHA) (2004) Factors that influence the recruitment and retention of midwives and nurses in the Dublin maternity hospitals: report of the Steering Group. ERHA, Dublin. http://hdl.handle.net/10147/44708