

**INO Midwives' Section response to Green paper On the European Workforce for Health Brussels
Commission of the European Communities COM (2008) 725**

The Irish Nurses Organisation (INO) is the single largest Union representing Nurses and Midwives in Ireland. The Midwives' Section makes representation to them on matters regarding midwifery practice and education.

In response to the Green paper we would like to focus particularly on issues relevant to Ireland and to Midwifery but are comments are relevant internationally and interprofessionally.

Section 4 – The issues.

The contribution of women, the need to increase staff motivation and morale, and particularly the recognition of midwifery as a distinct health profession / career (distinct from both obstetrics and from nursing) are all particularly relevant.

4.1 Demographics and promotion of sustainability

The contribution of women

Flexibility in working patterns (for both men and women) and issues such as maternity leave, paternity leave and affordable childcare need to be considered as a means of encouraging women to stay in the workforce and to return to the workforce during and following family commitments.

The need to increase staff motivation and morale

The greatest incentive to being a midwife is being able to work as a midwife and fulfill the role of the midwife (Directive 36/2005/EC) 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 (i) conflicting philosophies of care with their employment environment (ii) an inability to practice the type of midwifery for which they are educated. 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.

The recognition of midwifery as a distinct health profession / career

National legislation within member states, relating to health care insurance systems, prescription of medications and the need for a medical doctor to confirm normality of pregnancy, often conflict with Directive 36/2005/EC on the role of the midwife. This results in the existence of a highly educated workforce that is limited in achieving its full and effective potential.

4.2 Public Health Capacity

Patterns of maternity services that focus on hospital birth increase maternity interventions with associated morbidity and costs. Recognition of midwifery as a part of primary health care provision in the community (midwifery led care and home birth) has potential to improve access and cost effectiveness. 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. These could provide models of effective and efficient practice for other countries.

4.3 and 4.4 Training and Movement

The INO Midwives section support common recognition of midwifery education meeting Directive 36/2005/EC. Mobility of health care workforce between member states requires adequate transparency and alignment to ensure common high standards of education and competence.

4.5 Global recruitment

The INO Midwives section supports efforts towards ethical recruitment of midwives from developing countries.

4.6 Data

The INO Midwives section welcomes the inclusion of a section on data to support decision making. It is imperative that the EU and Member States seeks ways of collating accurate contemporaneous and comparable data on the health care workforce.

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.

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.

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