

Forecasting one thousand more:

Austria's path to midwifery workforce 2032

Stefan Mathis-Edenhofer¹, Johanna Pilwarsch¹, Elisabeth Rappold¹

¹ Austrian National Public Health Institute (Gesundheit Österreich GmbH)

Learn
more
→



This poster was developed in collaboration with the Austrian Midwifery Board (ÖHG).

Practising midwives

2,510

Registered midwives
on 1st January 2022

Expected retirements

557

by 2032 (22% of active
midwives)

Baseline replacement need

509

Birth forecast + retirements

Cumulative workforce need

1,412

if all alternative scenarios are
implemented by 2032

Background

This poster presents the strategic workforce forecast commissioned by the Austrian Midwives Board and the Vienna Chamber of Labour and conducted by the Austrian National Public Health Institute (GÖG). The aim was to quantify future workforce demand under different health policy scenarios and thereby support evidence-based decision-making in health policy.

Data basis

- Austrian Midwifery Registry
- Birth forecast by Statistics Austria
- Insurance provider data
- Education data

Alternative scenarios

AS1: regional alignment of midwifery density to the national average

AS2: increase in postpartum home visits due to the trend towards early discharge

AS3: additional service in the Parent-Child Pass

AS4: expansion of the service spectrum in preventive care

AS5: evidence-based 1:1 care during the active labor

Contact

johanna.pilwarsch@goeg.at
+43 1 515 61-178

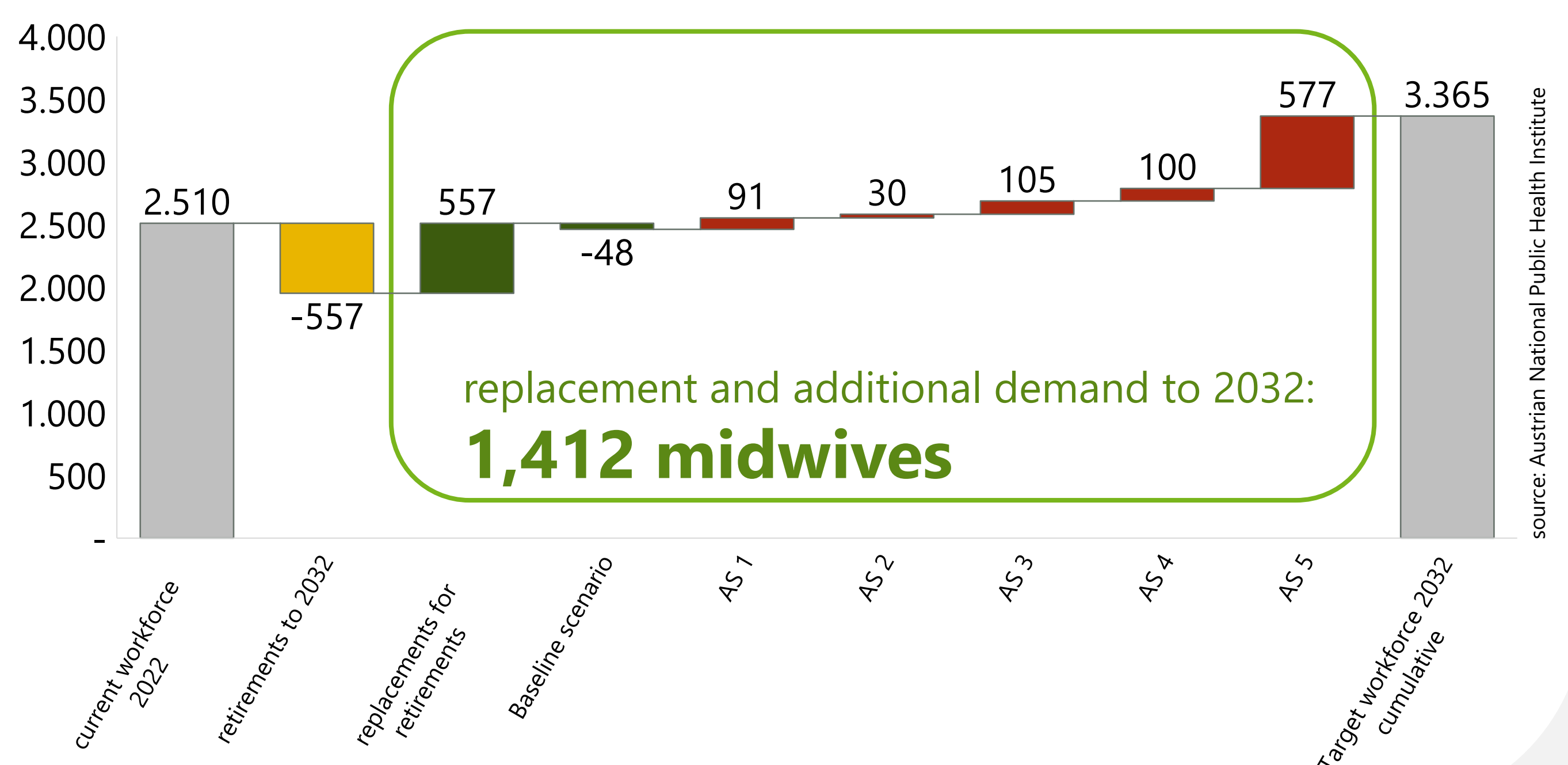
Result



Additional workforce demand is driven mainly by health policy choices rather than demography alone.

Under the medium fertility forecast, the number of births declines slightly to about 84,000 by 2032. However, this decline is more than offset by retirements and higher care standards. The largest factor is evidence-based 1:1 care during active labor and birth.

Icon source: Microsoft 365



What the forecast implies

- Demographic change alone would slightly reduce workforce demand; however, expected retirements already create a substantial replacement need.
- The level of future additional demand depends primarily on health policy decisions, especially with regard to Parent-Child Pass services and standards such as 1:1 care during active labor and birth.
- Education planning should therefore not be considered in isolation, but together with measures for staff retention, working conditions and policy objectives.

Limitations

- Geographic and occupational migration could not be considered due to insufficient data.
- The actual development of birth numbers and implementation of the scenarios may differ from the assumptions made; the forecast should therefore be updated regularly.



Strategic workforce forecasting provides midwifery organizations with a powerful evidence-based tool for advocacy, policy development, and education planning