Investigation of the

Professional situation of independent midwives in Germany

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Independent midwifery in Germany

(Sayn-Wittgenstein 2007)
Working models of the 19,000 midwives in Germany

1. Employed by a clinic

2. Independent Model A
- In hospitals and ambulant settings (attending midwives)
  - $150,000$ births
  - $237,85\€$ per births

3. Independent Model B
- In ambulant settings without non-clinical birth assistance
- In ambulant settings with non-clinical birth assistance
  - $10,000$ Home births or births in birthing center
  - $548,80\€$ per home birth
  - $467,20\€$ per birth

- $20\%$ exclusively employed;
- $50.2\%$ employed and part-time self-employed;
- $29\%$ attending midwives; independent midwives with non-clinical birth.
1. Problems in the financial situation:
Increase of the legal liability insurance premium with non-clinical birth assistance

Per year:
- 1981: 30.68 €
- 1992: 178.95 €
- 2007: 1,218 €
- 2009: 2,370.48 €
- 2010: 3,689 €
- 2011: 3,689 €
- 2012: 4,242 €

Self-administration in payment negotiations

15% of the independent midwives quit to offer non-clinical birth assistance and attending births

(§134a SGB V)

(Deutscher Hebammen Verband 2011)
1. Problems in the financial situation:
   Stagnate negotiations

Legal liability insurance with non-clinical birth assistance relating to the income for one single birth
2. Problems in the political sector: Gender Perspectives

Political representation of women in general

Women did not enter in politics sufficiently, because a “[…] male dominated sphere of politics [...]” with “[…] the empirical prevalence of males, male interests, and [...] male modes of discourse [...]” still exist. (Offe 2003: 211 /216-217)
3. Problems in the medical sector

- Medicalisation and hospitalisation of the birth process puts midwives in concurrence with the medical obstetricians

- 30% of children are born by caesarean section in Germany (according to WHO (2010): 10-15% is recommended)

Midwives have to promote a normal process of pregnancy, birth and postnatal period

Bode 2010; O’Connel and Downe 2009; Sayn-Wittgenstein 2007
Research motivation

May 2010: The ministry of health did not see a need for legislative action regarding midwifery payments. The government “could not see a problem, because no data have existed. As there is no problem, there is no need for a data research.”

(Own translation; Backgroundinformation: E-Petition)
Research gap

Missing data about midwifery consulting and support (Zoege 2004)

- Services
- Complexity
- Pregnancy
- Child birth
- Volume of work
- Income
- Postnatal period
- Breastfeeding period

1. Background
2. Research gap
3. Aim
4. Research questions
5. Methods
6. Findings
Conceptual framework

1. Data about the effective work schedule and effective income
2. A description of the complexity of independent midwifery work
3. Data about the general, psychosocial and financial working conditions

Perspectives

- Developing starting points and recommendations for future working and negotiation models of independent midwives in Germany
- Basis of argumentation for the professional associations for an adequate payment
How much do independent midwives work? How much do they earn?

1. What is the outlook of the occupation? – What are the (future) problems?
2. Where do independent midwives need support?
Mixed method design

1. Literature review
2. Research question
3. Hypothesis
4. Expert workshop
5. Generalisation and specification of hypothesis
6. State of research
7. Operationalisation as a standardised questionnaire
8. Representative investigation
9. Analysis Report

1. Qualitative Design: An expert workshop at HUAS and expert interviews in the field

2. Quantitative Design: Semi-structured questionnaire on a sample of independent midwives in Germany
Categories of the expert workshop and interviews

1. Political aspects
2. Services (including obstetrics)
3. Science and research
4. Education
5. Independent midwives in the German society
6. Stagnate Negotiation ➔ financial burden
7. Perspectives
Statement of the expert workshop and interviews

1. Political aspects

This is the reason, that we (the midwives) have to call for political change. (...) Laws have to be changed.

Own translation

7. Perspectives
1. Political aspects

If the payments are not improved soon, then there is no future for independent midwives in Germany.

6. Stagnate negotiation ➔ financial burden

7. Perspectives

Own translation
The questionnaire

1. Socio-demographic questions
2. Information about the workload
3. Information about the services
4. Information about changing the services
5. Psychological information (standardized questionnaire)
6. Income
Actual and next steps

- Dispatch of the questionnaire on 20 March 2012
  - 1,000 questionnaires (76 items) to independent midwives who were insured by the accident prevention & insurance association (BGW)
  - Last return: Middle of May
- Support from professional associations
  - Newsletter about my study
- Articles in German professional journals
- Validation of results
- Further international publications
That you can still ask in future:

What does an independent midwife actually do?

Thank you for your attention!
References

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4. Auflage, 543.


