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Pregnancy - care choices

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Summary

- You can choose between a public hospital, a birth centre, your doctor, a private hospital or a home-birthing midwife to provide some or all of your care during pregnancy and birth.
- You must be at low risk of complications to use a birth centre.
- The time you spend in hospital after the birth depends on your needs, but may be quite short.
- There may be extra costs for antenatal tests and childbirth education classes.
- If you need an interpreter, ask your care provider to arrange this.

When you are pregnant or planning a baby, you have a number of choices about where to give birth and who you would like to care for you during this time.

Care over the three trimesters of pregnancy

Pregnancy is divided into three periods of time or 'trimesters'. The focus of care differs in each trimester.

The first trimester is from conception to about 13 weeks' gestation. During this time your doctor or midwife will focus on your choice of type of care and will promote your health and the health of your growing baby.

The second trimester is from about 14 to 26 weeks' gestation. The focus of care during this time will be monitoring your baby's growth and your wellbeing.

The third trimester is from 27 until between 40 and 42 weeks' gestation. Your doctor or midwife will be monitoring your baby's growth, your wellbeing, and preparing you for the birth and the immediate period following the birth. During the third trimester, you will attend more pregnancy visits to enable more frequent monitoring.

Pregnancy carers

Carers may include a midwife, a doctor, an obstetrician or a combination of all three. It's a good idea to talk to health professionals, family and friends about your options, and what to expect from the different types of care available.

Midwives

Midwives have an important task in health counselling and education, not only for women, but also for families and the community. They must complete specific education to qualify and register as a midwife. Midwives can be male or female.

A midwife will consult with you to:

- Supervise, care for and advise you during your pregnancy
- Support you during your baby's birth
- Care for you and your baby after the birth
- Detect if anything about you or your baby changes from what is normal
- Obtain specialist assistance when needed
- If necessary, carry out some emergency measures in the absence of a specialist.

Obstetricians

An obstetrician is a doctor who has undergone extensive specialist training. They are specialists in:

- Maternity care (obstetrics)
- Women's reproductive health (gynaecology).

Obstetricians provide some of the care at a public hospital antenatal clinic. You may see an obstetrician if they are on duty at the time of your appointment, depending on the hospital. You are more likely to see an obstetrician if your pregnancy is, or becomes, complicated.

Doctors

Usually, doctors complete further training if they want to give pregnancy and birth care to women. They may hold a Diploma in Obstetrics and Gynaecology or complete other short courses. You may want to talk to your doctor about:

- Their interest and experience in maternity care
- Whether they are accredited to assist with your pregnancy care or birth care at the hospital in which you have chosen to give birth.

Care throughout pregnancy and birth

It's very important for you and your baby to be looked after from the start of your pregnancy until after the birth. Care should include providing support and information, monitoring your health and wellbeing and that of your baby, and identifying special medical or personal needs that may require extra help from trained professionals.

Types of care available

The types of care available include:

- **Antenatal care (care during pregnancy)** – This can be provided by a midwife, doctor or obstetrician. Regular appointments are important to monitor your pregnancy and the wellbeing of both you and your baby. This will include asking you about your health, checking your blood pressure and monitoring your baby's growth. You can also ask questions and talk about anything that may be bothering you. If your pregnancy is considered 'low risk' you will have seven to 10 of these visits over the course of your pregnancy.
- **Intrapartum care (care during labour and birth)** – If you are a public patient, midwives will provide most of your care during labour and birth. If you are a private patient, your midwife will support you and, along with your obstetrician, help you understand what is happening, help you to make choices about pain relief, and discuss any medical interventions and special care needs with you.
- **Postnatal care (care received after the birth of your baby)** – In most hospitals you will be transferred from the birth suite to the postnatal ward an hour or two after your baby is born. Midwives will provide the majority of your postnatal care and a doctor will check on your progress. Midwives will monitor your wellbeing and that of your baby; offer support for breastfeeding and looking after your new baby; encourage you to rest; and discuss with you what is normal and what you can expect as a new mother.
- **Domiciliary care (care received at home)** – Midwives may also visit you and your baby at home. Public patients may be eligible for one or two visits after they leave hospital. Private patients should check with their maternity hospital and their health fund for service eligibility and coverage. Your local maternal and child health nurse will be informed that you have arrived home and will come to visit you. Usually your doctor will also be advised that your baby has been born. Both these professionals are likely to be involved in offering you and your baby continuing care and support.

Seeing the same caregiver or small group of caregivers throughout pregnancy, labour and birth and afterwards is called continuity of care. Different levels of continuity are available in different hospitals. You may wish to ask about what is available when you first discuss this with your doctor, or when you ring or visit the hospital.

Choosing the type of care you want

There are many things to think about when deciding where to have your baby and who should care for you. Things that may affect your decision include:

- Where you live (some options may not be available in your area)
- Your health, cultural and life circumstances
- Your previous experiences of pregnancy or birth
- Your feelings about particular types of care
- Whether you are a public or privately insured patient
- The costs associated with different types of care.

Some rural hospitals do not offer antenatal or birth care. In such cases, you would go to a larger hospital to give birth, then receive postnatal and home visits from local services.

During your pregnancy, you will have time to explore all your options with the help of your carers. You can change your mind if you find the choice you have made is not right for you.

Having a baby as a private patient

Choosing to have a baby as a private patient means:

- You choose your obstetrician.
- Your antenatal check-ups will take place at their private consulting rooms.
- You will be cared for by a midwife during your labour. Your midwife will be in constant contact with your obstetrician and will contact them to come in to assist with the birth of your baby when it is time.
- You can go to a private hospital or to a public hospital as a private patient.

It is a good idea to check that your private health insurance provides sufficient cover for unexpected costs such as an anaesthetist, theatre, or being a private patient in a private hospital. Some private hospitals offer home visits once you are discharged.

Having a baby as a public patient

Choosing to have a baby as a public patient means:

- You attend an outpatient clinic at the hospital or a community-based centre accredited by the hospital.
- You may be cared for by doctors or midwives depending on the level of care you need.
- When you are in labour and during birth you will be cared for by a hospital midwife. A doctor will only be present at birth if extra medical care is needed. You are not able to choose the doctor who attends the birth.
- If a doctor attends the birth, the attending hospital midwife will continue to provide care for you.
- After leaving hospital, a hospital midwife may visit you once or twice at your home, or you may visit your doctor.
- You are encouraged to see your doctor six weeks after the birth of your baby. If you don't have a doctor, it is a good idea to try and find one you are comfortable with before you have your baby.

Specialist care offered by public hospitals

It is important that any problems or complications that happen during pregnancy are looked after. Public hospitals in Victoria offer many different types of specialist care, including:

- **Multiple pregnancy clinics** – For women expecting two or more babies, your care will be managed by a group of obstetricians and midwives with expertise in multiple pregnancies.
- **Community-based (satellite) clinics** – These clinics are organised by a public hospital and provide specialist and midwifery services in a community venue near your home – often a community health centre. The midwives and doctors are employed by the hospital and work either full or part-time at the satellite clinic. Birth care takes place in the hospital.
- **Koori maternity programs and support** – This is culturally appropriate maternity care provided to Aboriginal and Torres Strait Islander women. This care may be provided in two ways:
 - An Aboriginal maternity health worker and a midwife, both employed by the Aboriginal health service (Victorian Aboriginal Community Controlled Health Organisation), offer their services to women in the local community. This care is usually shared with the local hospital.
 - An Aboriginal health worker supports women during pregnancy and after birth and links them to the healthcare they need.
- **Recurrent miscarriage clinics** – For women who have had three or more miscarriages. Your care will be managed by a group of obstetricians and midwives who are experts in monitoring, preventing and treating recurrent miscarriage.
- **Care for women with a previous significant pregnancy complication** – Your care will be managed by a group of obstetricians and midwives who are experts in detecting, monitoring and treating significant pregnancy complications.
- **Care for women with diabetes** – If you have diabetes (either gestational or pre-existing), your care will be managed by a group of obstetricians and midwives who are experts in diabetes.
- **Care for women with a complicating medical condition** – Your care will be managed by a group of obstetricians and midwives who are experts in high-risk pregnancies.
- **Management for an unborn baby with a medical condition** – Your care will be managed by a group of obstetricians and midwives who are experts in monitoring unborn babies with a medical condition and providing appropriate support for you and your family.
- **Care for women having a vaginal birth after a caesarean (VBAC)** – Care is provided for women who are planning to have a vaginal birth after a previous caesarean birth, by a group of obstetricians and midwives who are experts in supporting this type of birth.

Birth centre care

Birth centres are located in public hospitals. In the birth centre you are cared for by a team of midwives. You may also have one to three visits with a doctor who attends the centre. Birth centres operate on the basis that pregnancy and birth are healthy life events, and that for most women there is little need to intervene in the birthing process. If you need have complications during your pregnancy or labour, your midwife will arrange a transfer of care for you.

A birth centre is designed to look and feel more like a home (some have double beds and en-suite bathrooms). However, as with other parts of the hospital, the centre and its midwives are equipped to handle emergencies.

You usually stay in the centre for 24 to 36 hours after the birth, and your partner and family can stay with you. After the birth, a midwife may visit you once or twice at your home, or you may visit your doctor.

Birth centre care is available to women in both the public and private systems. Individual birth centres vary in the way they operate, but they generally emphasise family-centred care.

Shared care

Shared care means that your doctor or a midwife from the community may share your antenatal care with the midwives and doctors at the maternity hospital. Your maternity hospital will have a list of doctors and midwives that are credentialed and are able to provide shared care with their service.

Shared care is an option you can choose in most parts of Victoria. However, in some rural areas, your local public hospital provides birth care but no antenatal care, and shared care is your only option. Shared care arrangements include:

- Your doctor or midwife cares for you during pregnancy and after the birth.
- You only visit the hospital at specific points during your pregnancy and for the birth.
- The hospital midwife will care for you during the labour and birth.
- In some health services, your doctor attends the birth. However, the hospital midwife will also be with you during and after birth.
- Midwives at the hospital and some community health centres also offer childbirth education classes.

Planned home birth

A small number of doctors and midwives attend home births. In Victoria, home birth care is provided by a midwife contracted through Midwives in Private Practice (MIPP).

For a home birth:

- Pregnancy care is provided in your home, or a location chosen by you and your midwife.
- During labour and birth your contracted midwife cares for you in your home.
- You may choose to have a second midwife or an obstetrician or doctor attend the birth.
- Your contracted midwife provides postnatal care in your home.
- If you need to be transferred to hospital during the birth, your doctor or midwife can come with you, but the hospital staff will make the decisions about your care.

Care choices and the costs of having a baby

The costs involved in having a baby depend on whether you are a public or private patient. For example:

- As a public patient you do not pay for the doctor, midwife or hospital.
- Private patients pay for their doctor and hospital, although Medicare and private health insurance will meet some of the costs of your care. It is a good idea to check whether your private health insurance provides enough cover for unexpected costs.
- Since some rural hospitals do not provide pregnancy care, you may get care from your local doctor. Some doctors bulk bill. If yours does not, you may have to

pay the difference between their fee and the Medicare rebate.

- You will have to pay the midwife for a home birth, unless your health fund provides cover for midwifery care. Other home birth costs may include attendance of an obstetrician or doctor at the birth and fees for ultrasounds and pathology tests.
- If you opt for home birth but need to be transferred to hospital, you will have to pay for the transportation costs and the hospital costs if you go to a private hospital.

In Victoria there is no charge for labour and birth care in public hospitals, and in some places pregnancy care is also free. However, depending on the type of care, the practitioner and the location, you may be asked to pay 'out of pocket' expenses or costs for:

- Pregnancy care provided by your local doctor or obstetrician
- Pathology tests (for example, blood tests)
- Ultrasound procedures
- Childbirth education classes
- Use of a phone.

Many of these costs are partially covered by Medicare. Check with your doctor, midwife or obstetrician about any services for which you may need to pay.

If it is difficult for you to afford these things, most hospitals will help you to access the services you need.

Pregnancy care for women with extra needs

During your pregnancy you may need additional care. Your needs may be medical, cultural, social or emotional. For example, you may need:

- Close monitoring of you or your baby
- The services of an interpreter
- Financial or accommodation assistance
- Home-based support
- Support for mental health problems, drug issues or alcohol dependency.

If this is the case, you may receive your pregnancy care from specialised staff located within the hospital or in the community.

Where to get help

- Your doctor
- Specialist – such as an obstetrician, midwife, social worker or dietician
- Community health centre
- Birthing centre
- Hospital maternity unit and midwife
- Centrelink
- Midwives in Private Practice Tel. (03) 9687 8052

Things to remember

- You can choose between a public hospital, a birth centre, your doctor, a private hospital or a home-birthing midwife to provide some or all of your care during pregnancy and birth.
- You must be at low risk of complications to use a birth centre.
- The time you spend in hospital after the birth depends on your needs, but may be quite short.
- There may be extra costs for antenatal tests and childbirth education classes.
- If you need an interpreter, ask your care provider to arrange this.

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Healthy pregnancy

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Pregnancy and birth basics

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[Understanding your pain relief options can help you cope better with the pain of childbirth...](#)

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[Labour is divided into three stages. The first stage is dilation of the cervix from 0 to 10 cm, the second stage is birth of the baby, and the third stage is delivery of the placenta. Labour typically...](#)

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- [Contraception after giving birth](#)

[After having a baby, you need to choose an effective method of contraception if you don't want to have another baby straight away...](#)

- [If you want to get pregnant, timing is everything](#)

[If you are trying for a baby, to increase your chances of conceiving, it helps to know when you are at your most fertile, and when is the best time to have sex...](#)

- [Pregnancy testing](#)

[Sometimes, a home pregnancy test may be positive when a woman isn't pregnant...](#)

- [Folate for pregnant women](#)

[Even women who aren't planning to have a baby should increase their folate intake in case of unplanned pregnancy...](#)

- [Pregnancy - unplanned](#)

[When a woman does not want to become a parent, her pregnancy options may include abortion or adoption...](#)

- [Contraception - emergency contraception](#)

[It is best to take emergency contraception as soon as possible, ideally within 24 hours of having unprotected sex, but it still works well within 96 hours \(four days\)...](#)

Stages of pregnancy

- [Baby due date](#)

[Pregnancy is calculated from the first day of your last period, not from the date of conception...](#)

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[Pregnancy is counted as 40 weeks, starting from the first day of the mother's last menstrual period...](#)

- [Pregnancy - signs and symptoms](#)

[All women experience pregnancy differently, and you will experience different symptoms at different stages of your pregnancy...](#)

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[Some of the signs and symptoms of going into labour may include period-like cramps, backache, diarrhoea and contractions...](#)

- [Conceiving a baby](#)

[The odds of a young fertile couple conceiving by having sexual intercourse around the time of ovulation \(the release of the egg from the ovary\) are approximately one in five every month. Around nine...](#)

- [Pregnancy stages and changes](#)

[It's helpful to have an idea of how your body may react to the different stages of pregnancy. It also helps to know how pregnancy may affect your emotions and feelings...](#)

Fertility issues and options

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[Adoption can give a secure family life to children who can't live with their birth family...](#)

- [Surrogacy](#)

[Surrogacy is a form of assisted reproductive treatment \(ART\) in which a woman carries a child within her uterus on behalf of another person or couple...](#)

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[All women should have access to accurate information about abortion so they can make their own informed decisions...](#)

- [Age and fertility](#)

[Age affects the fertility of both men and women, and is the single biggest factor affecting a woman's chance to conceive and have a healthy baby...](#)

- [Infertility in men](#)

[A couple isn't suspected of fertility problems until they have tried and failed to conceive for one year...](#)

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[The odds of a young fertile couple conceiving by having sexual intercourse around the time of ovulation are approximately one in five every month...](#)

- [Weight, fertility and pregnancy health](#)

[Compared with women in the healthy weight range, women who are carrying extra weight are less likely to conceive...](#)

Keeping healthy during pregnancy

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[Morning sickness is typically at its worst early in the day but it can strike at any point during the day or night...](#)

- [Postnatal exercise - sample workout](#)

[Make sure your abdominal muscles have healed before you do any vigorous tummy exercises, such as crunches...](#)

- [Healthy eating during pregnancy - tucker talk tips](#)

[Some foods should be avoided during pregnancy as they carry bacteria that could harm your unborn baby...](#)

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[Always consult with your doctor or midwife before starting any postnatal exercise program...](#)

- [Pregnancy and your mental health](#)

[Finding out you are pregnant can be a very exciting time. But it can also make you feel uncomfortable, unwell, worried and make you wonder how you are going to cope. And it doesn't stop when the baby...](#)

- [Pregnancy and teeth](#)

[It's important to look after your teeth and gums when you're pregnant, as gum disease can affect your baby...](#)

- [Tests, scans and checks - pregnancy and labour](#)

[Tests can confirm your pregnancy and also monitor your baby's development in the womb...](#)

- [Alcohol and pregnancy](#)

[There's no safe level of alcohol use during pregnancy. It's safest to not drink at all during pregnancy, when trying to conceive, and while breastfeeding...](#)

- [Pregnancy and smoking](#)

[Smoking while pregnant exposes a woman and her unborn child to an increased risk of health problems...](#)

- [Immunisation and pregnancy](#)

[Immunisation can protect a woman and her unborn baby against many infectious diseases...](#)

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- [Pregnancy and exercise](#)

[Unless you have complications, you should be able to exercise throughout your pregnancy...](#)

- [Pelvic floor](#)

[Pelvic floor exercises are designed to improve muscle tone and prevent the need for corrective surgery...](#)

- [Pregnancy and diet](#)

[Good nutrition during pregnancy can help to keep you and your developing baby healthy...](#)

- [Pregnancy and travel](#)

[Travelling to developing nations is not encouraged during pregnancy, due to the risk of disease and the standard of medical facilities...](#)

Health concerns during pregnancy

- [Miscarriage and Stillbirth - Coming to terms \(video\)](#)

- [Newborn bloodspot screening \(video\)](#)

[Every newborn baby in Australia is offered a newborn bloodspot screening test to identify those at risk for rare, but serious, medical conditions including PKU, hypothyroidism and cystic fibrosis...](#)

- [Placenta previa](#)

[Placenta previa means the placenta has implanted at the bottom of the uterus, over the cervix or close by...](#)

- [Placental abruption](#)

[Placental abruption means the placenta has detached from the wall of the uterus, starving the baby of oxygen and nutrients...](#)

- [Pregnancy - pre-eclampsia](#)

[There is no evidence that pre-eclampsia is caused by emotional stress, working too hard or not getting enough rest...](#)

- [Lupus and pregnancy](#)

[Lupus can be controlled with medications, so the majority of affected women are able to have children...](#)

- [HIV and women – having children](#)

[Women living with human immunodeficiency virus \(HIV\), or women whose partner is HIV-positive, may wish to have children but feel concerned about the risk of transmission of the virus to themselves \(if...](#)

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[An obstetric emergency may arise when a woman is pregnant, or during her delivery. In this case, extra care is needed. A woman may need a lot of tests and treatments, and extended hospital stays. She...](#)

- [Postnatal depression \(PND\)](#)

[Postnatal depression can happen either a few days or weeks after the birth, with a slow or sudden onset...](#)

- [Molar pregnancy](#)

[Most molar pregnancies are diagnosed when bleeding early in pregnancy prompts an ultrasound scan...](#)

- [Miscarriage](#)

[A range of feelings is normal after a miscarriage, and they often linger for some time...](#)

- [Fetal alcohol spectrum disorder \(FASD\)](#)

[The World Health Organization recommends that pregnant women should avoid alcohol...](#)

- [Asthma - pregnancy and breastfeeding](#)

[Pregnant women with asthma need to continue to take their asthma medication as it is important to the health of both mother and baby that the mother's asthma is well managed...](#)

- [Pregnancy and diet](#)

[Good nutrition during pregnancy can help to keep you and your developing baby healthy...](#)

- [Birth defects explained](#)

[The cause of birth defects is often unknown, speak to your GP if you are at increased risk of having a baby with a congenital anomaly...](#)

- [Ectopic pregnancy](#)

[Ectopic pregnancy is caused by a fertilised egg not being able to move through the fallopian tube...](#)

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- [Twins - identical and fraternal](#)

[Multiple births are more common due to the advancing average age of mothers and the rise in assisted reproductive techniques...](#)

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[Let your baby feed as much as they want in the first few days to help establish good breastfeeding patterns...](#)

- [Breastfeeding - when to start](#)

[Breastfeeding within the first hour after birth allows your baby to behave instinctively and breastfeed with little intervention...](#)

- [Alcohol and pregnancy](#)

[There's no safe level of alcohol use during pregnancy. It's safest to not drink at all during pregnancy, when trying to conceive, and while breastfeeding...](#)

- [Vitamin K and newborn babies](#)

[With low levels of vitamin K, some babies can have severe bleeding into the brain, causing significant brain damage...](#)

- [Postnatal depression \(PND\)](#)

[Postnatal depression can happen either a few days or weeks after the birth, with a slow or sudden onset...](#)

- [Baby furniture - safety tips](#)

[Even if your baby furniture meets every safety standard and recommendation, your child still needs close supervision...](#)

- [Newborn bloodspot screening](#)

[Every newborn baby in Australia is offered a newborn bloodspot screening test to identify those at risk of rare, but serious, medical conditions...](#)

Related Information

- [Pregnancy – labour](#)

[Labour is divided into three stages. The first stage is dilation of the cervix from 0 to 10 cm, the second stage is birth of the baby, and the third stage is delivery of the placenta. Labour typically...](#)

- [Pregnancy - premature labour](#)

[Sometimes, babies arrive early. It's important to recognise premature labour, in case you and your baby need medical care...](#)

- [Pregnancy - packing for hospital](#)

[Packing for hospital is an exciting part of preparing for the birth of your baby...](#)

- [Planning for labour and birth](#)

[Some of the signs and symptoms of going into labour may include period-like cramps, backache, diarrhoea and contractions...](#)

- [Childbirth - pain relief options](#)

[Understanding your pain relief options can help you cope better with the pain of childbirth...](#)

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Related information on other websites

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- [3centres Collaboration](#)
- [Homebirth Australia](#)
- [Maternity Coalition](#)
- [Victorian Government Health Information - Having a baby in Victoria](#)

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