
GPs, shared care and pregnancy

Summary

- Shared maternity care is a popular option of care for healthy women with a low-risk pregnancy.
 - Shared maternity care means that during your pregnancy, you can see the same general practitioner (GP), obstetrician or community midwife for most of your pregnancy visits with some visits at the hospital.
 - GPs who provide shared care must have extra training and qualifications and a special arrangement with the birthing hospital you want to use.
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Shared care is an arrangement between a hospital (or other birth setting) and a local healthcare professional (usually a **GP** but sometimes a midwife or obstetrician) where your pregnancy care is divided between the local provider and the hospital. You will have some of your antenatal appointments with your local provider and others with the hospital, depending on the reason for the visit. Most tests and scans, for example, would take place at the hospital.

Most hospitals that offer shared care do so only for women with low-risk pregnancies.

In Australia, GPs who provide shared care will often have extra obstetric training and qualifications and a special arrangement with the maternity hospital where you want to give birth to your baby.

The benefits of a shared care pregnancy

Some women like shared care because it means they can receive most of their maternity care from a GP who they are familiar with and who works close to their home or workplace. It also means that the same GP who has cared for you during the pregnancy can continue to care for you and your baby in the weeks and months after birth. If English is your second language, your GP might speak your first language and be more aware of your cultural needs. GPs are also trained to deal with other relevant issues such as monitoring your mental health during the pregnancy and in the postnatal period and the provision of contraception.

Making a shared care arrangement

If you are interested in shared care, make sure your GP and chosen hospital offer this service. GPs who regularly participate in shared care will already have a relationship with one or more maternity hospitals. If they do not, this can be arranged. As an example, the Royal Women's Hospital in Parkville has more than 750 shared care maternity affiliates (GPs and midwives).

If you like the idea of shared care but do not already have a GP you are comfortable with, you can call your chosen maternity hospital and ask for a list of local healthcare professionals who have existing arrangements in place.

Costs of shared care

Shared care doctors and midwives may charge some out-of-pocket fees. This amount varies. If you hold a Medicare card and your GP bulk-bills, GP appointments will not cost you anything.

If your GP does not bulk-bill, you will pay the difference between the doctor's fee and the Medicare rebate. If this is the case, shared care will cost more than having all your pregnancy care through the hospital or birth centre.

If you plan to use a private birth centre, you will need to ask your GP and the centre about the costs involved. Some of these expenses might be claimable through your private health insurance, if you have it.

Your shared care antenatal appointments

As an example, the Royal Women's Hospital in Parkville recommends the following schedule of antenatal appointments.

Confirmation of pregnancy	<p>Visit your GP for:</p> <ul style="list-style-type: none"> • a referral to your preferred or nearest maternity hospital • initial antenatal tests* • referral for first trimester screening for genetic abnormalities e.g. Down syndrome (if you choose)*
15–18 weeks	<p>Visit your hospital or community clinic, where you will see both a hospital midwife and doctor, for:</p> <ul style="list-style-type: none"> • Down syndrome test if not already done (if you choose)* • additional antenatal tests, as required* • booking your childbirth education classes or hospital tour
16 weeks	Visit your shared care doctor or midwife (to be booked by you)
18–20 weeks	Ultrasound of your baby*
22 weeks	Visit your shared care doctor or midwife (to be booked by you)
28 weeks	<p>Visit with hospital midwife for:</p> <ul style="list-style-type: none"> • routine check and appointment to discuss having your baby at the chosen hospital, and discharge planning • test for diabetes, full blood examination, blood antibodies* • if you are Rh negative blood type, anti D injection <p>If your previous birth was a caesarean, you will also see a hospital doctor to discuss your birth options.</p>
32 weeks	Visit your shared care doctor or midwife (to be booked by you)
34 weeks [^]	<p>Visit your shared care doctor or midwife (to be booked by you)</p> <p>or</p> <p>Visit with hospital doctor if you are Rh negative blood type (for anti-D injection) and vaginal swab for group B Strep*</p>
36 weeks [^]	<p>Visit with hospital doctor for vaginal swab for group B Strep</p> <p>or</p> <p>Visit your shared care doctor or midwife (to be booked by you) if you are Rh negative and had a hospital visit and anti-D injection at 34 weeks</p>
38 weeks	Visit your shared care doctor or midwife (to be booked by you)
40 weeks	Visit your shared care doctor or midwife (to be booked by you)
41 weeks	If you have not had your baby, a doctor will see you at the hospital. At this visit, you are likely to have some tests to check the baby's heart rate and the amount of fluid around your baby.*

Adapted with permission from the Royal Women's Hospital.

* Tests that may be required

[^] The location of your visit at 34 weeks and 36 weeks will depend on whether you are Rh negative or positive (blood type).

Where to get help

- Your GP
- Midwife

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