
Pregnancy and birth care options

Summary

- You can choose to have your baby as a public or private patient.
 - Your care choices may be limited by your health, where you live or your medical history.
 - You may be able to choose who will care for you during your pregnancy – your doctor, an obstetrician, a midwife, or a combination of these.
 - If all three options are available where you live, and if your pregnancy is uncomplicated, you may be able to choose whether to have your baby in a hospital, at a birth centre, or at home.
 - You will have time to explore all your options and can change your mind if you find the choice you have made is not right for you.
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The pregnancy and birth care options available to women in Victoria vary according to where they live, the models of care available at the services in their area, their medical history and risk factors such as their weight, age and experience during previous pregnancies.

Where the resources are available, women are able to choose who will care for them during their pregnancy – midwives, their GP, an obstetrician, or a combination of these.

In some cases they may also be able to opt for a home birth.

Pregnancy, labour and birth carers

Carers during pregnancy, labour and birth may include **midwives**, your **general practitioner**, an **obstetrician** or a combination of all three. It is a good idea to talk to healthcare professionals, family and friends about your options, and what to expect from the different types of pregnancy care available.

Midwives

Midwives have special training and skills in caring for women during pregnancy, labour and birth. They also care for newborn babies in the days and weeks after birth, including helping the mother with breastfeeding. Midwives can be men or women.

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 during pregnancy, during labour and after the birth
- check to see 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

Obstetricians are medical doctors with specialist training and skills in caring for mothers and babies during pregnancy, birth and the period straight after birth. 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 and your level of risk. You are more likely to see an obstetrician if your pregnancy is, or becomes, complicated, or if you choose to see an obstetrician as a

private patient.

General practitioners

General practitioners (or GPs) are medical doctors with specialist training in general practice. If they want to care for women during pregnancy and birth they usually complete further training such as a Diploma in Obstetrics and Gynaecology or other courses.

You may want to talk to your GP about:

- their interest and experience in maternity care
- whether they are accredited to share your pregnancy care or birth care at the hospital in which you are booked to give birth.

Preconception care and care throughout pregnancy, labour and birth

Ideally you will have received care from your doctor prior to conception in order to optimise your health in preparation for pregnancy and to reduce any preventable risks. It is also 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
- identifying special medical or personal needs that may require extra help from trained professionals.

It is important that you make informed decisions about your pregnancy and birth care. When making these decisions, speak with your obstetrician, midwife or GP. Some options might not be available to you because of:

- your health
- your medical history
- the costs associated with different types of care
- whether you are a public or privately insured patient
- where you live (some options may not be available in your area).

(For example, some rural hospitals do not offer antenatal or birth care. In such cases, you would go to a larger hospital to give birth, and then receive postnatal or home visits from local services. Your GP or community health clinic might provide shared antenatal care.)

Some options may not be desirable to you because of:

- your culture or beliefs
- your previous experiences of pregnancy or birth
- your feelings about particular types of care
- your life circumstances
- the costs associated with different types of care.

Reading, or speaking to friends and family about their experiences can be helpful, but nothing can replace individual and specific advice from healthcare professionals. Every woman is different and what is suitable for one woman many not be right for another.

Other tips for making informed decisions include:

- Involve your partner in your decision-making. This will be particularly important if you need emergency care and are unable to communicate your wishes.
- Be wary of online advice from unreliable sources. Government-endorsed websites or those approved by medical colleges or other peak bodies tend to be the most reliable.
- Many private hospitals and private obstetricians will allow you to have an 'elective caesarean'. This is where you choose to have a caesarean, although it is not medically necessary. Be sure you understand all the pros and cons before asking your obstetrician to perform this procedure.

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 and there are other care options available.

Having a baby as a public patient

Choosing to have a baby as a public patient means:

- You go to antenatal check-ups at an outpatient clinic at the hospital, or a community-based health centre or a GP accredited by the hospital or shared care with your GP.
- You usually have your baby in the public hospital closest to where you live.
- 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 who will deliver your baby. A doctor will only be present at birth if you need extra medical care. You will not be able to choose the midwife or 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 GP.
- You are encouraged to see your GP six weeks after the birth of your baby. If you do not have a GP, it is a good idea to try to find one you are comfortable with before you have your baby.

If you are eligible, Medicare will cover the costs of having your baby in a public hospital.

Having a baby as a private patient

Choosing to have a baby as a private patient means:

- Your antenatal check-ups will take place at your obstetrician's/GP Obstetrician's private consulting rooms – once you have chosen an obstetrician, your appointments are likely to be with your obstetrician or someone else in their team at their consulting rooms. Many private obstetricians employ a midwife to help with routine checks, to organise tests and scans, and to give information about pregnancy and childbirth.
- You choose your hospital – you can go to a private hospital or a public hospital as a private patient
- You choose your obstetrician – if you do not have your own obstetrician, you can call your preferred private hospital and ask for a list of obstetricians who work at that hospital. If you have someone in mind, this usually determines which private hospital you go to for the birth. Your GP can provide a referral
- You will be cared for by a midwife during your labour – your midwife will be in constant contact with your obstetrician and will let them know when to come in to deliver your baby.
- You may choose a privately practising midwife.
- Your obstetrician will assist with the birth of your baby when it is time.

The private hospital costs will be covered by you and your private health fund, if you have one. You may be out of pocket for some costs, so check with your health fund before the birth so you are prepared for any additional fees.

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. You may also want to check with your health insurance fund if your baby is covered, should they require admission to a special care nursery.

Pregnancy care

Your care during pregnancy (antenatal care) can be provided by a midwife, hospital doctor, GP or obstetrician or a combination of these. The type of antenatal care you receive will depend on your health, your risk of complications, where you live and the type of care you choose.

Regular antenatal 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.

Your antenatal visits also provide you with the opportunity to ask questions and talk about anything that may be bothering you.

If your pregnancy is considered 'low risk' you will have 7 to 10 of these visits over the course of your pregnancy. Specialist pregnancy care is available for women with extra needs, or for women whose pregnancy is higher risk. In such cases your contact with your carers will be customised to your needs.

Antenatal care options generally include:

- antenatal clinic care
- midwifery care
- shared antenatal care
- midwifery group practice (caseload midwifery)
- team midwifery care
- private care.

In some rural and regional areas your choices may be limited by the services available.

Public antenatal clinic care

Depending on the hospital you attend, your antenatal care will take place in a public hospital outpatient clinic or a community clinic. You will go to the same hospital for the birth and care after the birth (postnatal care). Under this model of care, you might see different midwives and doctors at each visit.

Public midwifery care

Midwifery care is delivered via a public hospital midwives clinic. You may see the same midwife or group of midwives throughout your pregnancy and your baby will be delivered by whichever midwives and doctors are on duty in the birthing unit. Many hospitals can offer home visits with a midwife if you go home early (usually within 48 hours after the birth).

This model of midwifery care is for women who are having a healthy, low-risk pregnancy. If any complications happen, you will be referred to an obstetrician in the hospital.

For more information see the **Midwives** fact sheet.

Shared antenatal care

Shared antenatal care is where your chosen healthcare professional (GP, midwife or obstetrician) comes to an arrangement with a public hospital to share your antenatal care. Under this model, you will get most of your care from your chosen healthcare professional and only go to the hospital for a small number of visits, for the birth or if there are complications.

This option allows you to be cared for by someone you choose and is usually close to home. It is also good if you have particular language or cultural needs.

Shared care is an option you can choose in most parts of Victoria. However, in some rural areas, public hospitals provide birth care but no antenatal care, and shared care is the only option.

Shared care usually operates as follows:

- Your GP 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, a 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.

For more information see the **GPs, shared care and pregnancy** fact sheet.

Midwifery group practice (caseload midwifery)

This model of care is where a small group of public hospital midwives care for you during your pregnancy, labour and birth, and postnatal period. Under this model of care, the bulk of your care is given by one or two midwives called a primary midwife.

This option allows you to become familiar with a small group of midwives, who will also be there for your labour and birth.

Team midwifery care

This option is similar to midwifery group practice, only it involves a larger team of up to eight midwives who care for you during pregnancy, labour and birth, and postnatal period. This model is often only available in metropolitan areas.

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.

Specialist pregnancy 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:

- **Multiple pregnancy clinics** – For pregnant 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 and their babies. This care may be provided in two ways:
 - An Aboriginal maternity health worker and a midwife, both employed by the Aboriginal health service VACCHO (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 pregnancy 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 previous significant pregnancy complications** – 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 pregnant 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 pregnant 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 pregnant women having a vaginal birth after a caesarean (VBAC)** – Care is provided for pregnant 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.

Care during labour and birth – intrapartum care

The intrapartum care you receive will depend on the choices you make about where and how you want to deliver

your baby, and who you would like to be present.

You may choose to deliver your baby:

- in hospital (public or private, or in a public hospital as a private patient)
- in a birth centre (at a hospital, public or private)
- at home.

Earlier in your pregnancy, your antenatal carer may have encouraged you to write a birth plan. A birth plan is a summary of what you would like to happen when you are in labour and giving birth. It includes things like what position you want to give birth in, what pain relief you prefer, what you would like to avoid (where possible) and who you would like to be with you at the birth. It is a good way to communicate with your intrapartum care providers about what is important to you regarding the birth.

However, labour and delivery do not always go to plan. Sometimes unplanned medical interventions are necessary to ensure your safety and the healthy delivery of your baby. For more information about medical interventions during childbirth, see the **Childbirth – medical interventions** fact sheet.

For more information about pain relief options during labour and birth (to inform your birth plan, and any changes of mind you might have during labour), see the **Childbirth – pain relief options** fact sheet.

Hospital care

Most people choose to have their baby in either a public or private hospital. Where you choose to have your baby will depend on your location, financial situation, health insurance status, choice of obstetrician, and type and history of pregnancy. There are many care options in public or private hospitals, as outlined above.

Whichever hospital setting you choose, the midwives will help you understand what is happening, help you to make choices about pain relief, and discuss any medical interventions and special care options with you.

How long you stay in hospital after giving birth depends on your hospital and care needs. In a public hospital, you will probably stay for 24–48 hours after birth, or 72 hours if you've had a caesarean section. In private hospital, you will probably stay for four days after birth.

However, in both public and private hospitals, if you and your baby are up to it, you may be able to go home sooner than this.

Birth centre care

Birth centre care is available to women in some public and private hospitals. Each birth centre operates differently, but their care usually focuses on the whole family.

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

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 pregnant women there is little need to intervene in the birthing process. If you have complications during your pregnancy or labour, your midwife will arrange a transfer of care for you.

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

Planned home birth care

In Victoria, women can choose to have a planned birth at home under the care of public hospital midwives or private practice midwives. Home birth can be an option for women who are healthy, have a low-risk pregnancy and do not live far from a hospital.

Home birth is usually with a private midwife; however, selected public hospitals in Victoria offer publicly funded home birth programs.

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 midwife cares for you in your home.
- A second midwife or an obstetrician or GP may attend the birth.
- Your 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.

Where to get help

- Your doctor
- Midwife

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