
Who's who during pregnancy, birth and newborn care

Summary

- Your GP (general practitioner or 'GP') can provide basic pregnancy care. Some GPs have extra training that allows them to share pregnancy care with a hospital.
 - Obstetricians are doctors who specialise in caring for mothers and babies during pregnancy, birth and the period straight after birth.
 - Midwives are medically trained in caring for women during pregnancy, labour and birth.
 - A doula is a companion who supports women through their pregnancy and labour. They are generally not medically trained.
 - Maternal and child health nurses monitor the growth and development of children from birth up until they are about three and a half years old.
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Depending on the model of care you choose for your antenatal (during pregnancy) and labour care, you might see only a few or all of the healthcare professionals listed below during or shortly after your pregnancy.

General practitioner (GP)

Your GP is your first point of medical contact if you think you might be pregnant. Your GP can confirm your pregnancy and let you know an approximate due date. This first visit also gives the doctor a chance to discuss your care options and the best ways to look after yourself during your pregnancy. Your GP will speak with you about your birthing options and can refer you to a public hospital.

In Australia, general practitioners are doctors who have completed specialist medical training after their university medical degree. This training usually takes another three years. General practitioners promote general health and treat many different health problems across all age groups.

Some women want to have their GP closely involved throughout their pregnancy. This might be for convenience or because they have developed a close relationship with their GP, or both. General practitioners who want to provide 'shared care' with your hospital during your pregnancy must have extra training and qualifications. They must also have a special agreement with your chosen birthing hospital or other birth setting. If you wish to have shared care with your GP, you will need to check if they can offer this service.

Obstetrician

Obstetricians are medical doctors with specialist training and skills in caring for mothers and babies during pregnancy, birth and the period straight after birth. Obstetricians hold a medical degree and have undergone specialist training, which can take another six years to complete.

With all this training, obstetricians have acquired the skills needed to manage the more complex aspects of pregnancy and childbirth.

In a public hospital, you might see:

- an **obstetric resident**, who is a qualified doctor getting experience in obstetric care
- an **obstetric registrar**, who is a qualified doctor training to be an obstetrician
- a **consultant obstetrician**, who is a doctor who has completed specialist training.

If you have a high-risk pregnancy, you are likely to see an obstetrician more often. If you have a low-risk pregnancy, you might not need to see an obstetrician at all.

If you do see an obstetrician, they might:

- talk about pregnancy care and birth, answering any questions you might have
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- monitor your health and your baby's health
- send you for tests and scans
- provide information and talk to you about test and scan results
- talk to you about how to stay healthy during your pregnancy.

The midwife or resident may refer you to an obstetrician if you or your baby needs extra medical checks or care. Obstetricians are trained to deal with birthing problems or emergencies such as emergency caesareans.

In the public health system, you usually will not be able to choose the obstetrician who sees you during your pregnancy or birth. If you prefer a female doctor, you can ask if one is available, but this is not always possible.

If you have private health insurance and pregnancy coverage you will be able to choose your obstetrician and where you have your baby, as long as your obstetrician has an arrangement with that hospital. If you are having your baby in a public hospital using your private health fund, you can choose your private obstetrician if he or she has an agreement with that hospital.

For more information about obstetricians see the **Obstetricians** fact sheet.

Midwife

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.

Midwives will be closely involved in your pregnancy care, either at the hospital, in a clinic or at your home.

During your pregnancy a midwife will:

- help arrange hospital bookings, tests and scans
- give you healthy lifestyle advice
- do routine health checks on you and your baby, including checking your baby's position and growth during pregnancy
- talk about your labour and birth and answer any questions you have.

During your labour a midwife will:

- help you with pain relief if you need any
- help you to relax
- listen to your baby's heart rate
- check the progress of your labour and birth and call on extra medical help if needed
- encourage you, and give you emotional support and assurance
- help your labour progress by suggesting positions and movements to try.

After your baby is born a midwife will:

- set up newborn screening tests
- talk about choices for feeding your baby and refer you to a lactation consultant if necessary
- talk to you about life at home with your baby
- offer and arrange for a home visit by a midwife to provide postnatal care for you and your baby soon after you leave hospital
- refer you to your local maternal and child health nurse who will visit you at home in the first week of leaving hospital
- organise extra services for going home if you need them
- organise referrals to specialists if you need them (for example, a paediatrician).

Midwives work on rostered shifts so you will get to know several during your appointments and hospital stay. If you are receiving care through a midwifery-led program (such as team midwifery or caseload midwifery), you will probably see the same midwife or small group of midwives each time you have an antenatal appointment and a familiar midwife from the program will be there when you are giving birth.

In the case of **team midwifery**, a small team of midwives (usually 6 to 8) will jointly care for you during your pregnancy, labour, birth and after the birth. In a **caseload midwifery** program, a known primary midwife (usually with a secondary backup midwife providing cover and assistance) will care for you throughout this time. In both programs, collaboration agreements with hospital doctors are in place, in case there are complications with the birth and care needs to be escalated.

In some hospitals, you can take in a private midwife to provide your care during labour and birth, but the private midwife will need to have a special arrangement with the hospital.

There are two ways to become a midwife in Victoria. The first is to complete a Bachelor of Midwifery, which is a three-year undergraduate degree for students who do not already have a nursing qualification. The other way is to complete a Bachelor of Nursing degree followed by a Graduate Diploma or Master of Midwifery. These programs generally go for 12–18 months.

To practice in Victoria, midwives must be registered with the Nursing and Midwifery Board of Australia.

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

Doula

A doula provides physical and emotional support to women during pregnancy, labour and birth, and early parenting.

The word 'doula' comes from Greek and means 'woman's servant'. Public hospitals in Victoria do not employ doulas, so they must be hired directly by the pregnant woman.

In most cases, doulas are not medically trained.

For more information about doulas see the **Doulas** fact sheet.

Maternal and child health nurse

The maternal child health nurse (MCH nurse) works with families and healthcare professionals to monitor the growth and development of children from birth up until they are about three and a half years old. Their focus is on prevention, promotion, early detection and intervention of health and wellbeing concerns of young children and their families.

Located at council-based services, the MCH nurse can:

- give information, support and advice on a variety of topics, including parenting, child health, development and learning, child behaviour, maternal health and wellbeing, child safety, immunisation, breastfeeding, nutrition and family planning
- monitor your child's growth and development in a series of one-on-one consultations at specific times in your child's early years
- help with sleeping, feeding and behaviour problems
- organise parents' groups where you can get information and have the chance to meet other parents in the local area
- tell you about other local support services
- organise additional activities based on your family's needs, for example, arrange home visits
- help to contact specialist services if necessary, such as early parenting centres
- offer additional support and services to families experiencing difficulties.

In Victoria, MCH nurses are registered nurses who have postgraduate midwifery qualifications, then go on to do additional qualifications in maternal and child health.

Sonographer

A sonographer is a medical imaging professional who performs ultrasound scans. These use high-frequency sound waves to make an image of a person's internal body structures.

Accredited sonographers in Australia have an undergraduate degree in health sciences (for example, medical radiation technology or nursing) and have undergone additional post-graduate training in medical sonography.

During pregnancy, a sonographer performs ultrasound scans to study the age, health, growth and position of the

developing fetus and the placenta. Ultrasound is also used during pregnancy to identify if there is more than one baby, to check for developmental abnormalities, and to check whether there has been any bleeding.

During an uncomplicated pregnancy you might see a sonographer for an ultrasound scan at 11–13 weeks and then again at 18–20 weeks. At 11–13 weeks the scan will show whether you have a single or multiple pregnancy, the age of your baby (and therefore the due date), and can be used as part of a genetic screening test for Down syndrome. At 18–20 weeks the sonographer will check your baby's growth and development (whether there are any abnormalities) and the position of the placenta.

If you have a multiple pregnancy, a medical condition, or have had complications during previous pregnancies you might have more scans both earlier and later in your pregnancy.

Where to get help

- Your doctor
- Midwife
- Obstetrician
- Maternal and child health nurse

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