
Having a baby in Victoria

Summary

- If you are preparing for pregnancy, it is a good idea to speak with your general practitioner (GP) first.
 - In Victoria, most women have their babies in a public hospital. This option is safe, affordable and offers most childbirth options.
 - The model of care you receive during your pregnancy will depend on your health, your risk of complications, where you live, your preferences and your availability
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Having a baby is an exciting time. How and where you have your baby may depend on your health, your risk of complications and where you live. Involving health services early and understanding your options will give you the best chance of a rewarding birth experience.

Planning to have a baby

If you are preparing for pregnancy, it is a good idea to speak with your GP first. Your doctor can give you a medical check-up and speak with you about how best to prepare your body for pregnancy. This might include lifestyle and dietary changes, taking supplements such as folate or making sure your immunisations are up to date.

Your doctor can also discuss the possibility of complications related to your current health, medical history (including previous pregnancies) and age. This might be referred to as your 'risk profile'.

Pregnancy care – who will look after you

Care during pregnancy (antenatal care), and labour and birth are usually overseen by GPs, midwives and obstetricians, or a combination of these.

General practitioner (GP)

If you think you are pregnant, it is a good idea to make an appointment with your GP as soon as possible so you can begin antenatal care.

Some women, particularly women living in remote areas, choose to keep their GP as their primary medical contact throughout their pregnancy.

During pregnancy, your GP can arrange tests, monitor your health, promote good pregnancy care and refer you to a public hospital.

If you are interested in 'shared care' (where you see your GP for some antenatal appointments in partnership with a birthing hospital or another birth setting), check that your doctor offers this service. Alternatively, you could contact the antenatal clinic at your local hospital to ask which doctors in your local area offer shared care.

Some GPs bulk-bill. If they do not, you will have to pay the difference between their fee and the Medicare rebate.

Your GP may or may not attend the birth.

Midwives

For many women, midwives are the healthcare professionals they see most during their pregnancy and during the birth of their baby.

Midwives are specially trained to care for women during pregnancy, labour and birth, and in the days after birth. They help with breastfeeding and also care for newborn babies.

In the public healthcare system, you will get to know several midwives during your pregnancy and hospital stay. If you are receiving care through a midwifery-led program, you will probably see the same midwife or a small group

of midwives throughout your pregnancy and hospital stay.

If you want to hire a private midwife to support you during your pregnancy, some public hospitals will allow you to have the private midwife present during labour and birth. However, the private midwife must have a specific agreement with the hospital.

Obstetrician

Obstetricians are doctors with special training to care for mothers and babies during pregnancy, labour and birth, and straight after birth. This training equips them to manage the more difficult and complex medical aspects of pregnancy and childbirth.

If you have a relatively complication-free pregnancy, you might not need to see an obstetrician at every visit during your pregnancy. If you have complications (or are likely to because of your risk profile) you will probably see an obstetrician more often.

Having your baby in the public system will mean it is unlikely you will be able to choose the obstetrician you see during your pregnancy or labour and birth. If you have private health cover but choose to have your baby in a public hospital, you can choose your private obstetrician if he or she has an arrangement with that hospital.

For more information see the [Who's who during pregnancy, birth and newborn care](#) fact sheet.

Types of pregnancy care

The type of care you receive during your pregnancy will depend on your health, your risk of complications, where you live and your preferences.

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. Under this model of care, you might see different midwives and doctors at each visit.

Midwifery care

Midwifery care is delivered via a public hospital midwives clinic. You will 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. All public hospitals can offer home visits with a midwife if you go home early (usually within 48 hours after the birth).

This model 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 additional care.

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. You will go to the hospital for scheduled visits, for the birth, or if there are complications.

This option allows the majority of care to be provided by someone you choose. It may also be good if you have particular language or cultural needs.

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 primary midwives, who you visit at the hospital or in a community clinic.

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.

Private care

This option is where you choose your obstetrician and hospital. 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 will need to provide a referral.

Choosing a private obstetrician will mean you are liable for their fees, which are not wholly covered by Medicare as they are in the public system. Even with private health insurance, you are likely to be out of pocket by a significant amount. Check your obstetrician's fees before choosing and check what portion of their fees will be covered by your health insurer so there are no surprises.

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.

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 the hospital stay, so it is best to check with your health fund so you are prepared for the costs involved.

For more information see the **Paying for pregnancy, birth and newborn care** fact sheet.

Birth options

How and where you have your baby may depend on your health, your risk of complications and where you live. Involving health services early and understanding your options will give you the best chance of having a rewarding birth experience. To learn about and understand your options consider the following:

- Speak to a range of healthcare professionals so you fully understand your birthing options, including the pros and cons of each.
- It is important that you and your partner make informed decisions. Remember that you can change your mind during the pregnancy (but not always during the labour).
- Develop a birth plan so, when the time comes, your obstetrician and midwives are clear about your care preferences.
- If you are in a high-risk group, healthcare professionals have an obligation to put your health and the health of your baby above your preferences. Understand that some decisions might therefore be out of your control.
- Some birthing options might not be available depending on your hospital and your health.
- Complications that develop during your pregnancy (such as gestational diabetes) can further limit your birthing options.
- Have a plan B. If things do not go as planned, have a back-up preference that you understand and have researched.
- If your preference is not to have your baby in a hospital, this will limit your specialised care options if something goes seriously wrong during your labour.

For more information see the **Pregnancy and birth care options** fact sheet.

Hospital

In Victoria, most women have their babies in a public hospital. This option is safe, affordable and offers most birthing options. Most of the cost of care is covered by Medicare, if you are eligible.

Which public hospital you go to will depend on where you live, your health, your medical history and your preferences. You can discuss your options with your GP, who will refer you. Often, but not always, you will be referred to the hospital closest to where you live.

You will need to phone the hospital's antenatal clinic to book your first appointment. Ask a friend, relative or healthcare worker if you need help to do this. If you have language or cultural needs, ask the hospital for help to meet these needs.

For more information see the [Hospital birth](#) fact sheet.

Birth centre

Having your baby in a birth centre might be an option if you are healthy and have a low-risk pregnancy. Women who choose to have their baby in a birth centre often want a birth that is as natural as possible in a home-like environment.

If you plan to have your baby in a birth centre, your antenatal care will be delivered by a midwife or a team of midwives. You might have one appointment with an obstetrician, or you might see a doctor if there are any concerns. Midwives will also care for you during and after the birth.

Most birth centres are attached to public hospitals so the majority of the costs of care will be covered by Medicare. Additional costs vary between centres, so it is a good idea to ask the individual birth centres about what services you might have to pay for. These often include tests, scans and birthing classes. Some of these costs are then claimable through Medicare.

Home birth

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 and is often the preferred option for women who want very little medical intervention, including pain relief.

A public home birth program is available at selected public health services for women with low-risk pregnancies who choose to have a birth at home under the care of public hospital midwives.

For more information see the [Homebirth](#) fact sheet.

Where to get help

- Your general practitioner
- Midwife
- Obstetrician

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Better Health Channel - (need new cp)

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