

Pregnancy and birth care options

Pregnancy and birth care options

There are many different pregnancy and birth care options (types of care) available in Victorian public hospitals. Depending on where you live, some or all may be available to you. This section explains the various factors that you may wish to consider in order to choose the type of pregnancy and birth care most suited to you.

Things that may affect your decision or influence your choices

- your address (do you live in the country, a town or city?)
- your general health and previous pregnancy/childbirth outcomes
- your lifestyle, social and cultural circumstances
- your feelings and/or previous experiences of pregnancy and birth
- costs associated with care
- your feelings about particular types of care and care providers.

Once you've begun your pregnancy care, it's usually possible to change care if you change your mind. Because pregnancy takes place over nine months - you do have time to explore all your options, with the help of your carers.

Costs

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 and location, you may be asked to pay "out of pocket" expenses or costs for:

- pregnancy care provided by your local GP or obstetrician
- pathology tests (for example, blood tests)
- ultrasound procedures
- childbirth education classes
- use of a phone.

If it is difficult to afford these things, most hospitals will help to ensure that you have access to services and are not disadvantaged.

Types of care (also called models of care)

A model of care is the way in which your care, or episodes of care are organised and the philosophy upon which it is based. Think of it as a recipe. It is made up of a combination of various ingredients or components. These components are:

- continuity of care
- care provider
- place of care
- level of care
- extra Services

Continuity of care

Care is given:

- during pregnancy (antenatal care)
- during labour and birth (intrapartum care)
- after the birth of your baby (postnatal care).

(Please see below for more information on antenatal, intrapartum and postnatal care).

Seeing the same caregiver or small group of caregivers throughout pregnancy, labour and birth and afterwards is called continuity of care.

Many women have contributed their experiences and ideas about continuity of care to research studies concerned about what is important to them during pregnancy and childbirth:

- many think it's important to have only a small group of people caring for them. This means they get to know their carers - and their carers get to know them
- others prefer to have only one carer, if possible
- some don't mind, as long as their carers treat them with respect and care for them safely

- others think it's important to get to know the midwife who will care for them during labour and birth.

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 GP or when you ring or visit the hospital.

Pregnancy (Antenatal care)

Regular antenatal care is important. Throughout pregnancy you should have regular appointments with a carer, to monitor the health and wellbeing of you and your baby. This will include things such as:

- asking you about your health
- checking your blood pressure
- monitoring your baby's growth.

You can ask questions and talk about anything that may be bothering you. If you have extra medical or personal needs, arrangements will be made for you to see doctors or other relevant professionals.

Labour and Birth (Intrapartum care)

During labour and birth, midwives will look after you most of the time - but you may see a doctor as well. Your carers will:

- give you support
- help to make you comfortable
- help you relax and understand what is happening
- monitor the wellbeing of you and your baby
- assist you in making choices about pain relief
- assess if you need any special care - and if so, discuss options with you.

Care after birth (Postnatal care)

After your baby is born, a midwife will:

- monitor your wellbeing
- offer education and support for breastfeeding and caring for your new baby
- encourage you to rest
- talk with you about what you may expect as a new mother, and what is normal.

In most hospitals you will be transferred from the birth suite to the postnatal ward an hour or two after the birth. There, midwives will provide most of your care - and a doctor will call round to check on your progress. The exception to this is in a Birth Centre or a hospital with rooms where you stay for the duration of labour, birth and postnatal care.

At home a midwife will probably visit you once or twice at your home - or you may visit your GP.

Many hospitals have special arrangements for those women who are able to leave hospital early. Usually a midwife you already know will visit you at home to provide extended postnatal care.

Your local maternal and child health nurse will receive information that you have arrived home and will come to visit you. Usually your GP 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.

Care provider

You can receive pregnancy and birth care from a midwife, GP or obstetrician - or a combination of these. If your pregnancy is going well, with little or no risk of complications - you may have a midwife or GP as your main carer.

Not all of these professionals are available as main carers in all areas of Victoria.

Midwives

Childbirth is a normal, significant process for women and their families. 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.

How midwives work in the Victorian public health system

Employed by a public hospital

- in the antenatal clinic, birth suite and postnatal ward
- in a Birth Centre that is a separate facility within the hospital, which contains antenatal clinic rooms and birth rooms where you also have your postnatal care
- in a team with other midwives, (Called Team Midwifery)
- either a small number of 'assigned' women (called Caseload Midwifery or Know Your Midwife)
- provide postnatal care for women in their homes (domiciliary care/domiciliary midwife)
- provide childbirth education classes.

Employed by a Community Health Centre

- provide antenatal care and some postnatal care
- provide childbirth education classes.

Obstetricians

An obstetrician is a doctor who has undergone extensive specialist training. She or he is a specialist in:

- maternity care (obstetrics)
- women's reproductive health (gynaecology).

How obstetricians work in the Victorian public health system

Obstetricians provide some of the care at a public hospital antenatal clinic. You may see an obstetrician if she or he is 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.

In some rural or outer metropolitan areas, public hospitals may provide birth care - but not antenatal care. If so, you may receive antenatal

care by a chosen obstetrician and book into the hospital for the birth, as a public patient.

General Practitioners (GPs)

Usually, General Practitioners 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 discuss with your GP:

- her/his interest and experience in maternity care
- if she/he is accredited to assist with your pregnancy care and/or birth care at the hospital you have chosen to give birth.

How GPs work in the Victorian public health system

Shared Care means receiving antenatal care from a chosen GP as well as visiting the hospital where you will have your baby for specific visits. If you see your GP for antenatal visits, she or he may attend your baby's birth - depending on the arrangements between your doctor and the specific hospital.

In some rural or outer metropolitan areas, public hospitals may provide birth care but not antenatal care. If so, you may receive antenatal care from a chosen GP or obstetrician and book into the hospital for the birth, as a public patient.

Carers in public hospitals

Depending on the location of the hospital, your antenatal visits and your labour and birth care will probably be with the carer on duty. This may be with a(n):

- obstetrician
- midwife (and possibly student midwife)
- obstetric registrar (senior trainee obstetrician)
- obstetric resident (trainee obstetrician)
- GP.

Different obstetricians, midwives and GPs are usually rostered on duty in the antenatal clinics and birth (delivery) suites at public hospitals, so you may receive care from different people at different times, unless the setting provides

continuity of care options which allow you to see the same person or small group of people.

Place of care for pregnancy and birth

Pregnancy

It is important for you to receive regular pregnancy (antenatal) care. Appointments can take place at:

- a clinic at the hospital where you will have your baby
- a Birth Centre if the hospital has one
- a community setting, such as a community health centre (GP or Midwife)
- your GPs practice
- in some locations you will attend visits at an obstetrician's practice even though you will attend a public hospital for the birth of your baby.

In some rural or outer metropolitan areas, public hospitals may provide birth care - but not antenatal care. If so, you can receive antenatal care from a GP or chosen obstetrician and book into the hospital for the birth, as a public patient.

Labour and birth

Some women feel the physical surroundings in which they will labour and give birth, are very important. There are some options which may be available to you:

- a hospital birth suite (labour ward/delivery suite) setting
- a Birth Centre (home-like) setting.

This is an important question to discuss with your carers. When considering specific hospitals, you should also feel free to ask to look at their facilities. For example, you could ask what facilities are available for your partner and/or family to be with you?

Level of care

Some women are said to have "risk associated pregnancy or a high risk pregnancy." This means they have a higher than normal chance of complications during their pregnancy. This is usually because they:

- have a serious health condition, or
- had serious problems with a previous pregnancy.

Several hospitals have special clinics for women who experience such problems. If you think you may be in this 'high risk' category, you will find a range of health care professionals on hand within the clinic to give you the support you need.

Extra services

During your pregnancy you may need extra support or care due to cultural, social, or emotional circumstances. For example, you may:

- need culturally appropriate care
- need the services of an interpreter
- have emotional difficulties
- have problems in your relationship
- have an intellectual or physical disability
- need support visits at home
- beyond 2 July 2007, have difficulties with housing
- have financial difficulties or burdens.

If so, most hospitals provide a range of services or allied health professionals, such as interpreters or social workers to give you the help and understanding you may need. Several hospitals also have specific antenatal clinics or you may be put in touch with relevant support groups. Talk to your GP, midwife or obstetrician about any issues which may be concerning you.