

Choices for  
care during  
pregnancy  
and birth

# Public health care choices

The information in this section and in *Labour and birth*, which starts on page 70, can help you decide about where you want to give birth to your baby, and the sort of care you'd prefer during your pregnancy, labour and after your baby is born.

Pregnancy and childbirth are natural life events. It's most likely that you will have a normal pregnancy and birth. But while all women hope for a normal pregnancy and birth there is a chance of complications in pregnancy – for you, your baby or both of you. Some complications are found early while other problems may develop later in pregnancy or during birth. The purpose of your antenatal care is to identify any risks to you or your baby and manage them in the best possible way.

This section describes your main choices for pregnancy and birth care whether you choose to be cared for in the public health system or the private health system. For further information, talk with your midwife or your doctor.

## Pregnancy care choices

If you choose to receive your antenatal care and give birth in the public health system, you and your baby will receive your care through an antenatal clinic, a midwives' clinic or with your GP (in partnership with the antenatal clinic). The services offered vary from hospital to hospital and area to area so you might find a number of options open to you. These include:

**An antenatal clinic in a public hospital** The maternity unit at your local hospital usually has an antenatal clinic. Call the hospital to book in as soon as your pregnancy is confirmed. At the same time, you'll probably also arrange a date for your first antenatal visit to the clinic (sometime between 10 and 16 weeks). At your first visit to the clinic, a midwife will help you complete the booking process. This involves answering questions and filling in forms. If you or your midwife have identified any potential complications you might also see a doctor for a full medical examination. If you need specialist care, you might see one or several doctors (through the Doctor's Clinic at the hospital) during your pregnancy. If you need it, you can also be referred to other health workers (e.g. social workers, physiotherapists, dietitians) who can help you during your pregnancy.

**Midwives clinic** Most public hospitals also offer midwives' clinics. These clinics might be located at the hospital or birth centre, or in the community (for example, at your local Community Health Centre). Midwives care for women with normal pregnancies and during their labour and birth in birth centres or at home (if you've chosen to have a homebirth). Your midwife will refer you to a doctor if you develop any health concerns during your pregnancy. The doctor and midwife will work together with you to plan the best possible care. Birth centres and public homebirth services provided by public maternity services are very popular, so if you think you'd like one of these options, phone the hospital as early in your pregnancy as you can.

**GP shared care** If your GP offers shared care, you can choose to continue to see your GP for most of your antenatal care. You will see your GP for some appointments and attend the clinic for other check-ups. It's another option for women with normal pregnancies. Not all GPs do shared care. If your doctor doesn't offer shared care, ask at the hospital if it has a shared antenatal care program and they can offer you a list of GPs in your area who do offer shared care. One of the benefits of GP shared care is that you develop a long-term relationship with a doctor who can continue to look after you and your baby once your baby arrives.

## What is midwifery continuity-of-care?

Many public hospitals now offer midwifery continuity-of-care programs. You'll get to know the midwife or midwives who will look after you through your pregnancy, labour and birth and the postnatal period. You'll receive consistent information, support and advice from your midwife or midwives. This type of care has been shown to help you feel confident during this time. Your hospital may offer:

- **Caseload midwifery or midwifery group practice** If you're booked in for this kind of care, you'll have one midwife whom you'll get to know well over the course of your pregnancy, labour, birth and postnatal care. Your midwife will provide your midwifery care and will have one or two other midwives to back them up if they are not available. Your midwife will also coordinate your care and work in collaboration with the doctors in the maternity service if that's needed.
- **Team midwifery** In a team midwifery practice, a small team of midwives will care for you at a hospital antenatal clinic during your pregnancy, through your labour and after the birth. The midwives work with doctors in the maternity unit. You will usually get to know all the midwives on the team, and one of them will always be available for your labour and birth care.

## Special services

Some hospital antenatal clinics may provide extra services to meet the need of:

- women who speak languages other than English
- women with specific cultural needs
- teenage women.

Ask your midwife about special services that may be available at the clinic.

The Aboriginal and Maternal Infant Health Service (AMIHS) is a culturally appropriate maternity service for Aboriginal mothers, babies and families. Ask your midwife or doctor if there is a local service near you.

## Place of birth choices

In the public system, you can choose to have your baby in the hospital, at a birth centre (which may be located at a hospital) or at home.

**Hospital care** Choosing hospital care means you'll have your baby in the delivery/birthing unit of a public hospital. Midwives and/or doctors will provide care and support you through the birth. After the birth you'll be cared for in a postnatal ward by midwives, doctors and other health workers.

**Birth centre** Birth centres look and feel more like a home than a hospital. You'll be looked after in labour and birth by midwives. After giving birth at a birth centre, you're likely to go home within 24 hours and have follow-up care by midwives at home. Birth centres are an option for women with normal pregnancies, but aren't suitable for women with a higher risk of complications. This includes women who have heart or kidney disease, diabetes, high blood pressure or who have had complications in previous labours. The guidelines can vary from centre to centre so check with your birth centre.

In a birth centre epidurals are generally not available. If a problem arises during your labour that requires medical attention you might be moved to the hospital delivery/birthing unit.

**Home** Some public hospitals provide homebirth services which you may be able to use if your pregnancy is progressing normally. You can find out about these by asking your midwife, doctor or through your local hospital's birth centre. You can also choose a homebirth by hiring a privately practising midwife.

If you decide to have a homebirth, it is important to:

- have a registered midwife, GP or obstetrician care for you in labour and birth
- have regular antenatal care by a midwife or doctor in pregnancy
- have postnatal care provided by a midwife or doctor
- have your newborn baby checked by a midwife or a doctor in the first week after birth
- be sure your midwife or doctor offers tests for the baby after the birth or refers you to a service that does them
- be sure your baby is offered vitamin K and other treatments as required after birth
- book into your local hospital as a backup option if your birth does not go to plan.

To find out more about homebirth, contact the Australian College of Midwives (NSW) on (02) 9281 9522, or Homebirth Access Sydney on (02) 9501 0863 or visit [www.homebirthsydney.org.au](http://www.homebirthsydney.org.au)

## What if I prefer a female doctor or midwife?

Some women prefer a female doctor or midwife. Hospital staff understand this, and try to provide female staff if they can. Most hospital midwives and many doctors are female, and staff will try to provide a female practitioner.

However, it's also true that most hospitals have both male and female doctors and midwives and there may be times when it's not possible to see a female practitioner. In an emergency, the most important thing is that you and your baby receive the most skilled care available – this may mean that a male doctor, male midwife, or male nurse is involved.

All staff will respect women's preferences. If you're being treated by a male health professional, you can ask for a female staff member to be there if one is available.

If you choose to see a female obstetrician in private practice, she will usually attend the birth of your baby in hospital but, again, this may not be possible in an emergency.

In a public hospital, you might also receive care from midwifery and medical students and obstetricians and paediatricians who are in training under the supervision of practising midwives, obstetricians and paediatricians.

If you have any concerns or worries about the care you receive speak with your midwife or doctor. If you don't feel comfortable doing that, you can also speak to the manager, patient liaison officer or your GP.

# Private health care choices

Some women choose their own care provider to look after them during their pregnancy and birth. This means you book in to see a private obstetrician, a GP who does antenatal care, or a privately practising midwife. You can choose a private practitioner who practices in a private hospital, a public hospital or conducts homebirth. You will have to pay for the cost of your care (which varies but can be high). Most women who choose these options have private health insurance to help cover the costs.

Check with your health fund to find out what aspects of your care and health care services are covered during your pregnancy, birth and postnatal period.

## **Private obstetrician and GP obstetrician**

With this option you receive care from a private obstetrician (Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists) and/or a GP (Diploma of Royal Australian and New Zealand College of Obstetricians and Gynaecologists or equivalent post graduate training in obstetrics). You'll see them at their offices. Some obstetricians employ a midwife who may also be involved in your antenatal care.

Generally, private obstetricians or GP obstetricians deliver babies at a small number of hospitals so you may have to choose between a couple of hospitals. You will be cared for in labour by midwives employed by the hospital but your doctor will be closely involved and will normally be present at the birth of your baby. Some obstetricians and GP obstetricians may also offer pregnancy care in your home and support homebirth.

While you're in hospital, your postnatal care will be provided by the hospital midwives and your doctor. Your private obstetrician or GP obstetrician will provide ongoing care for up to six weeks postnatally.

**Privately practising midwives** Some women choose to have a home birth with a privately practising midwife (registered with the Nursing and Midwifery Board of Australia). The midwife will care for you through your pregnancy, birth and after the baby is born.

Some private midwives ("eligible" midwives) now have a Medicare Provider Number, as doctors do. This means that the services they provide are covered by Medicare although, as with doctors, there may be a "gap". Ask your midwife for payment details and possible rebates for her services.

In the future, you may be able to book into your hospital under the care of your private midwife. Your midwife will provide midwifery care during your pregnancy; labour and birth care in hospital; and postnatal care in your home, and will be able to refer you to an obstetrician or GP obstetrician at any time in your pregnancy, labour or birth if the need arises.