

# Explainer: What are women's options for giving birth?

July 1 2016, by Hannah Dahlen

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Credit: AI-generated image ([disclaimer](#))

For many women, getting pregnant is the easy part. After that line appears on the pregnancy test, it can be difficult to work out who to visit for care, and where you should have your baby.

The first step for most [women](#) is to go to their general practitioner (GP).

Your GP will arrange [blood tests](#), ask about your health and past pregnancies, and confirm the pregnancy. The GP should tell you about the variety of choices available to you and then give you a referral to your [choice](#) of provider or place of birth.

[More than 300,000 women](#) give birth in Australia each year. Most (97%) give birth in hospitals (72% of these in public and 28% in private), 2% deliver in birth centres, 0.3% have their baby at home and 0.3% are born before they arrive in a [hospital](#) or birth centre.

Around 67% of women have a vaginal birth (this includes 10% who have a vacuum or forceps) and 33% have a caesarean section.

## Going public

Care in public hospitals is free, though you may face some out-of-pocket costs if you opt for shared care with your GP. Women may also need to pay for blood tests, ultrasounds and antenatal classes.

## Hospital clinics

Women who book in to give birth at their local hospital maternity unit will have most of their pregnancy appointments with midwives and some with obstetricians. When they give birth, they are attended by the midwives and obstetricians on duty at the time. They may see a range of different midwives and obstetricians throughout pregnancy and their birth.

Midwives regard the emotional, psychological and social needs of women as a high priority, so midwifery is described as a social model of care.

Obstetricians are medical doctors with specialist training in caring for women during pregnancy, the birth and immediately after. Their particular skill is in dealing with complications that may arise.

Many major public hospitals have clinics run by midwives. These are sometimes located in the community and are called "outreach clinics".

## **Continuity of midwifery care**

Continuity of midwifery care involves a small group of midwives who work together to provide antenatal, labour, birth and postnatal care to women. This means you get to know your midwife and they will be on call for the birth.

Midwifery [continuity of care models](#) are associated with the [least intervention](#). This includes caesarean section, using forceps or a vacuum to deliver, or cutting an episiotomy to make the vaginal opening wider. They also tend to be the most [satisfying for women](#) and are the most cost-effective.

Book early as these programs get full very early and have waiting lists.

## **General practitioner programs**

Most hospitals offer women the option of having their pregnancy care shared between a general practitioner and a hospital. You will be asked to come to the hospital for antenatal visits when you book and at several other times during pregnancy.

If you develop any complications you will be asked to see the hospital doctors for specialist care. Hospital midwives attend the birth and provide postnatal care.

In some cases, particularly in rural areas, general practitioners may also attend the birth, especially if they are a GP obstetrician.

## **Birth centre care**

Depending on where you live and whether you have any health or pregnancy complications, you may be able to have your care through a birth centre. These look and feel different to the clinical environment of hospitals, and often have beds and furnishings that create a home-like environment.

Some birth centres are called stand-alone birth centres and are not connected to an obstetric hospital. Others are alongside a hospital.

Women who deliver in a birth centre have [lower intervention rates](#) than those who deliver in hospitals and seem more satisfied than with other forms of care.

Book early as birth centres are very popular and often have long waiting lists.

## **Publicly funded home birth**

There are around [12 publicly funded home-birth programs](#) attached to public hospitals in Australia. These provide the opportunity for very low-risk women who don't live far from the hospital to have a home birth without the associated risks and costs.

Most publicly funded home-birth programs set a restricted distance (time or kilometres) from the hospital.

## **Private care**

## Private obstetricians

If you have the appropriate private health insurance (or are uninsured and willing to pay) you can choose a private obstetrician for your antenatal care and to attend your birth in a private or public hospital (depending on where they have practising rights).

Costs for childbirth in a private hospital are [around A\\$8,500](#). Obstetricians' fees can be up to an additional A\$10,000 per birth. Check with your health fund to see if you are covered for this care.

Women love the continuity of care they get with private obstetricians. They like knowing the person who is at the birth will be familiar to them and if there are complications they will have an experienced obstetrician on hand.

Women experience more [intervention](#) under this model of care. If this is a concern, find an obstetrician whose policies (on how you can give birth, who is suitable for a vaginal birth, and when to induce) meet your needs. This might include asking about their intervention rates, particularly caesarean section rates.

Private obstetricians usually come to the delivery ward just before the birth. Midwives provide all the labour care and communicate on the phone with the obstetrician. In the postnatal ward, midwives will also be the ones to care for you.

## Private midwives

In some states, private midwives attend births in hospital, birth centres and the home. Private midwives provide the majority of home births.

They work for themselves rather than a health service. This means a cost is associated with this service, which can range between A\$3,000 and \$6,000. Women are able to get A\$1,000-2,000 back from Medicare if the midwife is [eligible](#) with a Medicare provider number. Some private [health](#) funds will also give rebates for midwifery care.

If you plan to [give birth](#) at home with a private midwife and complications occur during the pregnancy or [birth](#), you will be advised to have your baby in hospital and your midwife will go with you.

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