

Women want to see the same health provider during pregnancy, birth and beyond: Study

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In theory, pregnant women in Australia can choose the type of health provider they see during pregnancy, labor and after they give birth. But this is often dependent on where you live and how much you can afford

in out-of-pocket costs.

While standard public hospital care is the [most common](#) in Australia, accounting for 40.9% of births, the other main options are:

- GP shared care, where the woman sees her GP for some appointments (15% of births)
- midwifery continuity of care in the public system, often called midwifery group practice or caseload care, where the woman sees the same midwife or team of midwives (14%)
- private obstetrician care (10.6%)
- private midwifery care (1.9%).

Given the choice, which model would women prefer?

Our [new research](#), published *BMC Pregnancy and Childbirth*, found women favored seeing the same health provider throughout pregnancy, in labor and after they have their baby—whether that's via midwifery group practice, a private midwife or a private obstetrician.

Assessing strengths and limitations

We surveyed 8,804 Australian women for the Birth Experience Study (BESt) and 2,909 provided additional comments about their model of maternity care. The respondents were representative of state and territory population breakdowns, however fewer respondents were First Nations or from culturally or linguistically diverse backgrounds.

We analyzed these comments in six categories—standard maternity care, high-risk maternity care, GP shared care, midwifery group practice, private obstetric care and private midwifery care—based on the perceived strengths and limitations for each model of care.

Overall, we found models of care that were fragmented and didn't provide continuity through the pregnancy, birth and postnatal period (standard care, high risk care and GP shared care) were more likely to be described negatively, with more comments about limitations than strengths.

What women thought of standard maternity care in hospitals

Women who experienced standard maternity care, where they saw many different health care providers, were disappointed about having to retell their story at every appointment and said they would have preferred continuity of midwifery care.

Positive comments about this model of care were often about a midwife or doctor who went above and beyond and gave extra care within the constraints of a fragmented system.

The model of care with the highest number of comments about limitations was high-risk maternity care. For women with pregnancy complications who have their baby in the public system, this means seeing different doctors on different days.

Some [respondents](#) received conflicting advice from different doctors, and said the focus was on their complications instead of their pregnancy journey. One woman in high-risk care noted:

"The experience was very impersonal, their focus was my cervix, not preparing me for birth."

Why women favored continuity of care

Overall, there were more positive comments about models of care that provided continuity of care: private midwifery care, private obstetric care and [midwifery](#) group practice in public hospitals.

Women recognized the benefits of continuity and how this included informed decision-making and supported their choices.

The model of care with the highest number of positive comments was care from a privately practicing midwife. Women felt they received the "gold standard of maternity care" when they had this model. One woman described her care as:

"Extremely personable! Home visits were like having tea with a friend but very professional. Her knowledge and empathy made me feel safe and protected. She respected all of my decisions. She reminded me often that I didn't need her help when it came to birthing my child, but she was there if I wanted it (or did need it)."

However, this is a private model of care and women need to pay for it. So there are barriers in accessing this model of care due to the [cost](#) and the small numbers working in Australia, particularly in [regional, rural and remote areas](#), among other barriers.

Women who had private obstetricians were also positive about their care, especially among women with medical or pregnancy complications—this type of care had the second-highest number of positive comments.

This was followed by women who had continuity of care from midwives in the public system, which was described as respectful and supportive.

However, one of the limitations about continuity models of care is when the woman doesn't feel connected to her midwife or doctor. Some

women who experienced this wished they had the opportunity to choose a different midwife or doctor.

What about shared care with a GP?

While shared care between the [GP](#) and hospital model of care is widely promoted in the public maternity care system as providing continuity, it had a similar number of negative comments to those who had fragmented standard hospital care.

Considering there is strong evidence about the [benefits of midwifery continuity of care](#), and this model of care appears to be most acceptable to women, it's time to expand access so all Australian [women](#) can access continuity of care, regardless of their location or ability to pay.

More information: Helen Pelak et al, A content analysis of women's experiences of different models of maternity care: the Birth Experience Study (BEST), *BMC Pregnancy and Childbirth* (2023). [DOI: 10.1186/s12884-023-06130-2](#)

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