

Choosing your model of care

A decision aid for pregnant
women choosing their
maternity care provider

If you have any concerns about yourself or your baby/babies and want to talk to someone, please call:

- » your family doctor
- » 13 HEALTH telephone line (13 432 584)
- » Lifeline counselling service (131 114)
- » Stillbirth and Neonatal Death Support (SANDS) helpline (1800 228 655)
- » Pregnancy, Birth & Baby Helpline (1800 882 436)

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What do the symbols mean?

The information in this decision aid has come from the best scientific studies available to us. Numbers in brackets [1] indicate a reference to a study that is listed at the back of the decision aid.

We use this symbol  when there is something you might like to ask your care provider about.

What is this decision aid about?

This decision aid has been written to support women to know what to expect and to have a say in making decisions about their care during pregnancy, labour, birth and after birth.

This decision aid provides information about four options:

1. Shared care
2. Public midwifery models of care
3. Private obstetric care
4. Private midwifery care

This decision aid will answer the following questions:

- » What is maternity care?
- » What is a model of care?
- » Who can provide my maternity care?
- » What are my options?
 - » What happens if I choose shared care?
 - » What happens if I choose midwifery models of care?
 - » What happens if I choose private obstetric care?
 - » What happens if I choose private midwifery care?
- » Will I always be able to choose?
- » How might I choose my model of care?
- » What are the differences between midwifery models of care and other models of care?
- » What are the differences between birth centre models of care and other models of care?
- » What are the differences between public models of care and private obstetric care?
- » What are the differences between private midwifery care for a planned homebirth and hospital models of care for births in hospital?
- » What are my options in each model of care?
- » How can I make the decision that's best for me?
- » How can I ask questions to get more information?

What is maternity care?

Maternity care is the process of regularly checking on the wellbeing of you and your baby and providing care and support. Maternity care can be provided to you from the time you find out you are pregnant until your baby is around six-weeks-old. **Prenatal** or **antenatal care** is care you may receive during pregnancy. **Intrapartum care** is the care you may receive during labour and birth. **Postnatal care** is the care you may receive after birth.



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What is a model of care?

The words **model of care** or **model of maternity care** mean the way your care is organised, who is providing your care and how they are providing it.



Who can provide my maternity care?

A midwife

A midwife is a person who has been educated to care for women during pregnancy, labour and birth and the post birth period. Midwives are registered to provide care to a woman and her baby in a normal pregnancy. Midwives are also registered to provide care for women with more complicated pregnancies by working together with doctors and other health care providers. Midwives can work in **private practice** (self employed) and can work in public and private hospitals. Midwives work in all areas in Queensland including rural and remote areas.

An obstetrician

An obstetrician is a medical doctor who has been educated in obstetric care, including surgery like caesarean sections, after they finish a medical degree. Obstetricians are specialists in caring for women with complicated pregnancies or special circumstances. Obstetricians can work in private practice and can work in public and private hospitals. Most obstetricians are located in large regional centres or cities.

A general practitioner

Some general practitioners (or GPs) have completed additional qualifications in obstetrics or maternity care, while others have not. GPs who haven't completed additional qualifications in obstetrics or maternity care are still able to care for women during pregnancy and after birth. Most GPs don't provide birth care, except in some rural areas where they may work in rural hospitals. A GP who provides birth care is usually called a GP obstetrician.

What is a doula?

A **doula** is a trained birth support person who provides emotional support to women during their pregnancy, labour and birth. A doula does not provide maternity care. In all models of care you may be able to have a doula support you in your pregnancy, birth and postnatal period.

What is a child health nurse?

A child health nurse is a trained registered nurse who has additional qualifications in infant and child health.

A child health nurse is not usually involved in your pregnancy and birth care. However sometimes in rural and remote areas child health nurses may also be qualified midwives. Child health nurses and midwives may work together to provide care after birth.

Child health nurses provide postnatal advice and support in a community setting. Some child health nurses are also qualified lactation consultants.

What are my options for my maternity care?

There are four options for how to be cared for during pregnancy:

This decision aid is not designed to help you make decisions as to whether or not to choose a maternity care provider. The option not to have a care provider at all during pregnancy and/or birth is referred to as a free birth.



Photo courtesy of Deirdrie Cullen

Public care

Option 1

Shared care

Option 2

Midwifery models of care

Private care

Option 3

Private obstetric care

Option 4

Private midwifery care

Will I always be able to choose?

While you always have a choice in your care, there may be things to do with your situation and pregnancy that may impact on your decision. Not all models of care are available in all areas. Some models of care do not cater for women who have certain complications in their pregnancy.

In some situations, your care provider might suggest one option instead of the other. If this happens, you can ask your care provider about the reasons for their suggestion and make decisions as a team. You can choose to follow their suggestion or choose to say no. Some care providers choose not to offer, or are not comfortable offering, all options to women. If you are not able to be offered all options, or the options you prefer, you can ask to have another care provider.

In the next few pages we talk a lot about the chance of different things happening. If you would like help understanding what this means, please visit www.havingababy.org.au/chance

How might I choose my model of care?

Women are more likely to feel positively about their birth experience if they felt supported from their care providers, had a strong relationship with their care providers and felt involved in the decisions about their care during pregnancy and birth [4] **A+**. You might like to consider this when choosing your model of care.

A number of studies have looked at what happens when women have different models of care. We have included some of the results of these studies in the next few pages.

Will the results of these studies apply to me?

Most of the studies we've included are studies of women who were described as **low or moderate risk** (eg women who did not have serious health issues prior to pregnancy). However, every woman's pregnancy is different, so the possible outcomes of each option might be different for you. You might like to talk to the care providers you are thinking of selecting who can give you extra information that is suited to your unique pregnancy. 🗨️

Some of the studies we talk about are better quality than others. Whenever we talk about the results of a study, we give you some idea of the quality, using the following rating:

- A** **A** is given to studies that are high quality. **A** level studies tell us we can be very confident that choosing to do something causes something else to happen. **A+** studies are the very highest quality of studies.
- B** **B** is given to studies that are medium quality. **B** level studies can tell us we can be moderately confident that choosing to do something causes something else to happen.
- C** **C** is given to studies that are low quality. **C** level studies can tell us when things tend to happen at the same time. But **C** level studies can't tell us that choosing to do something causes something else to happen.

Public care

Option 1

What happens if I choose shared care?

What is shared care?

In shared care, your care during pregnancy is shared between your GP and the hospital midwives and doctors. Labour, birth and after birth care is usually provided by the hospital midwives and nurses. If you need extra medical support, the hospital doctors may become involved in your care.

How do I access this care?

GP shared care: To access GP shared care, you will need to find a GP who does maternity shared care and get a referral to the nearest public hospital. Not all GPs offer maternity shared care, so you might want to check with your GP about whether they offer shared care. You or your GP contact the hospital and organise a booking visit. A booking visit is the first pregnancy check-up at your planned place of birth. Usually the booking visit is between 12 and 18 weeks of pregnancy depending on your preferences and the availability of appointments at your hospital.

Public hospital midwife shared care: To access midwifery shared care you will need to find a public hospital that has a midwives' clinic. You might like to ask for midwifery shared care at your booking visit.

Who are my care providers?

In shared care you will usually see your GP or a midwife for most of your pregnancy check-ups and you will see the hospital doctors and antenatal clinic midwives for the booking visit and for check-ups later in your pregnancy. You will usually go to the hospital when you are in labour and will usually be cared for by midwives and doctors who work in the **birth suite** (birthing rooms) and are on duty at the time. These midwives and doctors may be caring for multiple women at the same time. After your baby is born, the midwives, nurses and doctors who work on the **postnatal ward** (rooms for women after birth) will usually work together to look after you and your baby while you are in hospital.

What if I have complications?

If you have, or develop, pregnancy complications, your GP or the hospital clinic may organise for a hospital obstetrician to see you for some or all of your pregnancy check-ups.

If your baby needs extra medical care after birth, he or she will usually be cared for by the hospital **paediatricians** and **neonatologists** (doctors who are child and baby specialists). Your baby may go to a Special Care Nursery or a **Neonatal Intensive Care Unit (NICU)** in the hospital, which is for babies who need a high level of special medical care.

How will I be cared for after birth?

Immediately after the birth of your baby, you and your baby will be cared for in the hospital by the hospital midwives, nurses and doctors. Once you leave the hospital, you can visit your GP or other health care providers for ongoing health care. Your hospital may also offer postnatal midwifery services, where a midwife can visit you at home or where you can come to the hospital or another location to see a midwife. In-home services are available in some places, but not in others. In rural areas there is usually less opportunity for women to have care at home after their baby is born. Your care provider will refer you to child health nursing services for ongoing assistance. Some hospitals have an early discharge program where you can be **discharged** (leave hospital) a few hours after birth. This option may include hospital midwives visiting you at home.

What is the cost of this care?

Shared care is usually free of charge however, there may be some additional costs like parking or transport. Visits to your GP may not be free of charge. Whether you have to pay for visits to your GP depends on whether or not your GP bulk bills. Ultrasound scans and blood tests in the hospital will usually be free of charge. However, if you have these privately, they may not be free of charge.



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Public care Continued...

Option 2 What happens if I choose midwifery models of care?

What are midwifery models of care?

Midwifery models of care refer to models of care where a midwife is the main person providing your care. Usually in these models, the same midwife or group of midwives provides your care. Midwifery models of care can have different names which are described below.

How do I access this care?

Midwifery models of care are available in some public hospitals. To access a hospital based midwifery model of care you will usually need to be referred to the hospital by your GP. You might like to phone your local hospital to see if a hospital midwifery model is available. Contact details for maternity hospitals in Queensland can be found at www.havingababy.org.au. Midwifery models of care are quite popular in Queensland, so sometimes it might take a while before you find out if you have a place. If you are able to get a place, a midwife will contact you and let you know what happens next. Midwifery models of care usually start at around 12–16 weeks of pregnancy. However, some midwifery models don't start until around 20 weeks of pregnancy.

Who are my care providers?

There are different types of midwifery models of care—Midwifery Group Practice (MGP or Caseload midwifery), team midwifery care and birth centre care.

Midwifery Group Practice (MGP or Caseload midwifery)

If you choose to be cared for by a midwife who works in a Midwifery Group Practice model, you will be cared for by one midwife throughout your pregnancy, labour and birth and sometimes after birth. This is known as **continuity of care**.

On your midwife's days off, one or more back-up midwives will be available. This may include when you are in labour. You will normally meet the back-up midwives at some stage during your pregnancy. Your postnatal care is provided by your midwife.

Team midwifery care

Team midwifery care is similar to Midwifery Group Practice. However, instead of having one midwife caring for you, you have a team of up to eight midwives who care for you during pregnancy, labour, birth and after birth.

Birth centre care

Birth centre care is when you are cared for by one midwife or a team of midwives and birth in a birth centre. Therefore, during your pregnancy, labour and birth you can either have a team midwifery or midwifery group practice model of care. In Queensland, birth centres are attached to a public hospital and set up to be like a home environment.

In all midwifery models of care you have your appointments in pregnancy with midwives. When you are in labour you can phone your midwife (or back-up midwife) and they can go with you to the hospital to care for you in labour. You might like to look for hospitals with birth centres at www.havingababy.org.au/birthplace

What if I have complications?

If you have or develop pregnancy complications at any time during your care, your midwife will work together with the hospital doctors or your GP.

Your midwife may be able to continue to provide your midwifery care working in partnership with a hospital obstetrician. Sometimes, women who have pregnancy complications aren't able to access a midwifery model of care.

If your baby needs extra medical care after birth, he or she will be cared for by the hospital paediatricians or neonatologists and may go to a special care nursery or **Neonatal Intensive Care Unit (NICU)** (a unit in the hospital for babies who need a high level of medical care).

Public care Continued...

Option 2 What happens if I choose midwifery models of care?

How will I be cared for after birth?

In most midwifery models of care the length of stay after birth is shorter than in other models (as early as 6 hours and usually within the first 24 hours). After you have gone home from the hospital, your midwife will be available to you 24 hours-a-day by phone. A midwife will usually visit you once a day in the first week to provide care and support. You will usually be able to receive care from your midwife in this model up until six weeks after your birth when you will be referred to child health nurses and your GP.

What is the cost of this care?

Midwifery models of care are usually free of charge although there may be costs such as parking or transport. Visits to your GP may be free of charge. However it depends on whether or not your GP bulk bills. Ultrasound scans and blood tests in the hospital will usually be free of charge, however if you have these privately, they may not be free of charge.



Photo courtesy of Little Posers Photography

What are the differences between midwifery models of care and other models of care?

Studies have found there is a difference between midwifery models of care and other models of care in:

Women who had midwifery models of care...

Women who had other models of care...

The chance of having an episiotomy (a cut made to increase the size of the opening of the vagina) [7] **A+**

-  Women who had an episiotomy
-  Women who did not have an episiotomy

21 out of every 100 women had an episiotomy



25 out of every 100 women had an episiotomy



The chance of going to hospital during pregnancy [3] **A+**

-  Women who went to hospital during pregnancy
-  Women who did not go to hospital during pregnancy

24 out of every 100 women went to hospital during pregnancy



26 out of every 100 women went to hospital during pregnancy



The chance of having a vaginal birth without intervention [8] **A**

-  Women who had a vaginal birth without intervention
-  Women who did not have a vaginal birth without intervention

75 out of every 100 women had a vaginal birth without intervention



71 out of every 100 women had a vaginal birth without intervention



What are the differences between midwifery models of care and other models of care?

Studies have found there is a difference between midwifery models of care and other models of care in:

Women who had midwifery models of care...

Women who had other models of care...

The chance of starting breastfeeding [10] **A+**

 Women who started breastfeeding
 Women who did not start breastfeeding

40 out of every 100 women started breastfeeding



30 out of every 100 women started breastfeeding



The chance of a baby dying before 24 weeks pregnancy [8] **A+**

 Babies who died before 24 weeks pregnancy
 Babies who did not die 24 weeks pregnancy

3 out of every 100 babies died before 24 weeks pregnancy



4 out of every 100 babies died before 24 weeks pregnancy



The chance of having an epidural or spinal block [3] **A+**

 Women who had an epidural or spinal block
 Women who did not have an epidural or spinal block

19 out of every 100 women had an epidural or spinal block



24 out of every 100 women had an epidural or spinal block



What are the differences between midwifery models of care and other models of care? Continued...

Studies have found there is a difference between midwifery models of care and other models of care in:

Continued...

Women who had midwifery models of care...

Women who had other models of care...

The chance a woman will be supported in labour by a midwife she knows [3] **A**+

-  Women who were supported by a known midwife in labour
-  Women who weren't supported by a known midwife in labour

69 out of every **100** women knew the midwife at her birth



9 out of every **100** women knew the midwife at her birth



The chance of having an instrumental birth (where **forceps** (tongs) and/or a **vacuum** (suction) cap is used to help pull the baby out of the vagina) [7] **A**+

-  Women who had an instrumental birth
-  Women who did not have an instrumental birth

10 out of every **100** women had an instrumental birth



12 out of every **100** women had an instrumental birth



The chance of feeling in control during labour and birth [3] **A**

-  Women who felt in control during labour and birth
-  Women who did not feel in control during labour and birth

42 out of every **100** women felt in control during their labour and birth



24 out of every **100** women felt in control during their labour and birth



Studies have found no difference between midwifery models of care and other models of care in:

The chance of having **antepartum haemorrhage** (bleeding from your vagina during pregnancy) [3] **A+**

The chance of a baby dying before, during and after pregnancy [8] **A+**

The chance of having your labour **augmented** (using artificial oxytocins during labour) [8] **A+**

The chance that a women will have her labour **induced** (trying to start labour artificially) [8] **A+**

The chance of having analgesia/anaesthesia [8] **A+**

The chance of having a caesarean section [8] **A+**

The chance of having tears or cuts in or around your vagina [3] **A+**

The chance of having a **postpartum haemorrhage** (losing more than 500ml of blood after birth) [8] **A+**

The average length of time a woman stays in hospital after birth [8] **A+**

The chance of having a baby with a **low birth weight** (less than 2500g) [8] **A+**

The chance of having a baby born **prematurely** (before 37 weeks pregnancy) [8] **A+**

The chance of the baby having a **low APGAR score** (A score to assess a baby's well-being after birth, a score lower than 7 means that a baby might need help breathing) [3] **A+**

The chance of the baby having **convulsions** (fits) [8] **A+**

The chance of having postnatal depression [8] **A+**

The average length of a woman's labour [8] **A+**

The chance that a women will have her **membranes artificially ruptured** (when your care provider makes a small hole in the amniotic sac that holds your baby and the amniotic fluid around your baby) [4] **A+**

The chance that the baby will be admitted to the special care nursery or **Neonatal Intensive Care Unit (NICU)** (a unit in the hospital for babies who need a high level of special medical care) [3] **A+**

The average length of time a baby stays in hospital after birth [4]

My Notes

Studies are not clear about whether there is any difference between midwifery models of care and other models of care in:

What are the differences between birth centre models of care and public hospital models of care?

Studies have found there is a difference between birth centre models of care and public hospital models of care in:

Women who had birth centre models of care...

Women who had public hospital models of care...

The chance that a woman's labour will start by itself

[9] C

-  Women who had a labour that started by itself
-  Women who did not have a labour that started by itself

80 out of every 100 women had a labour that started by itself



64 out of every 100 women had a labour that started by itself



The chance a baby will go to the special care nursery [9] C

-  Babies who went to the special care nursery
-  Babies who did not go to the special care nursery

6 out of every 100 babies went to the special care nursery



10 out of every 100 babies went to the special care nursery



The chance of having an instrumental birth (where forceps (tongs) and/or a vacuum (suction) cap is used to help pull the baby out of the vagina) [9] C

-  Women who had an instrumental birth
-  Women who did not have an instrumental birth

8 out of every 100 women had an instrumental birth



13 out of every 100 women had an instrumental birth



What are the differences between birth centre models of care and public hospital models of care?

Studies have found there is a difference between birth centre models of care and public hospital models of care in:

Continued...

Studies have found no difference between the birth centre models of care and public hospital models of care in:

Women who had birth centre models of care...

Women who had public hospital models of care...

The chance of having an epidural [9] C

16 out of every **100** women had an epidural

32 out of every **100** women had an epidural

 Women who had an epidural
 Women who did not have an epidural



The chance that a woman will not have any tears or cuts in or around the vagina [9] C

The chance that a woman will die as a result of her pregnancy or birth [9] C

The chance that a baby will die during pregnancy or soon after birth [9] C

Private care

Option 3

What happens if I choose private obstetric care?

What is private obstetric care?

Women can choose to be cared for by a private obstetrician and birth in a hospital at which the obstetrician practices. This is usually a private hospital but may be a public hospital. This model of care may not be available in all parts of Queensland as it relies on having a private obstetrician available. In this model, your doctor will be employed by you and not by a hospital. You can choose who this doctor will be.

How do I access this care?

If you choose to be cared for by a private obstetrician you will need a referral to an obstetrician from your GP. You might like to ask your friends, family or your GP about the obstetricians in your local area. Your maternity care will start from the time when you get your first appointment with your obstetrician, which is usually between 9 and 12 weeks of pregnancy.

Who are my care providers?

During your pregnancy you will see your private obstetrician, who may work in a group with other obstetricians. Your obstetrician and hospital midwives will care for you during labour and birth. If your obstetrician is not available when you are having your baby, a back-up obstetrician will be available at the hospital. You may or may not have a chance to meet the back-up obstetrician. You might like to ask your obstetrician if you can meet your back-up obstetrician before your birth.

How am I cared for after birth?

After your baby is born you will be looked after by hospital midwives. You will usually see your obstetrician at six weeks after your birth for a check-up.

What happens if I have complications?

If a complication arises during your pregnancy, labour or birth, your obstetrician will continue to provide your maternity care.

What is the cost of this care?

Private obstetricians usually bill you through Medicare for your care during pregnancy. For your care during birth, you will usually be billed through private health insurance if you have it. There is usually a gap in these payments, even if you have private health insurance, which can be between \$1000 and \$10,000, depending on your private health insurance and your private obstetricians individual fees. You might like to ask your obstetrician about the costs involved with your care at the beginning of your pregnancy.



What are the differences between public models of care and private obstetric care?

Studies have found there is a difference between public models of care and private obstetric care in:

Women in public models of care...

Women in private obstetric care...

The chance that a woman will have an induction of labour [10] **C**

 Women who had an induction of labour
 Women who did not have an induction of labour

38 out of every 100 women had an induction of labour



45 out of every 100 women had an induction of labour



The chance that a woman will have an epidural [10] **C**

 Women who had an epidural
 Women who did not have an epidural

10 out of every 100 women had an epidural



21 out of every 100 women had an epidural



The chance that a woman will have an episiotomy [11] **C**

 Women who had an episiotomy
 Women who did not have an episiotomy

17 out of every 100 women had an episiotomy



33 out of every 100 women had an episiotomy



Private care

Option 4

What happens if I choose private midwifery care?

What is private midwifery care?

In a private midwifery model of care, you will be cared for by one midwife for your pregnancy, birth and postnatal care. If your midwife works in a group practice, you may meet the other midwives who may provide a back-up for your midwife. In this model, your midwife will be employed by you and not by a hospital. You can choose who this midwife will be. In a private midwifery model you can choose to give birth at home or in hospital.

How do I access this care?

If you would like to have this model of care you might need to find out if there is a private midwife in your area. You might like to look on the internet or call the Australian Private Midwives Association or the Home Midwifery Association of Queensland. If there are any private midwives in your area you might like to meet a few and choose the midwife you feel most comfortable with. In a private midwife model of care you can usually choose when you start seeing your midwife.

Who are my care providers?

Your private midwife will provide your care throughout pregnancy, labour and birth and until your baby is around six-weeks-old. Private midwives will usually be on call for when you go into labour. If you develop any pregnancy complications your midwife will discuss with you how hospital doctors can be involved in your care.

If you choose a hospital birth, not all private midwives can provide care during birth. In some hospitals your private midwife may be able to provide birthing care, but at other hospitals your private midwife may only be able to act as a support person during your labour and birth. If this is important to you, before you employ a private midwife you might like to talk about the birth care she/he can provide.

How am I cared for after birth?

After your baby is born, your midwife will continue to care for you and your baby until your baby is six-weeks-old. Usually, your midwife will visit you once-a-day until your baby is a week-old and then you can choose the number of visits you would like per week. You will generally see both your midwife and your GP for a six-week check-up after your birth.

What happens if I have complications?

If you develop complications in your pregnancy you can choose to have a doctor involved in your care who may be a public hospital obstetrician or private obstetrician.

You and your midwife will usually have discussed which hospital you will transfer to if the need arises during your labour. If you choose, your midwife will keep your chosen hospital and doctor updated as your labour and birth progress. In Queensland in 2007, 24 out of every 100 women who planned homebirths transferred to hospital care at some stage during their pregnancy or labour [16].

What is the cost of this care?

Private midwifery models of care usually costs about \$4000 for a birth at home. Some of these costs may be covered by private health insurance if you have it. Some of the costs involved with private midwife care may be covered by Medicare. You might like to ask your midwife about the costs involved in providing your care. 

What are the differences between private midwifery care for a planned homebirth and hospital models of care for births in hospital?

Studies have found there is a difference between private midwifery care for a planned homebirth and hospital models of care for births in hospital in:

Studies have found no difference between private midwifery care for a planned homebirth and hospital models of care for births in hospital in:

Women who had private midwifery care for a planned homebirth...

Women who had hospital models of care for births in hospital...

Women's perceptions of pain during labour and birth [12] **C**

Women rated their experience of pain as **6** out of **10**

Women rated their experience of pain as **7** out of **10**

The chance a woman will have drugs for pain relief [12] **C**

8 out of every **100** women had drugs for pain relief

22 out of every **100** women had drugs for pain relief

 Women who had drugs for pain relief
 Women who did not have drugs for pain relief



The chance that a woman will have an episiotomy [13] **C**

2 out of every **100** women had an episiotomy

33 out of every **100** women had an episiotomy

 Women who had an episiotomy
 Women who did not have an episiotomy



The chance that a woman will die as a result of her pregnancy or birth [13]

The chance that a baby will die during or soon after birth [13]

What are my options in each model of care?

	Option 1: Public shared care	Option 2: Public midwifery models
Availability of water immersion in labour	✓ 	✓ 
Availability of water immersion in birth	✓ 	✓ 
Availability of an epidural	✓ ✓	✓ 
Other drugs for pain relief	✓ ✓	✓
Freedom to eat & drink during labour	✓	✓
Wear own clothes during labour & birth	✓	✓
Flexibility in the number of support people allowed	✓	✓
Siblings allowed to attend birth	pre-arrange	pre-arrange
Freedom to move around during labour		✓
Choice of birth position		✓
Elective caesarean birth (not medically indicated)	✗	✗

What are my options in each model of care?

Option 3: Private obstetric care



Option 4: Private midwifery models



Key

	Always
	Usually
	Not usually, discuss with your care provider
	Few locations
	Not all locations
	Probably not in a birth centre
	Not in all circumstances
pre-arrange	Only if pre-arranged
	Discuss with your care provider
	Drugs such as Panadol® and Panadeine®

How can I make the decision that's best for me?

At the Queensland Centre for Mothers & Babies, we understand that the right decision for you may not be the right decision for others.

When making decisions about their maternity care, some women prefer to get the information and make decisions by themselves or with their families. Other women like to make decisions as a team with their care providers and some women like their care providers to make decisions for them. This decision is yours to make. You might change your mind about previous decisions if you get more information, if your circumstances change or your preferences change. For all decisions before, during and after your birth, you are entitled to know your different options, know what happens if you choose different options and choose the option that is best for you.

Following these steps might help you to make the decisions that are best for you:

Think about the reasons for choosing each option

When making a decision about which option is best for you, it can be helpful to think about the reasons that you personally might choose each option. We have included a table in this decision aid where you can write down both the reasons you might and might not choose each option. You might have come up with your own ideas or have found information somewhere else.

Think about which reasons matter to you the most

Some reasons might matter more to you than others and you might want to give these reasons extra thought when making a decision. There is room in this decision aid for you to mark how much each reason matters to you in a box. Doing this can also help you talk to other people about what matters to you. You might like to use a simple star rating like this to mark how important each reason is:

☐ ★ Matters to me a little ☐ ★★ Matters to me quite a bit ☐ ★★★ Matters to me a lot

Think about whether you're leaning towards one option or the other

Once you've thought about the reasons for choosing each option and how much each reason matters to you, you might feel that one option is better for you. Or, you might still be unsure and want to think about it some more or ask questions. There is a place to mark what you feel about your options within this decision aid. You can also show this table to your care provider to help you make decisions as a team.

How can I make the decision that's best for me?

Reasons I might choose shared care...

Reasons I might choose public midwifery models of care...

At the moment, I am leaning towards...

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Not having shared care				I'm unsure		Having shared care			
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Not having public midwifery models of care				I'm unsure		Having public midwifery models of care			

How can I make the decision that's best for me?

Reasons I might choose private obstetric care...

Reasons I might choose private midwifery care...

Not having private obstetric care

I'm unsure

Having private obstetric care

Not having private midwifery care

I'm unsure

Having private midwifery care

How can I ask questions to get more information?

Asking your care provider questions can help you get the information you want and need. Below are some questions you might want to ask your care provider to get more information early in your pregnancy:

- ☐ Where do you usually provide care to women during pregnancy? During birth?
 - ☐ Do you provide care at a particular hospital for birth?
 - ☐ Do you provide birth care anywhere other than hospital, eg birth centre or home?
 - ☐ Do you usually offer care after birth?
 - ☐ How often do you usually provide care after birth?
 - ☐ How long after the birth of my baby do you provide care?
 - ☐ What happens if my baby and I need more care after this time?
 - ☐ Will someone be available to provide me with in-home after birth care?
 - ☐ Would you do (insert anything you would like to ask, eg induction of labour for prolonged pregnancy) if I asked for one?
 - ☐ How would you feel if I refused any aspect of care that you suggest?
 - ☐ Do you support (insert anything you would like to ask, eg vaginal birth after caesarean)?
 - ☐ What is the chance that I will have you caring for me in labour?

My Notes

Where did this information come from?

The information in this decision aid has come from the best scientific studies available to us. A list of these studies is included below:

- [3] Hodnett, E.D., Pain and women's satisfaction with the experience of childbirth: A systematic review. *American Journal of Obstetrics and Gynecology*, 2002. 186(5, Supplement 1): p. S160-S172.
- [4] Hatem, M., et al., Midwife-led versus other models of care for childbearing women. *Cochrane Database Syst Rev*, 2008(4): p. CD004667.
- [7] Harvey, S., et al., Evaluation of satisfaction with midwifery care. *Midwifery*, 2002. 18(4): p. 260-267.
- [8] Biro, M.A., U. Waldenstrom, and J.H. Pannifex, Team midwifery care in a tertiary level obstetric service: a randomized controlled trial. *Birth*, 2000. 27(3): p. 168-73.
- [9] Homer, C.S.E., et al., Collaboration in maternity care: a randomised controlled trial comparing community-based continuity of care with standard hospital care. *BJOG: An International Journal of Obstetrics & Gynaecology*, 2001. 108(1): p. 16-22.
- [10] Ryan, M. and C. Roberts, A retrospective cohort study comparing the clinical outcomes of a birth centre and labour ward in the same hospital. *Australian Midwifery*, 2005. 18(2): p. 17-21.
- [11] Shorten, A. and B. Shorten, What happens when a private hospital comes to town? The impact of the 'public' to 'private' hospital shift on regional birthing outcomes. *Women Birth*, 2007. 20(2): p. 49-55.
- [12] Roberts, C.L., S. Tracy, and B. Peat, Rates for obstetric intervention among private and public patients in Australia: population based descriptive study. *BMJ*, 2000. 321(7254): p. 137-41.
- [13] Borquez, H.A. and T.A. Wieggers, A comparison of labour and birth experiences of women delivering in a birthing centre and at home in the Netherlands. *Midwifery*, 2006. 22(4): p. 339-347.
- [16] Laws, P. and E.A. Sullivan, Australia's mothers and babies 2007., in no. 23, P.s. series, Editor. 2009, AIHW National Perinatal Statistics Unit.: Sydney.

My questions and notes

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Organisations

Australian College of Midwives (ACM)	Maternity Coalition	Queensland Maternal and Perinatal Quality Council
Caboolture Hospital	Maternity Unit, Primary, Community and Extended Care Branch, Queensland Health	Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
Central Maternity & Neonatal Clinical Network	Midwives Information & Resource Service (MIDIRS), UK	Redland Hospital
Ethnic Communities Council of Queensland	Midwifery Advisory Committee, Office of the Chief Nursing Officer, Queensland Health	Sexual Health and HIV Service
Friends of the Birth Centre Queensland Association Inc	Midwifery Advisor, Queensland Health	Southern Queensland Maternity & Neonatal Clinical Network
General Practice Queensland	Northern Queensland Maternity & Neonatal Clinical Network	Statewide Maternity & Neonatal Clinical Network
Griffith University	Preventative Health, Queensland Health	Stillbirth and Neonatal Death Support (SANDS) Network
Herston Multimedia Unit		The University of Queensland
Mater Mothers' Hospital		

Individuals

Lana Bell
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 Dr Glenn Gardener
 Professor Geoffrey Mitchell
 Rosalie Potter
 Dr Camille Raynes-Greenow
 Assoc. Professor Allison Shorten
 Hayley Thompson
 Assoc. Professor Lyndal Trevena

Other decision aids

- Choices about first semester ultrasound scans
- Choosing how to birth your baby: for women without a previous caesarean section
- Choosing how to birth your baby: for women with a previous caesarean section
- Choosing how you labour will start
- Monitoring your baby during labour
- Choosing your positions during labour and birth
- Choices about epidural
- Choices about episiotomy
- Birthing your placenta

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