



PREGNANCY, BIRTH & AFTERCARE classes

Your time to flourish, grow, enjoy and be.

As indicated in my short video clip- Maternity Care Choices, there are several to choose from!

If you are in Australia, the main types of care offered are listed below. One key difference is that they are either midwifery led care, or medically led care (which is the case in most countries, although the models may have different names).

Consider the questions given in the resources section called 'questions to ask prospective care providers' to help guide you through this step. Most women would usually visit their GP upon wanting to confirm their pregnancy, and it's at this point you could start exploring all what is available in your local area. It is a great early step to take. You can keep seeing your GP, but ideally, you would want to choose and book in with a maternity carer by 20 weeks, or sooner- as they may book out, and you may want to form a relationship, (if you do not know them already) x

Maternity Care Options in Australia are:

Private Obstetrician (OB): If you chose an OB to provide care, they will offer Ante-natal (pregnancy) care usually in their clinic/ or the hospital where they practice. You may also see a range of the midwives who work on staff. Intrapartum (birth) care is provided either in a private or public hospital by the private obstetrician (OB), along with hospital midwives. The OB is generally on call, and will attend when needed. Postnatal care (after baby is born) is usually provided in the hospital by the private obstetrician and hospital midwives and may continue once at home.

Private Midwifery Care: Pregnancy, birth and aftercare is provided by your chosen private midwife or a group of private midwives who are on call for you 24/7. This type of care is often referred to as 'continuity of care'. Private midwives can work with all women, and from home births to supporting women requiring or requesting C-section. Private midwives specialise in normal birth, but work with doctors/obstetricians when there are medical risks (and you are either medium or high risk), so they can remain with you every step of the way. All care can be provided in a range of locations including the home or hospitals.

General Practitioner Obstetrician (GPO) Care: Pregnancy care is provided by a GP Obstetrician and their clinic or hospital midwives. Labour and birth cares will be attended to in a public or private hospital by the hospital midwives on shift, with your/ or a GPO on call if a concern or for the birth. After care is usually provided in the hospital by the GP Obstetrician on daily rounds and hospital midwives, and may continue in the home or community. If the pregnancy is high risk, they can refer to a high risk clinic.

Public Hospital Maternity Care: Pregnancy care is provided in the public hospital clinic called 'out patients'. This clinic is either onsite or in an outreach centre in the community. The clinic is run by midwives and/or doctors on roster, and they will refer you to an Obstetrician/ high risk clinic if medically needed. Birth care and aftercare is provided in the hospital by midwives and doctors. Postnatal care may continue in the home or community by the hospital midwives or community midwives.

Midwifery Group Practice: Pregnancy, birth and aftercare is provided within a publicly funded model, and you are allocated a midwife, with secondary midwife/midwives providing cover and assistance. Midwives work with doctors in the event of identified risks to continue to care for you. Care is usually provided in the hospital or birth centre, with some groups able to provide home care for birth or aftercare. 'Team midwifery' is very similar but usually involves a roster, rather than a specified allocated midwife on call for you.

Shared Care: when a range of practitioners may work together, especially if the woman is living rurally, and care may be limited. In this case, a woman may chose pregnancy care by a local doctor and/or midwife, whilst the birth is planned for a hospital with hospital midwives and doctors. When the woman returns home, care is then continued by the local doctor/ midwife.

Remote Area Maternity Care: Pregnancy and after care is provided in remote communities by a remote area midwife (or a remote area nurse) or group of midwives, who are supported by remote area nurse/ doctor when needed. Pregnancy care may also be provided via on line health service, or fly-in fly-out clinicians. Birth and early aftercare is planned for in a regional or metropolitan hospital (which would mean a temporary relocation prior to labour). Labour care would be provided by the hospital midwives and doctors.

Non-government organisations: (i.e. Aboriginal Medical Service) which may provide a range of varying pregnancy, birth and aftercare options to suit the woman and her family's needs. This will differ between locations and may include community clinics, outreach clinics, in hospital visits, and customer support such as arranging transport and financial assistance.

No Formal Care: when women have decided not to have formal maternity care, and either present to hospital late in pregnancy or in labour, or chose to have an unassisted birth at home, called a 'free birth'.

Choosing the right care for you, is the first step towards having the right support and ultimately the best outcome. Feeling safe, and content in your own way is what's most important. Happy exploring! X

Whatever your circumstance, location or choice for maternity care,

Mama Lee has antenatal classes designed to suit your needs

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