

Get the most out of your care

This information includes:

- thoughts about your relationship with your midwife and doctor
- questions that you could ask your carer about:
 - types of care and appointments
 - tests and investigations during pregnancy
 - lifestyle and healthy pregnancy
 - labour and birth.

Your relationship with your midwife and doctor

How do you get the most out of your pregnancy and birth care?

Surveys of recent mothers in Victoria found that women:

- who felt involved in decision-making about their pregnancy and birth care were more likely to be satisfied with their experience
- want:
 - procedures explained
 - respect, individual treatment and understanding
 - questions answered
 - to be asked about their physical and emotional status.

For more information see the [Victorian Study of Recent Mothers 2000, Mother and Child Health Research, La Trobe University](#).

A repeat survey called "Healthy Mother's, Healthy Families" is being conducted by the Murdoch Childrens Research Institute.

Good communication is the key

Good communication with your midwife or doctor is really important in getting the most out of your care. In most cases, midwives and doctors encourage women to:

- be involved in decisions about their pregnancy and birth care, and
- clarify expectations and preferences.

You can do this during your visits by:

- asking questions - to get information and clarify things you don't fully understand. Write questions down when you think of them, if this helps
- reading
- talking about different options and how you feel about them.

Be careful about making assumptions

Be careful about assumptions. Both women and their caregivers can make unhelpful assumptions about the other. This is especially important if English is not your first language.

Your midwife or doctor may assume you will ask for any information and advice you want. You may assume they will offer you all necessary information and tell you everything you should know. But women:

- differ in their ability and readiness to ask questions
- don't always know what they need to know
- tend to assume 'what is, must be best'.

And since women differ in their need and preference for information and advice, caregivers can't be expected to guess right every time.

Questions you could ask your carer

Research telling us about the questions that pregnant women might have about their care is limited. What is available shows that when women do ask questions, these are more likely to be about issues of immediate concern. You are more likely to raise issues that you are familiar with and over which you expect to have some control.

You might want to ask questions about:

- types of care and appointments
- tests and investigations in pregnancy
- lifestyle and healthy pregnancy
- labour and birth
- parenting and breastfeeding.

[These questions have been endorsed by the Australian College of Midwives Inc. (ACMI) and were prepared by a cross section of midwives from the Consumer Information Working Group (CIWG)].

Questions about types of care and appointments

You may want to ask any or all of the following questions:

- what options do I have? Can I choose who cares for me during pregnancy and where I have my appointments? What is a midwifery model of care and how is it different than care by a doctor or obstetrician?
- what will each option mean in terms of care during birth and after birth?
- how long do I get to stay in hospital or birth centre after my baby is born?
- can I stay longer if I need to?
- how often do I need to come to see you this pregnancy?
- can I change the time of appointments, or have more or less appointments if I need them?
- how long can I expect to wait? How long is an appointment?
- which appointments are most important?

Questions about tests and investigations in pregnancy

You may want to ask any or all of the following questions:

- what tests and physical examinations are standard in pregnancy?
- how do they work?
- Why have them - what are the risks and benefits of each test?
- do I have to have them?
- what happens next if the results are positive? Negative?
- what is the likelihood of getting it wrong - a false positive or false negative result?
- what am I getting into if I go through with these tests?

- what tests are available for detecting abnormalities in my baby?
- if you detect an abnormality, what happens next? What are my options?

Notes about tests and investigations during pregnancy

Guidelines for standard or 'routine' tests

Most hospitals and community-based doctors recommend a standard or 'routine' set of tests and investigations to all women in their care. Unfortunately standard tests vary widely between hospitals and types of care.

The three largest maternity hospitals in Victoria have developed guidelines for pregnancy care, based on the best available research evidence. These indicate what tests and investigations you can expect and when. For more, see the [3Centres "A guide to tests and investigations for uncomplicated pregnancies."](#)

The guidelines cover most, but not all the things that are considered standard in pregnancy and recommend that for every test, women are given appropriate written explanations early in pregnancy as well as the opportunity to discuss the test with their midwife or doctor before it is done.

Types of standard tests and investigations

Standard tests will generally include blood tests, urine tests and ultrasound. Standard investigations will generally include blood pressure measurement and checking the baby's growth by measuring or feeling your abdomen (abdominal palpation).

Most tests and investigations are done at the first two antenatal visits - which should take place in the first three months of pregnancy - to screen for things that may harm you or your baby.

What about additional tests?

Standard or routine tests are for women who are unlikely to experience pregnancy complications. If you have complications, or are considered at risk of developing complications, you will probably have more and different tests than

someone whose pregnancy is progressing 'normally'.

Testing is optional

It is important to know that tests should be offered to you as a choice, and not just done without your understanding and agreement (informed consent). You don't have to have any test if you don't want to. You can ask for a second opinion. You may be asked to sign a form if you decline any recommended tests or investigations stating that you understand the risks and benefits.

Questions about lifestyle and healthy pregnancy

You may want to ask any or all of the following questions:

- what can I do to give my baby the best start in life?
- what do you need to know about my current lifestyle?
- how will things change between now and the next appointment?
- what do I need to watch out for?
- what can I do to take care of myself?
- how will things change after the baby is born?
- what should I do to prepare?

Questions about labour and birth

You may want to ask any or all of the following questions:

Being overdue

- when do you consider a baby 'overdue'?
- what will happen if we wait a bit longer?
- what care will be offered if I decide to wait a bit longer
- what are the options?

Procedures (called interventions)

There are several procedures that you may wish to discuss with a midwife, including:

- induction of labour (starting labour artificially)
- rupture of membranes
- monitoring the baby during labour

- pain relief during labour and how this impacts on your baby and breastfeeding
- use of instruments to assist the birth of your baby (e.g. forceps or vacuum extractor/ventouse)
- caesarean birth and how this impacts on breastfeeding
- tears, cuts and stitches

For each of these, you may wish to ask:

- why would I need this procedure?
- what are the risks and benefits?
- are there alternatives?
- can I do anything to avoid it or decrease my chances of having this intervention?
- what is the hospital policy on this intervention, and what is the likelihood that this will happen to me if I have my baby here (hospital rate)? Is this the same as other hospitals?
- who will do it?
- will it hurt, or affect my recovery?
- will it harm my baby or affect my ability to breastfeed?
- is it likely to lead to further interventions?
- will it affect any other births?

Natural labour and birth

- if I want a natural birth (spontaneous vaginal birth without instruments or drugs) what should I do to prepare?
- do the midwives in this hospital attend many natural births?
- what is the rate of natural births in this hospital/for this doctor?
- how is natural birth supported in this hospital/setting?
- do you accept birth plans?

Facilities and care after birth

- what facilities do you have for women in labour?
- who can I have with me during my labour? Are there any facilities for them? Are there any restrictions on numbers?
- what is the policy for newborn babies? What is done to my baby at the moment of birth?

Will I be able to hold my baby for as long as I want straight after the birth?

- how will you help with breastfeeding and my recovery after birth?
- are there support groups or community groups I can contact if my labour and birth don't go as well as expected?