

Your care during pregnancy

Introduction

The following information describes your care during pregnancy and pregnancy visits. It draws on information and guidelines developed by three of Victoria's leading maternity hospitals.¹

If you are planning to become pregnant or have recently become pregnant, you are advised to also refer to the section "Thinking about pregnancy to the early weeks of pregnancy".

Your care choices

Your pregnancy has most likely been confirmed. The different types of maternity care available are often called "models of care" or "types of care". You will need to choose the type of care that suits you. Most women prefer to have their baby in a hospital and there are a variety of hospital types of care to choose from. Some women consider giving birth at home with a privately practising midwife.

The advantages of pregnancy care

Pregnancy is divided into three periods of time or 'trimesters'. The focus of care differs in each trimester:

- The **first trimester** is from conception to about 13 weeks' gestation. During this time your doctor/midwife will focus on your choice of model of care, promote your health and the health of your growing baby.
- The **second trimester** is from about 14 to 26 weeks' gestation. The focus of care during this time will be monitoring your baby's growth and your wellbeing.
- The **third trimester** is from 27 until between 40 and 42 weeks' gestation. Your doctor/midwife will be monitoring your baby's growth, your wellbeing, and preparing you for the birth and the immediate period following the birth. During the third trimester, you will attend more pregnancy visits to enable more frequent monitoring.

It is important that any problems or complications that arise during pregnancy are managed appropriately. This may necessitate care being provided through a specialist unit.

Number and timing of routine pregnancy visits

During your pregnancy you will have a number of appointments to monitor your health and the health of your growing baby. These appointments are often called pregnancy visits or antenatal appointments.

The recommended number and the timing of routine pregnancy visits in Victoria, for women considered at low risk, is now set at between seven and 10 appointments over the course of the pregnancy.² These visits ensure expert monitoring of your health and your baby's development and are a time when you can access information and have your questions answered.

The number and timing of visits should be flexible to suit you. If you would like additional visits, discuss this with your doctor/midwife. Also, extra visits may be arranged if the need arises.

Your doctor/midwife will give you a schedule of appointments at your first pregnancy visit. Each visit will include a thorough assessment and opportunity for discussion. Some visits will include recommended tests and investigations.

What happens at your pregnancy visits (including tests)

In Victoria, the Three Centres Consensus Guidelines on Antenatal Care (2006) recommend the range of pregnancy visits and associated tests. The Three Centre partners have developed information on each of the visits, the various tests you will be offered and the discussion points for each visit.¹

Booking to have your baby

Most women prefer to have their baby in a hospital setting. Once you have chosen the type of care that best suits your needs and decided where you would like to have your baby, you or your doctor should contact the hospital to advise them of your choice. The hospital will ask you to attend for a 'booking' appointment.

During the booking appointment, the midwife/doctor will:

- record your details and the expected date of your baby's birth
- assess and record your health, previous pregnancy, birth and family details
- assess the level of care you will require
- arrange recommended tests
- provide a list of what you are required to bring into hospital
- answer your questions about the hospital services
- discuss your options in relation to the type or model of care which suits you
- discuss anything you would like to talk about.

Planning for your new baby

During pregnancy it is important for you to begin planning for the time around your new baby's birth.³ This may be discussed initially at booking and in more detail at a pre-admission consultation with a midwife. Your doctor/midwife or hospital should provide you with information about:

- expected length of stay in hospital, as this varies according to the type of care you choose
- discharge procedures
- caring for yourself and your baby.

In Victoria, there are many services available to new mothers and fathers. For example, maternal and child health nurses provide support and assistance to all new mothers, and Early Parenting Centres provide day-stay and residential care for mothers having difficulty with feeding, sleep/settling and behaviour of new babies.

Childbirth education

You and your partner will be invited to attend childbirth education classes. Childbirth education is also known as antenatal classes, parent education, parenting classes.

The hospital where you have chosen to give birth, whether public or private, will conduct childbirth education classes. Private childbirth educators also conduct classes independently of hospitals often in a community setting.

Why should you go to childbirth education?

Childbirth education provides you and your family with information about what to expect during pregnancy, labour, birth and the weeks after birth including caring for baby. It aims to help you make informed choices and to help you communicate effectively with health care providers. Childbirth education will provide useful information on resources and services for pregnancy, labour, birth and the weeks following birth.

What happens at childbirth education?

Childbirth education classes cover a range of topics. Topics usually include:

- physical and emotional changes during pregnancy
- terms and words used in maternity services
- when to come into hospital/seek advice from your doctor/midwife
- support services and community resources
- preparation for birth (including preparation of your home if you intend having a home birth)
- birth process
- various pain relief options available to women in labour
- stages of labour
- variations to normal birth process
- visit to birth suites or birth centre
- postnatal care
- feeding your baby - making an informed choice
- physical and emotional changes after birth
- realities of parenting.

Some facilities conduct special classes, to provide information for specific groups of women/parents. For example:

- twins
- young women
- indigenous women
- women from non-English speaking background
- grandparents
- refresher classes for those not having their first baby.

Childbirth education varies in the number of classes, the timing, the methods used and class size. Classes may be conducted as an intensive one-day program, as two half-day sessions or several sessions over several weeks. Teaching-learning methods include presentations by a midwife, videos, group discussions, role-play, and programs in which you will identify your own learning needs.

The cost of childbirth education

Always ask your maternity care service about fees for classes. If you cannot afford the fee, it is worth asking them if the fee could be waived.

Private hospitals usually charge a fee, but this may be included as part of the total package. Some public hospitals charge for childbirth education.

Private childbirth educators usually charge a fee.

For more information about recommended content of childbirth education sessions, see The Royal Women's Hospital "Having a Good Night Out: Teaching Childbirth Education - Diversity in Practice" (available from The Royal Women's Hospital Childbirth Education).

For locations of a number of community based services in Victoria, type in 'Childbirth Education' at the [Better Health Channel](#).

Consumer rights and responsibilities

Get the most out of your visits to the doctor/midwife

You are entitled to expect and receive high quality services from your health care provider. There are resources to explain both your rights and responsibilities as a health care consumer, for example see [the Public Hospital Patient Charter](#).

To help you get the information you want from your doctor/midwife, you are encouraged to:

- write down questions that you would like answered, between pregnancy visits
- be fully clothed, seated facing the doctor/midwife while discussing your pregnancy
- ask questions
- ask for terms to be explained.

What do I do if I have a problem with the way I am being treated?

If you have a problem, tell the staff. Usually they can resolve it immediately. Most hospitals have a person who is available to all patients, their relatives and their friends if any concern or issue arises. In a public hospital these are sometimes called a consumer advocate or patient representative. The consumer advocate can:

- discuss a problem with you confidentially
- talk with appropriate staff members about your problem at your request, and advise you of the outcome
- give you more information about your rights as parent or guardian of a baby in the hospital
- advise you of consumer advocate services available both in the hospital and in the community.

The consumer advocate can usually be contacted by asking a midwife, doctor or receptionist at the hospital. Otherwise, write to the hospital manager or Chief Executive Officer.

What if the problem has not been addressed to my satisfaction?

If the problem is still not resolved, the matter can be referred to the [Health Services Commissioner](#). This independent agency is available to everyone who has a complaint about a health service provider in Victoria.

Although problems are best solved at the point of service, if you are not satisfied with the outcome you can contact the Health Services Commissioner (Tel: (03) 8601 5200 or Toll Free Tel: 1800 136 066), or write to Health Services Commissioner 30th Floor, 570 Bourke Street Melbourne 3000.

Language/interpreter services

If you require an interpreter let the hospital know at your first contact either in person or by telephone.

Although a friend or relative may accompany you to the hospital including appointments, it is essential that, if you are non-English speaking, you are provided with professional and accredited interpreter services. This is to make sure you are able to understand all information regarding your pregnancy care and have the opportunity to discuss in your own language any issues that concern you. Accredited interpreters are available by telephone if not available on site.

References

¹ Three Centres Consensus Guidelines on Antenatal Care Project, Mercy Hospital for Women, Southern Health and Women's & Children's Health (2006).

² Three Centres Consensus Guidelines on Antenatal Care Project, Mercy Hospital for Women, Southern Health and Women's & Children's Health (2006) Number and timing of routine antenatal visits.

³ Three Centres Consensus Guidelines on Antenatal Care Project, Mercy Hospital for Women, Southern Health and Women's & Children's Health (2006) Discharge planning during antenatal visits.