

# Birth

## What to expect



# Information Guide

## Birth

This guide provides information for Medibank Private members and their families who are expecting or planning to have a baby. The guide includes material on both vaginal and caesarean births.

It is important that our members are well prepared for their healthcare experience, and know what to expect at key stages prior to, during and following the birth of a baby.

It is also important that you discuss your particular circumstances in detail with the healthcare professionals who will be assisting, treating and caring for you. You should be confident in the treatment choices you make with your healthcare team and that they are aware of your individual needs.

The information provided is for general information purposes only and is not a substitute for medical advice. Medibank Private does not recommend or endorse any advice, doctors, other healthcare providers, products, tests, procedures or other general information mentioned in this guide. Reliance on any information provided by Medibank Private is done so at your own risk and Medibank Private takes no responsibility for any injury, loss, damage or other consequences that may result from the use of this information.

The information in this guide does not represent which products or services may be covered under your level of Medibank Private cover. Further, Medibank Private does not pay Benefits for a number of products and services eg. doctor consultations when not admitted to hospital.

As a member of Medibank Private, your entitlement to Benefits will depend on your type (hospital and/or extras) and level of cover and is subject to our Fund Rules and Policies. Premium rates, Benefits and the Fund Rules and Policies are subject to change from time to time. A copy of our Fund Rules is available at our Retail Centres or at [medibank.com.au](http://medibank.com.au).

Call us on 13 23 31 before you go to hospital to find out what you're covered for, any likely additional costs you may have to pay as well as for any other advice you may need.

The information provided in this guide is current at the time of issue, July 2008.

# Birth

## Pregnancy

As you proceed through pregnancy and prepare for the birth of your baby, you will face many choices and decisions. If you choose to have your baby within the private healthcare system you are most likely to be cared for by an obstetrician of your choice. Your obstetrician will usually attend the birth of your baby, assisted by midwives and in accordance with your needs, an anaesthetist and paediatrician may also be in attendance. When choosing an obstetrician, ask which hospitals they work at; this may also be a factor in your decision making.

Pregnancy is the beginning of a 9 month long partnership with your obstetrician as you attend regular check ups of your health and that of your developing foetus. You will also begin a relationship with the hospital you choose for the birth. Many women visit the hospital to familiarise themselves with the environment, staff and facilities and to attend childbirth education classes. More than 90% of women having their first child in Australia attend childbirth education as an introduction to pregnancy, labour and birth, breastfeeding, care of the newborn and the early parenting experience. These classes are also a great way to meet other new parents in your local area.

During childbirth education classes you may discuss writing a birth plan. An increasing number of women nowadays choose to prepare a written birth plan. The plan is developed in consultation with your healthcare team, and sets out the types of support you would like during labour and delivery, including which people will be present, what, if any, pain management is preferred, preferred positions, preparation for labour and birth, and any environmental preferences you would like to have in place, such as your selection of music or aromas.

It is, however, particularly important that you understand that labour and birth may not always proceed as you had planned and that you and your healthcare team should be well prepared for any complication or emergency.

## Labour and birth

Members of your healthcare team should discuss with you during your pregnancy your options for giving birth. You will also have the opportunity to discuss them during childbirth education.

## Referral to a specialist

Most women choose to have an obstetrician as part of their specialist birth team and your GP will refer you to an obstetrician in your local area or at the hospital you wish to attend. It is important that you obtain an obstetrician referral early in your pregnancy, as most obstetricians are often fully booked.

You may wish to locate a specialist online. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists is the peak body for these disciplines. Their website [ranzcog.edu.au](http://ranzcog.edu.au) contains a register of specialists practicing in different localities in Australia.

Cost of care and treatment may also be an important consideration when selecting a specialist. A list of obstetricians who have participated in Medibank Private's GapCover Scheme in the past can be found on our website:

**[medibank.com.au](http://medibank.com.au)**

Note: Specialists can choose to participate in GapCover on a **case-by-case** basis.

More information about GapCover can also be found on our website or in our '*Going to Hospital*' booklet.

It is important to note that should complications occur during your pregnancy, your care may be shared between your GP and obstetrician.

## What should I discuss with my doctor or specialist?

You should discuss broad options relating to the birth, including:

- who will make up your healthcare team
- in what type of facility can you plan to have your baby
- what experience does the obstetrician have, for example number of births performed and outcomes for patients, including complication rates
- what is the obstetrician's approach to childbirth e.g. birthing style or pain management
- how much choice will I have in the decision making process
- which hospitals does the obstetrician attend
- who covers for the obstetrician if he or she is unavailable; will I get to meet him or her?
- what is involved in and how often are antenatal appointments
- what routine tests will be recommended for me, and why e.g. ultrasounds, blood tests
- how will my pre-existing medical conditions be catered for
- can I participate in childbirth education classes
- who will be with me during labour and birth
- what are my options for pain management during labour

- how does the obstetrician prefer to manage labour and birth and how will they accommodate my individual needs
- what is the obstetrician's view on interventions such as induction, episiotomy, vacuum and forceps delivery
- at what point are these interventions considered
- how often does the obstetrician conduct caesarean births and in what situations would they recommend caesarean section
- how do I get emergency care after office hours
- if there are complications, will my baby or I be transferred to another hospital
- what is the expected length of stay in the hospital after the birth
- when I am admitted to hospital, will I have any out of pocket costs, and if so, how much will I have to pay

Discuss with your healthcare team the options and any risks for your pregnancy and birth. Your obstetrician should explain in detail the care you and your baby will receive during the antenatal and postnatal phases, as well as what you can expect during labour and delivery. Your doctor may provide you with written material to read at home.

Your Medibank Private *'Going to Hospital'* booklet contains further questions that you may wish to ask your doctor, including information on obtaining informed financial consent.

### **Where to have your baby?**

Your obstetrician will most probably be associated with a number of hospitals with labour and birth facilities, or a birth centre attached to a hospital. It is important that you discuss with your obstetrician what facilities are available, including the availability of an anaesthetist, paediatrician, special or intensive nursery care and emergency facilities if required.

Before the birth, you might want to arrange to visit the facility you are considering attending.

# Vaginal Delivery

## Antenatal care

Your obstetrician will see you regularly throughout your pregnancy, and more frequently as the birth approaches. Once you and your obstetrician have agreed which hospital you will go to, you need to make a booking for the birth.

## Pre labour

Your body begins to prepare for labour as the birth draws close. Your obstetrician will advise you about signs and symptoms to look for prior to labour and how to respond to them.

## When do I go to the hospital?

If you think you are in labour it is a good idea to telephone the hospital and discuss your labour and its progression with a midwife. Many women choose to spend the early part of their labour at home, during which time they will generally be in telephone contact with the hospital. Contact is usually with a midwife who will talk to you about the length, strength and timing of contractions. You should contact the hospital if you:

- are having regular and strong contractions
- experience any vaginal bleeding or spotting
- feel increased pelvic pressure
- develop lower back pain, or
- your waters break

Your healthcare team should have given you detailed instructions about where at the hospital you should arrive and what things to take with you, for both yourself and your baby. Make sure your personal items for you and your baby are packed well in advance to avoid rushing when the time arrives.

## What happens on arrival at the hospital?

When you arrive at the hospital, you will be admitted and be taken to the birthing suite or birthing centre. Midwives will assess the progress of your labour and prepare you for the birth.

## Labour

Labour generally proceeds in three stages:

- in the first stage, strong regular contractions cause the cervix to become dilated
- during the second stage, the mother pushes during contractions to assist the birth of the baby as it moves down the birth canal. Crowning is the term used when the baby's head is visible at the vaginal opening. Once this takes place the baby will then be born
- the third stage of labour follows the birth of the baby and involves the birth of the placenta and membranes that protected and nourished the foetus in the uterus

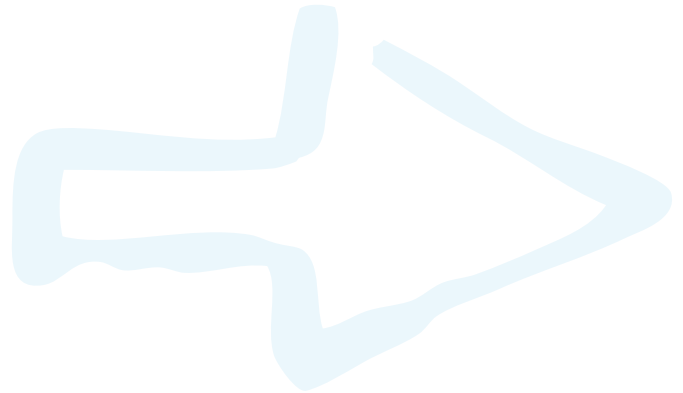
The length of labour varies for individuals and is usually longer for women expecting their first baby. For a first baby, the average length of the first stage is 12 to 14 hours, second stage from 1 to 2 hours, and third stage from 5 to 60 minutes.

With subsequent births, the first stage can be expected to reduce to 6 to 8 hours, while the second and third stages are generally of similar duration to having a first baby.

## Who is involved in a vaginal delivery?

Healthcare professionals usually involved in the delivery are:

- your obstetrician
- an anaesthetist who is likely to be involved and may administer an epidural anaesthetic
- midwives who will be present during the birth and for postnatal care of you and your baby
- an assistant surgeon may be present
- a paediatrician (specialist children's doctor) may be involved
- a radiologist may be involved for X-rays
- a pathologist may be involved if blood tests are required



## **Pain management**

Many women are concerned about the pain of childbirth, so understanding your options for pain management during labour can help reduce any anxieties you may have. You will have many options, including non-pharmacological methods such as position change, heat packs, massage, showers and baths, also inhalational analgesia - nitrous oxide/ oxygen gas mix and transcutaneous electrical nerve stimulation (TENS). Analgesics (ie. pain killers), including pethidine, can be given during some stages of labour and their use and effects should be discussed with your healthcare team. You may have the option of or requirement for an epidural anaesthetic, which will require administration by a specialist anaesthetist. Whilst providing very effective pain relief, an epidural anaesthetic can reduce your ability to push. They also involve risks of specific complications that should be discussed with your healthcare team before labour.

## **Normal vaginal birth**

Most women have an uncomplicated normal vaginal birth where the baby is born with minimal intervention. A vaginal birth has many advantages to mother and infant, including a generally speedier recovery as you start your new family life.

## **Assisted vaginal birth**

Some births require the intervention of the obstetrician to ensure the safe birth of the baby. Vacuum extraction or use of forceps can be employed to assist in the birth of the baby's head if required. It may be useful to discuss with your doctor or midwife the situations when forceps or suction may be used.

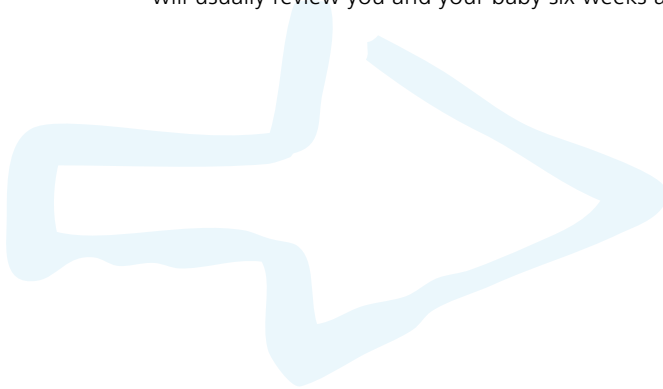
### After vaginal birth

Following the birth, the baby is examined, weighed and bathed, and if there are no complications, you will both transfer to a postnatal ward. Your baby can stay with you in your room.

Most women stay in hospital between 2 to 5 days, although length of stay varies with individual cases. During your stay, hospital staff will assist you with education and support as you learn to care for your baby, especially with breastfeeding, bathing and changing techniques.

### After discharge

Some hospitals provide home visits from midwives to help you adjust to life at home with your new baby. Your hospital should also notify your local Maternal and Child Health Centre (managed by your local council), who may make contact with you at home and arrange a home or first centre visit in your first week at home. Your obstetrician will usually review you and your baby six weeks after the birth.



# Caesarean Section

Caesarean section may be recommended for you if the foetus is in a breech or transverse position, the placenta is positioned very low in the uterus, the foetal head is disproportionately large in comparison with the maternal pelvis or if there is other perceived risk to mother or baby from a vaginal birth. In a caesarean section, the baby is removed through surgical incision to the uterus. You will usually have an epidural or spinal anaesthetic which means you will be awake but pain free to experience those first moments with your newborn. The maternal abdominal incision is horizontal and below the bikini line.

While caesarean section is a frequently performed and relatively safe procedure, it is nevertheless a major surgical intervention with all of the risks associated with having an anaesthetic and a surgical incision. Recovery from a caesarean section will take longer than from a normal birth, hospital stay is likely to be longer and healing of the wound will affect daily life, including lifting heavy objects and driving a car, for several weeks.

In the birthing suite you will be carefully monitored by midwives and other members of your healthcare team.

Once you have given birth, your obstetrician or midwife will probably place your baby on your abdomen and you can cuddle your baby for the first time. At this point, the baby's umbilical cord is cut, and you may be given an injection of the hormone oxytocin to assist the placenta to separate from the uterus and to control any bleeding.

## How long will a caesarean section take?

Time required for a caesarean section will vary with individual circumstances, but usually takes about 45 minutes. The baby is delivered in the first 5 to 10 minutes of the procedure.

## Who is involved in a caesarean section?

Healthcare professionals usually involved in the operation are:

- your obstetrician
- an anaesthetist who will administer an epidural or general anaesthetic
- midwives who will be present during the birth and for postnatal care of you and your baby
- an assistant surgeon may be present
- a paediatrician (specialist children's doctor) may be involved
- a radiologist may be involved for X-rays
- a pathologist may be involved if blood tests are required

## During a caesarean section

When in the operating theatre, you will be prepared, draped and screened before the procedure.

Preparation involves clipping the hair at the incision site area and cleansing the abdomen. You will have a catheter inserted in the bladder and an intravenous drip in your arm. Your blood pressure, heart, chest and oxygen saturation will be intensively and continuously monitored.

When the anaesthetic has taken effect an incision is made through the abdominal wall uterus. The baby's head is delivered through the incision and the baby is lifted from the uterus. Forceps may be used if the baby's head is tightly wedged. Following the delivery, the placenta is removed and the wound closed using either staples or stitches.

## After a caesarean section

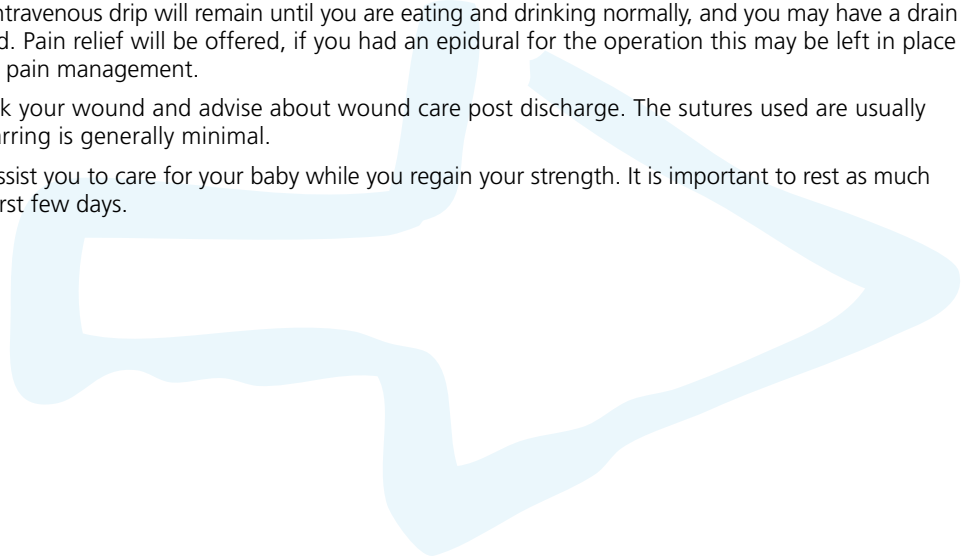
Following the caesarean section you will be transferred from theatre to the recovery ward where intensive monitoring is continued. Your baby will be cared for in the nursery, until you return to the postnatal ward.

After half to one hour you will be taken to the postnatal ward for the remainder of your hospital recovery. It is usual practice for the baby to stay in the mother's room. Length of stay varies with individual cases, however most women stay in hospital for 5 to 7 days.

It is likely that the intravenous drip will remain until you are eating and drinking normally, and you may have a drain tube in your wound. Pain relief will be offered, if you had an epidural for the operation this may be left in place to assist with initial pain management.

Midwives will check your wound and advise about wound care post discharge. The sutures used are usually dissolvable and scarring is generally minimal.

Hospital staff will assist you to care for your baby while you regain your strength. It is important to rest as much as possible in the first few days.



## After discharge

Your midwives and obstetrician should give you detailed advice about your care once home. However in general, you should eat a healthy diet, drink plenty of water, avoid heavy lifting, do your pelvic floor exercises as recommended and when you are ready, go for a gentle walk each day, preferably with your baby.

## Further information

There is a wealth of information about pregnancy and childbirth available from your library, bookshop and online. Some good websites to source information are:

**[www.acmi.org.au](http://www.acmi.org.au)** – the Australian College of Midwives site has a section for women with information on midwives, childbirth, evidence based care and a good reading list.

**[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)** – this Victorian Government site has up to date information on all aspects of pregnancy, childbirth and early parenting.



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