

# Right Birth – Your Choice Workbook



*Maternal Health Matters Inc.*

## Acknowledgments

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We thank the women of Australia for inspiring us to produce the Right Birth – Your Choice Video Series and Workbook.

We also acknowledge all who are committed to achieving respectful maternity care for all women; your advocacy and research informed this document.

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## **Dedication**

The Right Birth – Your Choice video series and workbook is dedicated to all the women of Australia.

Our vision for you is that every pregnant woman and newborn infant will receive *respectful maternity care* informed by reliable evidence and rediscover pregnancy as a family joy not as an illness to be treated. Where all health professionals ensure that they provide evidence based respectful care and that you are empowered to be equal partners in this process.

We are committed to putting dignity, quality and humanity back into maternity care through educating the public, pregnant women, health professionals and policy makers on the importance of Respectful Maternity Care and ways to achieve respectful and dignified maternity care.

## **Disclaimer**

This document provides reliable evidence information to assist you to be informed. Nothing in this document should be construed as advice from a Health Professional (HP). This document is strictly intended to provide information regarding its subject matter and may not apply to you as an individual. It is not a substitute for your own Health Professional's advice. If you require maternity care, please see a midwife or a doctor.

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<https://www.healthpolicyproject.com/index.cfm?id=RMCCCharterJune2012>

## Introduction

*The powerful experience of conceiving and sustaining a child within our bodies, labor, birth and the first welcoming of our newborns is a remarkable passage [in a woman's life](#).*

The birth of a child is a time of new beginnings, of fresh hopes and new dreams, of change and opportunity. It is a time for women when the experiences we have can shape our lives and those of our babies and families forever. For some it will be the biggest moment of their lives.

A woman's body is amazing. Women grow humans. Women Make New Life. It is no mean feat, and don't let anyone tell you otherwise. Your body is designed to do it; your body can do it. The changes that happen in a woman's body during pregnancy, labour, birth and afterwards is awe inspiring.

In an era of advanced knowledge, technology, and experience, birth should be easier, gentler, a more enjoyable, natural experience, the way it was intended to be? We think it sad that a lot of women, especially first time Mum's, are experiencing traumatic labours and births. That there is a culture of fear surrounding pregnancy. Why is this becoming the "norm"?

While Australia is one of the safer countries in which to have baby, unfortunately this is matched by one of the world highest intervention rates. No intervention comes without risk and often women and newborns are bearing the consequences of the interventions.

Is it ok for our health system to adopt the attitude of "if the mother and baby are alive at the end of it all – it was a success?" We agree with the World Health Organization (WHO) we need to [go beyond survival to see more women having positive experiences](#) during their antenatal, birth, and postnatal care. Women should not only have care that's safe, but also care that's supportive and empowering. Care that affirms the dignity of every mother, everywhere, every time. This means

recognizing that it's not an illness to have a baby — pregnancy is a normal body function.

We are providing this workbook and video series as we are aware that many women and their families right now appear to lack access to crucial information to make maternity care related decisions. In order to improve pregnancy and birth outcomes in Australia women have a right to reliable information to make informed decisions on their preferred maternity care.

This workbook and video series is based on the principles of Respectful Maternity Care. We aim to provide you with the knowledge to achieve respectful maternity care through supporting your capacity to make informed decisions.

While we cannot guarantee you will have the pregnancy you plan, we can help you maximise your capacity to be a key informant in your care.

Objectives:

- Promote physical, emotional and psychological wellbeing women and their families;
- Enhance the resilience and confidence of those who are preparing for pregnancy and parenting;
- Promote dignified, respectful maternity care;
- Support the transition to maternity care and parenting within a whole of life perspective; and
- Bring attention to our community of how our modern societies and cultures impact on women, their capacity for childbearing and the role of mothering.

## EVERY BIRTH IS UNIQUE

Some labours progress quickly, others don't.  
Unnecessary medical interventions  
should be avoided if the woman  
and her baby are in good condition.



## Your wellbeing and maternity care

Here, we explore pregnancy, birth and after the birth:

- Maternity as a process;
- Women's wellbeing and safety
- Women's rights and responsibilities in maternity care and
- Respectful Maternity Care

### **Pregnancy as a life event**

Maternal health is an indicator of community health. One of the smartest investments a society can make is to foster the health of its mothers. Healthy mothers raise healthier children, which boosts the productivity and stability of communities and economies. We need to embrace the continuum of mother and child health so as to achieve full health benefits for mothers, children and their families across their lifetimes. If we get maternity care right that is the foundation for closing the gap for all Australians.

The [World Health Organization's \(WHO\) definition](#) of *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.* We all have a right to be informed of and to have access to safe, effective, affordable, acceptable and appropriate maternity care services as well as maternity and parenting education. This will provide couples with the best chance of having a healthy infant

Having a baby is an important event in anyone's life. It is also a rite of passage, with deep personal and cultural significance for a woman and her family.

- Pregnancy, birth and becoming a mother are for most women, both a time for extraordinary joy & a time of intense vulnerability.
- Pregnancy and birth is exciting and uncertain but not dangerous for the majority of women.
- For some women, however, the experience of childbirth is frightening and may become life-threatening.

Your experience of maternity care has long-lasting consequences for your physical and emotional health and wellbeing. The events surrounding pregnancy, birth and mothering will influence your birthing career, your mothering career, your future health and your child's future health.

Pregnancy and birth is not an illness, nor is it just a physical act, it is also an emotional, social, spiritual and psychological act.

*Pregnancy, spontaneous labour, spontaneous birth and recovering from birth in a normal woman is an event marked by a number of processes so complicated and so perfectly attuned to each other that any interference will only detract from the optimal character. The only thing required from the bystanders/HPs is that they show respect for this awe-inspiring process by complying with the first rule of medicine –do no harm. Kloosterman, 1982.*

Research has consistently shown that two of the most important factors in ensuring positive experiences of childbirth are:

- Having supportive and respectful relationships with HPs; and
- Your sense of control over decisions made during pregnancy and birth.

### **Women's safety and wellbeing - physical, emotional, social, cultural, spiritual.**

Maternity care must enhance both your well-being and safety; optimizing physical, emotional, and social processes in pregnancy, childbirth, and the postnatal period.

### **The right maternity care**

The focus of maternity care should be on "*right care*," which is quality care that is tailored to your individual needs, weighs the benefits and harms, is woman-centered, focused on your needs, provides continuity of care and is informed by evidence, including cost-effectiveness.

To be safe you need woman-centred care – care that focuses on your unique needs, expectations and aspirations; recognises your right to self-determination in terms of

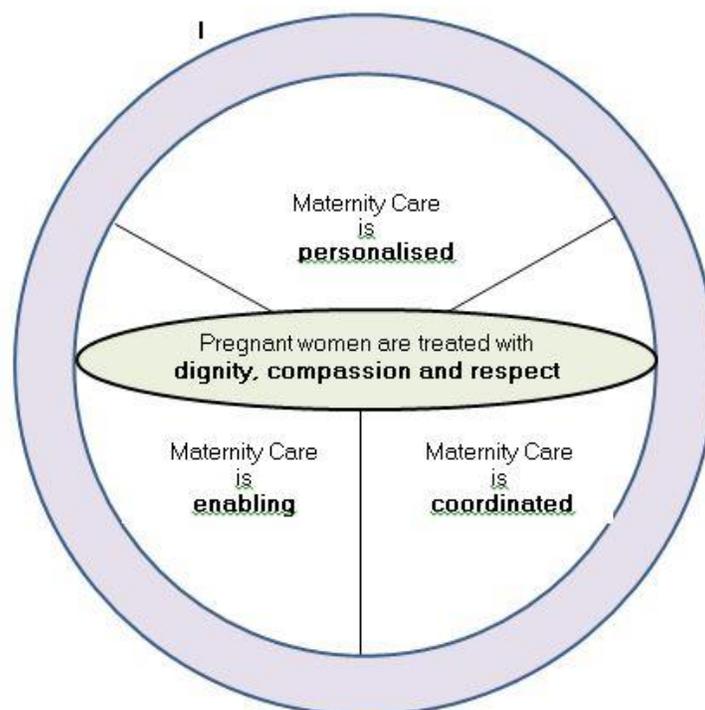
choice, control, continuity of carer; and addresses your social, emotional, physical, psychological, spiritual and cultural needs and expectations.

Extensive research evidence shows that the right maternity care achieves the best outcomes and focuses on:

- building your knowledge and confidence,
- the knowledge, technical skill and values of the HP, and
- a positive interpersonal relationship between you and the HP.

All women have a right to care that is tailored to your specific needs, from skilled HPs which is respectful and supportive of you and your newborn. This care should strengthen your capabilities and confidence for the birth processes, and promptly identify and treat concerns for the minority requiring interventions. This care will enhance your health and well-being in the short and longer term and promote a positive transition to mothering.

#### The Principles of Woman-Centred Maternity Care



The World Health Organization (WHO) has recognised that childbirth has become over-medicalised particularly in the case of low risk pregnancy and that the caesarean section rate worldwide is much higher than it needs to be. They state - in normal birth there should be a valid reason to interfere with the natural process; 85% of births do not require interventions. As caesarean section rates rise towards 10% across a population, the number of maternal and newborn deaths decreases. When the rate goes above 10%, there is no evidence that death rates improve.

HPs and health systems need to ensure that all women receive high-quality, evidence-based, equitable and respectful care. The right amount of care needs to be offered at the right time, and delivered in a manner that respects, protects, and promotes human rights.

All women require compassionate and skilled professionals to support her to make safe choices and to use their skills when clinically indicated with compassion, not for their own convenience.

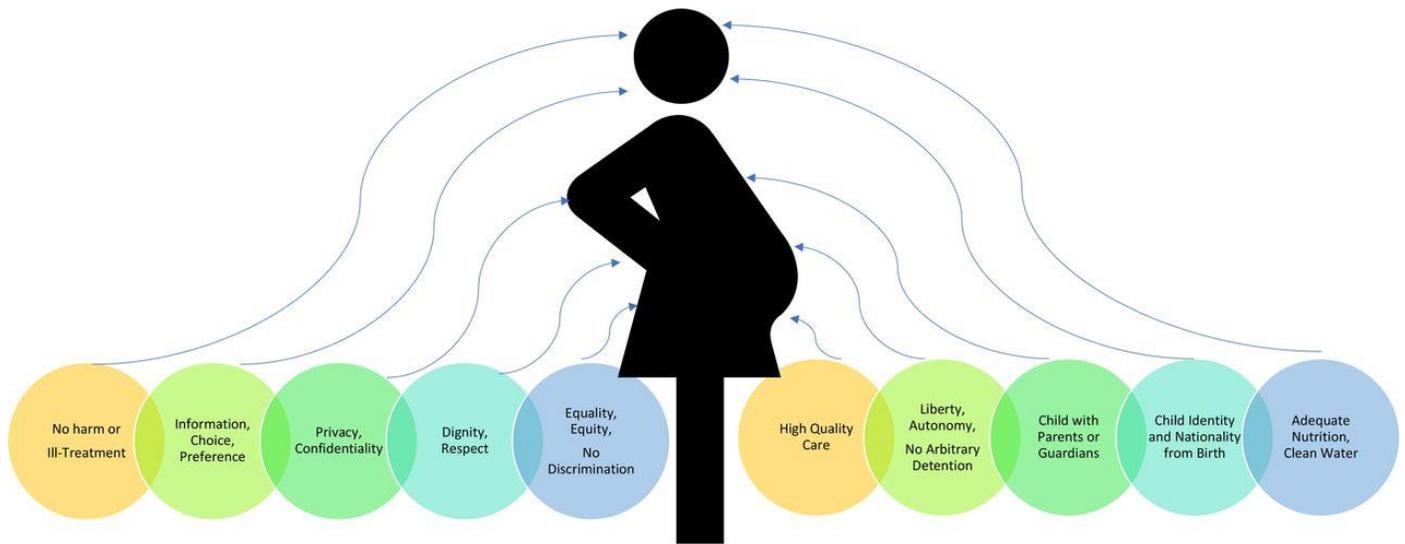
### **The impact of culture**

The culture of our society may impact on the care you receive. It must be acknowledged that a woman and her unborn baby do not exist independently of the woman's social and emotional environment, and effective care incorporates this understanding in the assessment, planning, implementation and evaluation of pregnancy care, as per the Australian Pregnancy Care Guidelines.

Cultural safety is when your environment is spiritually, socially and emotionally safe, as well as physically safe; where there is no assault, challenge or denial of your identity, of who you are and what you need. Most importantly, you define the elements of your safety.

Cultural safety also recognizes the expression of power inherent in any interaction and the potential for disparity and inequality within any relationship. Cultural safety requires HPs to acknowledge that the imposing of their own cultural beliefs may disadvantage you is vital to the delivery of culturally safe care.

## The Elements of Respectful Maternity Care



## Respectful Maternity Care

<https://bmjopen.bmj.com/content/12/9/e064731>

### **Maternity and mothering are women's issues.**

As maternity and motherhood is specific to women; issues of gender equity are at the core of maternity care and mothering. Women frequently experience the interconnection of gender, social, professional, and economic disempowerment. Too many think they have a right to dictate a woman's choices in birth, no one considers it their responsibility to pick up the pieces afterwards, particularly when, even with the best of intentions, things go wrong. Applying the principles of Respectful Maternity Care in a partnership between women and HPs reduces these effects.

## **Your rights and responsibilities in maternity care**

Everyone seeking or receiving maternity care has certain rights and responsibilities.

Your rights include:

- The right to access care, safety, respect, communication, participation, privacy and to comment on your care.
- Your right to respect, dignity and consideration means you will be treated in a manner that shows courtesy and consideration for your culture, beliefs, values and any personal characteristics, such as gender or disability.
- The human right to influence the care you receive and the right to be included in decisions and choices about care. While pregnancy increases your personal responsibilities, it does not diminish your right to decide whether or not to undergo medical treatment. Your rights in relation to decision making include your physical integrity, self-determination, privacy, family life and spiritual freedom. Women tell us that it is very important that they are included in decision making during pregnancy, birth and postnatal care.
- A right to personal information being kept private and confidential.
- A right for the confidentiality of your condition to be maintained.
- A right to Cultural safety.

Everyone has an important role to play in achieving healthcare rights and contributing to safe, high quality care, including you. With rights come responsibilities. You have a responsibility to:

- treat others with respect,
- tell your care provider about relevant matters relating to your own health including any changes or symptoms and any religious or cultural beliefs make it difficult to have treatment
- contribute by being open and honest.
- ask questions when you do not understand
- tell your care provider if you do not know what is expected of you;

- accept responsibility for consequences should you refuse intervention or not follow advice, and
- if you choose to be treated as a private patient you are responsible for the cost.

### The Elements of Dignity



### **Dignity and respect at the heart of care**

*Excellent maternity care has a unique ability to dignify.*

*It can make women feel valued, respected, honoured and seen.*

1

<https://www.healthwatchbucks.co.uk/>

## **Dignity in Pregnancy**

Article 1 of the [Universal Declaration of Human Rights](#) states that "All human beings are born free and equal in dignity and rights'. Australia is signatory to the Universal Declaration of Human Rights and is obliged to promote, protect, and fulfil the right to health; this includes maternal and child health.

Dignity is to maternity care, what justice is to law. Dignity is a touchstone/hallmark concept in human rights, ethics, politics, philosophy and Respectful Maternity Care. Human dignity is inalienable right, based on the inherent human worth of a person.

Dignity as an internal state of peace, that comes with the recognition and acceptance of the value and vulnerability in all humans. In maternity care this dual focus on your value and your vulnerability is key to the concept of your dignity, where the recognition of your value is grounded in the acknowledgement of your vulnerability to injury and humiliation. Dignity is evidenced by the values of respect, kindness, understanding, tolerance, and compassion.

*We all know a loss of dignity when we see it or experience it.*

Dignity is the opposite of humiliation and shame. Dignity describes the felt experience of being valued while the innate human vulnerability to shame and injury is acknowledged and addressed.

In maternity care, dignified environments and processes are those in which both the woman's values and vulnerability are acknowledged and accommodated simultaneously, where she is recognised, understood, treated with safety, fairness, respect and accountability

It's such an important message for all involved in maternity care to remember they have an obligation to safeguard dignity, that compassion and respect sits at the very heart of good care and preventing harm.



# Respectful Maternity Care is about YOU

**your voice**  
is heard  
and respected

**your decisions**  
are sought  
and supported

**your options**  
are understood  
and available

**your time**  
to consider care  
that is safe to you



find out more with the  
Maternal Health Toolbox  
[maternalhealthmatters.org.au](https://maternalhealthmatters.org.au)

<https://maternalhealthmatters.org.au>

## Respectful Maternity Care

Every woman has a right to Respectful Maternity Care (RMC). Respectful Maternity Care recognises your individual needs and your desires for pregnancy, labour, birth and transitioning to mothering. It is an approach focusing on factors that support human health and well-being.

*No matter what happens during pregnancy and birthing, you deserve connection, effective communication, respect, dignity and emotional support.*

The Respectful Maternity Care framework is grounded in law. Law matters. It's not just about personal opinion. It's not about professional opinion. It's about right and wrong, what is lawful and what's not lawful. The Charter says very clearly, "Look, you can't say you didn't know. Said plainly and clearly, are the minimum standards that every woman is entitled to enjoy as she goes through the experience of maternity care". For example: element one of the Respectful Maternity Care is the right to be free from harm and ill treatment. This element is rooted in the convention against cruel, inhumane and degrading treatment and against torture

The elements of RMC are:

- being free from harm, ill treatment or coercion;
- maintaining privacy and confidentiality;
- preserving women's dignity; as she is worthy of honour or respect.

*Dignity is a legal principle enshrined in human rights law. Dignity reinstates the woman as the central agent in childbirth. Dignity demands that care givers treat her as a person worthy of respect and capable of making her own autonomous decisions about birth.*

- early provision of information to make an informed decision,

*You are capable of making your own autonomous decisions, and Not involving you fully in decision making, results in your discomfort and disempowerment = disrespectful care*

- respecting women's informed decisions - they strengthen her confidence;
- ensuring continuous access to family and community support;
- enhancing quality of physical environment and resources;
- providing equitable culturally sensitive maternity care; that is valued by the woman and her community
- working in partnership and creating connection through effective communication.

*Connection is the relationship that exists when you feel seen, heard and valued; when you can give and receive without judgment; and you obtain support and strength.*

- availability of competent and motivated human resources;
- provision of safe, appropriate, efficient and effective care - physical, emotional, psychological and spiritual well-being; and
- receiving continuity of carer.

*Without respectful maternity care, women are not safe.*

RMC is not only a crucial component of quality of care; it is a human right. The [WHO has included RMC as a core competency in their 2016 standards](#) for improving quality of maternal and newborn care in health facilities.

No matter the progress of your pregnancy, you are entitled to empathy, to be heard, respect for your decisions and to be honoured during this special life event. You should know and understand that you are entitled to receive maternity care that at its core provides kindness, understanding, tolerance, and compassion.

*Respectful maternity care is when you are enabled, informed and afforded agency.*

What does this look like?

*As [Kate Freeman](#) said - Take a breath folks, and be aware that when you enter our birth suite, you are walking in on the biggest moment of our*

*lives. Say please and thank you, ask our permission to carry out medical exams, explain the procedure and its pros and cons. Let us discuss it with our partners and make a decision. Answer our questions. Seriously, if the girl who gives me a brazilian once a month can knock and ask if I'm ready to go, so can you!*

## **Reflective Exercises**

### **Activity:**

In the past, how have you prepared for the important events in your life – a new job, travelling, living with someone, a marriage? These skills will help you in preparing for pregnancy and transitioning to parenting.

Let's use the analogy of applying for a new job. It is hoped that the analogy will enable you to think and feel creatively and with some objectivity about your pregnancy.

*It's interesting that when we are embarking on something new, we think it's good at the time, and then sometimes we begin to wonder if it will be as good as we hoped it would be.*

It's like going for the job of your dreams. You write up a great application against the criteria, you sound it out with someone you are close too, then you're at the stage where you're ready to apply for the job.

So, imagine that becoming pregnant and having a baby is like a career, a birthing career and you're going to join the worldwide organisation, Birth Inc.

- What motivates you to start this new career in childbearing?
- What's in your CV that prepares you for birthing a baby and becoming a parent?
- What knowledge, skills and abilities do you bring to this new career?

- Name three things that could be new learning for you in this job and how you can support yourself in your new learning?
- In your new role, you'll be dealing with HPs. Name the qualities you have that help you relate with them. What qualities do you want *them* to have? How will you know they have them?
- What brings out the best in you and how will you bring that to your birthing career?
- Who are my supports and how can I best include them?
- What do you need to bring a sense of joy and empowerment to this new role? Remember, it's not all just about hard work.

*There's no right or wrong answer, you may never have previously considered these questions so just have a go and see what comes out.*

## **Reflection**

*I need dignity because I am a person, not a bump, and I have hopes and fears*

*I need kindness because I'm becoming a mother, because the life inside me is becoming a new member of our world*

*I need respect because I am growing a baby inside me, because I'm currently more than one human being but not yet two,*

*I need compassion because I am frightened that I do not know how to do this and that I may not good enough.*

*I need support because though I am strong I am also vulnerable.*

*(Adapted from a [Poem by Catherine Grosvenor](#))*

## **Videos to watch**

- [The Right Birth Your Choice Video](#)
- [Respectful Maternity Care](#)
- [The Right to Respectful Maternity Care – 2016 Options](#)
- [Has Improving Infant Mortality Led to the Neglect of Maternal Health?](#)

## **Reading**

- [Respectful Maternity Care – Maternal Health Matters Inc.](#),

## **Resources**

- [WHO recommendation on respectful maternity care during labour and childbirth](#) (2018)

## The Elements of Cultural Safety



Image: [Dr Katharine McKinnon](#) Birthing Work: The Collective Labour of Childbirth

## **Culture and its impact**

This session will explore the influence of culture on your wellbeing and safety. We explore the:

- Influence of family and society
- The culture of fear and fear versus empowerment
- Respecting and valuing the differences in our roles

### **Family and Society**

Family and culture play a major role in the way you perceive and prepare for pregnancy, birth and mothering.

Each family has its own values, beliefs and practices related to pregnancy and birth.

Each culture also has its own values, beliefs and practices related to pregnancy and birth

Your partner's feelings, experience and perceptions can affect your birth plans. Some partners will have confidence in your ability to grow and give birth to a child. Others will bring fear, others calm, some disinterest and others may be controlling. This will influence your experience of the pregnancy, birth preparation and eventual birth.

The experiences of your mother, aunts, sisters, close friends and co-workers will influence your perceptions of pregnancy and birth. Women surrounded by positive birth stories that welcome birth and are more likely to choose natural birth. Women who hear less positive and even traumatic experiences, will be more vulnerable to interventions.

Pregnancy and childbirth are social events in that they take place within a social system and are understood within a cultural value system. What singles out pregnancy and childbirth is the exclusively gendered nature of the experience.

A common thread in culture is that of the domination of a patriarchal culture which has appropriated, controlled and organised, this female experience. The dominant cultural view of pregnancy and birth stems from a patriarchal attitude: that pregnancy is an illness and that women must be submissive, passive, and let the experts who know better do the work. The nature of this power relations affect negatively how pregnancy and childbirth are experienced by women.

### **Culture of fear**

Fear is the enemy of the pregnant birthing woman. It stops the essential oxytocin (love hormone) that you need to give birth to your baby, to successfully breastfeed, and to transition to parenting. All women need to feel safe and comfortable in order to labour normally.

Today women have maternity options greatly improved from past generations. However, the fear of childbirth is more pervasive than ever. This decline in cultural and individual confidence in women's birthing capacity seems paradoxical in view of women's improved education, health and living conditions and along with their increased social voice and achievements.

Why is this so? We know fear is at an all-time high in a society, yet "the only thing we have to fear is fear itself". It is important to understand that fear is destructive, causing worry and anxiety, killing confidence and optimism.

There are many types of fear - fear of neglect, fear of being alone or abandoned, fear of the unknown, fear of trauma. All women face universal questions such as: Will I be able to do this? Will labour be too hard? What if something happens to my baby or me?

While some fear may be protective, not addressing fear can have a negative impact on your psychological well-being during pregnancy and on your experience of birth and early mothering. Resolving fear is important when approaching your own pregnancies and birth, especially for labour so can commence unhindered by high levels of good hormones

You need to trust yourself and it is the role of HPs to foster this confidence. Therefore you need maternity care that addresses the causes of fear and minimises its impact.

Fear itself has too often resulted in controlling hospital policies and controlling HPs. This emphasises and strengthens the power of the health services and HPs, silencing the women receiving the care and simultaneously increasing their fear. This is a violation of human rights and not at all considerate of you and women.

Trust your body, know your choices & rights and choose a care provider who will use their skills to support you. Put your fears aside and let your body do its job.

### **Remedy for the Culture of Fear**

Communication and compassion are important to alleviate the fear women have as they experience pregnancy by meeting the underlying essential human need for connection, respect, and to feel safe and supported.

Childbirth intensifies these needs. Childbirth creates particular vulnerability: psychologically; physically; and hormonally, alongside the potential for suffering and pain, all compounded within the complex, risk-focused culture of modern maternity systems, which feed fear for the woman seeking safety. Psychological wellbeing needs must be placed as at least equal to physical wellbeing in order to drive forward essential change.

Compassion from a HP reduces women's fears and anxieties and helps you feel more able to cope.

Respectful discussion between you and your care givers during maternity care are not 'optional extras'. The quality of these interactions is critical to your psychological wellbeing and your psychological wellbeing has a direct impact on physical birth processes and outcomes.

## **Culture of Disrespect**

*Culturally competent care respects the beliefs and values of all, no matter their race, ethnicity, sexual identity or religious background.*

[Systemic disrespect occurs when institutions](#), HPs or governments discriminate, either deliberately or inadvertently against women. This form of disrespect reflects the cultural assumptions and societal practices of a dominant group – in this case HPs and policy makers; so that their preferences and practices are seen as the norm to which women should conform,, strengthening their image and power at the expense of the woman. Systemic disrespect regularly and systematically disadvantages childbearing women.

These harmful effects are impacting on maternity services with unacceptable rates of maternal harm and limiting women's choice of care provider and place of birth options. If pregnant women cannot choose freely how to birth, speak to their choices, be respected as competent and have their autonomy respected, then we are doing a disservice to women.

This abuse and disrespect, can vary from verbal insults to a refusal of information, not being listened to and not being engaged in decisions, authoritarian behaviour, such as forced immobilisation, forced monitoring, an unwanted vaginal examination or episiotomy, or a refusal of pain relief – that is any act that forces the pregnant woman to undergo something against her will or which strips her of her dignity, including the problem of obstetric violence that arises in the context of over-medicalising birth & coercive control.

## **The medicalisation of childbirth**

*Just because you're pregnant, doesn't mean you're sick!*

*Pregnancy is not as an illness to be treated*

The best maternity care is access to the level of care you need, with the ability to accelerate, deaccelerate or stay at the same level, rather than fitting into an inflexible model that services provide or a model that best serves the practitioners to the detriment of the birthing mother and baby.

*We live in a consumer society that identifies with the more we spend, the better service we get. But that's not always true when it comes to birth.*

Over medicalization of childbirth is an important concept to consider in improving your health and your baby's health.

The evidence is overwhelming that the wealthier you are and the better educated you are, the more likely you are to be healthier; therefore, the more likely you should be to have low intervention.

In Australia that is directly inversed: the healthier you are and the wealthier you are, the more likely you are to have high intervention in birth. It is just wrong. With that comes a consequence for the mother, the baby and the family. If the principles and practices of respectful maternity care are applied, those rates can be turned around, and that interventions can be provided readily and easily for those women that really need them.

Although technological advances in maternity care have drastically reduced maternal and infant mortality, more recently these interventions have become commonplace if not routine. Used appropriately, they can be life-saving procedures. However, routine use, without valid indications, can transform childbirth from a normal biological process and family life event into a medical or surgical procedure. This has resulted in two extreme situations existing maternity care: [too little, too late \(TLTL\)](#) and [too much, too soon \(TMTS\)](#).

TLTL describes care with inadequate resources, below evidence-based standards, or care withheld or unavailable until too late to help. TLTL is an underlying problem associated with high maternal mortality and morbidity.

TMTS describes the routine over-medicalisation of normal pregnancy and birth. TMTS includes unnecessary use of non-evidence-based interventions, as well as use of interventions that can be lifesaving when used appropriately, but harmful when applied routinely or overused. As hospital births have increased, so does the recognition that TMTS causes harm and increases health costs, and often concentrates disrespect and abuse. Unfortunately, TMTS is a common experience for Australian women and newborns.

***Do you know which level of care has the best outcomes in birth?***

## **Reflective Exercises**

### **Activity 1 – Videos reflecting culture**

Watch the videos in the links below, discuss your reaction and the key messages are you taking away from these trailers?

[From Fear to Empowerment](#) (2:08 minutes) Fear is the enemy of the pregnant birthing woman. It stops the essential oxytocin (the love hormone) that you need to give birth to your baby.

[Face of Birth](#) (4:08 minutes) - With choice comes more responsibility. Whichever way you choose to give birth, you should have the right to free choice. What did you hear gets in the way of the right for mothers to choose the birth they want?

[The business of being born](#) (2:33 minutes) - What kind of culture around birth do you think this creates? What are some factors that are repeating in what you're seeing and hearing?

[Birth Time](#) (3:50 minutes) - How does this video inform the type of maternity care you will choose?

## **Activity 2 – What sort of maternity care do I need and want**

Let's use the analogy of buying a car. It is hoped that the analogy will enable you to think and feel creatively and with some objectivity about your pregnancy. You decide to buy a car, so you can have reliable access to transport.

So, let's take a moment to consider the kind of car you want and which professional you will need to engage when buying your new care

You need some professional expert advice to help you achieve your dream, so you select a motor mechanic and a car dealership and start to develop relationships with them. As experts in their respective fields, they come in with their own agenda and ideas.

To ensure they support you to purchase a car that you want and can afford, you need to be clear about what you want, otherwise they'll shape your decision for you and you're going to live with this decision for a long time, having invested a lot of resources into it.

- What is your vision?
- What if the motor mechanic appears wary or will not comment on your vision.
- What if the car dealership says to go for a quick and easy option of what is available now; rather than the preferred model you have decided you want. How do you respond / reply?
- How can you prepare yourself to say no when your motor mechanic provides a different approach to your vision?
- Do you reflect on their advice? If not, why not?

The car is a symbol of your pregnancy. Ask yourself:

- Who do you want to accompany you during your pregnancy and what kind of values do you want to be present in these people?
- Do you want to be an active partner in your pregnancy?

- What will you do if the HP you choose insists on their standard routine rather than the maternity care you desire?
- What steps will you take to bring together the kind of team you want around you?

## Reflection

*"... pregnancy provides an opportunity to grow in yourself and explore."*

[The Wife Drought Annabel Crabb](#)

## Video

- [Give Birth Like a Feminist](#), Milli Hill

## Woman-centred care

The diagram below is a visual representation of the purpose, values and principles outlined in [Woman-centred care: Strategic directions for Australian maternity services](#). The inner ring represents the purpose of the document and is surrounded by the values. The rays present the principles and the outer ring the Respectful maternity charter: the universal rights of childbearing women.



# Achieving Respectful Maternity Care

*With knowledge you can make wise and informed choices.*

In this section, we explore being an informed and mindful consumer of maternity services

- Women as experts in their pregnancy
- Respectful maternity care
- Informed decision making

## **Woman-centred care**

[Woman-centred care](#) is a term used to describe care which is responsive to your personal circumstances, values, needs and preferences. The woman-centred care approach focusses on caring about a woman's needs rather than the needs of the service. By adhering to woman-centred care principles, HPs are empowered to cut through the processes and systems to provide care which is specific to the woman's individual requirements.

The diagram opposite gives a visual representation of the purpose, values and principles outlined in [Woman-centred care: Strategic directions for Australian maternity services](#).

## **Working in Partnership with your health professional**

### **TIPS**

- It starts with you. Self-awareness and self-compassion will help you to explore and begin to understand your truth, including your beliefs, assumptions, and biases. Give yourself permission to slow down, to listen inwards, notice feelings and basically just wonder why.
- Commit to listen to understand to yourself and others. Extend your compassion and curiosity to others, listen deeply and openly. Do not just look for your answer, listen to understand. Test your assumptions and learnings out loud. Build shared meaning together. Move away from discussing or debating towards sharing and learning.
- Recognise and balance the power. Strive to co-create a safe environment where you and the HP give each other permission to say, 'I don't understand' or 'I have an idea'. It can also be about providing feedback, helping the HP to see your view and accepting each other's influence and power. Balancing power will set the scene for you to be courageous or vulnerable together.
- Ask questions and listen. Motivate interest and generate energy through engaging with your HP. Shape questions that frame your challenge, concern or focus in a way that invites your HP to contribute their views as well as challenge yours. Ref:

<https://chf.org.au/blog/tips-help-you-your-collaborative-way>

## **Relationship Care – Working in Partnership**

*A partnership between women and HPs leads to the best possible outcomes.*

Each woman's experience of pregnancy and birth is unique to her, and it is important that you think about how you would like to be cared for during your pregnancy, labour and birth, as well as afterwards. While it is not possible to know exactly how your labour will progress or what needs might arise during the labour and birth, it is possible to plan for the type of care you would like to receive and the people you'd like to be involved.

Woman-centred pregnancy care means that your chosen pregnancy HP work in partnership with you so that you feel supported throughout your pregnancy, labour and birth and empowered to express your thoughts, feelings and opinions on all aspects of your care. This is called *Partnering with consumers* and involves treating **you** with dignity and respect, sharing information, and encouraging participation and collaboration.

The aim of partnering is for HPs to work with you to identify the best options for your unique needs, rather than developing models of care which are based on non-existent 'standard' patient. There is good evidence that working in partnership with **you**, and fostering woman-centred approaches to care help improve the safety and quality of care. Working together means getting involved with solving concerns, making decisions and implementing care to benefit your ongoing health and well-being. This approach also minimises the impact of the professional's personal preferences and bias.

*Partnering is so important that this approach has been formally integrated through health service accreditation standards and more recently Woman-centred care: Strategic directions for Australian maternity services.*

Giving birth is a normal physiological process and for the majority of women a normal birth can be achieved without intervention. However, every woman and her

experience will be unique. Because different women will need and choose different aspects of maternity care, it is important to discuss your care needs and preferences with your HP regularly to ensure you are always well informed and involved in the decisions that affect you.

Be mindful that your emotional and mental health is as important as your physical health in managing pregnancy and preparing for birth and parenting. You should feel free and comfortable to ask questions and raise concerns about any matters to do with your health and to request information in a form that is useful and meets your particular needs.

There are two experts present in maternity care. The HP who is a clinical evidence expert; and *you* the expert on yourself and your needs. You are the only person who truly knows yourself well. We all have an external and internal persona and it's the internal persona that is the *expert* in your life. Both the clinical expertise and the personal expertise are required to have safe respectful maternity care.

*By being an informed and mindful consumer you can reduce your fear and allow you to trust your body.*

It is an essential part of maternity care that the HP builds a relationship with you, where mutual trust in one another's competence is critical. The HP is the active guide through pregnancy and birth and must express a strong belief in a woman's ability to give birth. HP are required to inform and encourage women, and to provide tools to overcome the challenge of birth.

*It is the role of health professionals to foster trust, not to take control.*

## **Options, Decision Making and Consent**

*Women who feel satisfied and in control of their birthing experience are less likely to experience stress after the birth.*

It is every woman's right to have autonomy over her body, especially during pregnancy and birth. You should be valued as the key decision maker in your care by all caregivers as the decisions you make during this time can have a long-lasting impact on your physical and mental health and wellbeing as well as that of your baby and family. You should feel supported to make well informed decisions through a relationship of mutual trust and respect with HPs, and your choices should be acted upon.

Your health professional is obligated to work in partnership with you in determining your choices for your birth journey and to give you the right level of care at the right time.

Shared decision making involves discussion and collaboration between you and your healthcare provider. It also means recognizing that you are the key expert on your pregnancy. It is about bringing together your values, goals and preferences with the best available evidence about benefits, risks and uncertainties of intervention, in order to reach the most appropriate healthcare decisions for you.

While clinicians have expertise if there is ever a place for shared decision making, it's in maternity care. To this day, the best barometer of foetal well-being is not any piece of technology that we have, but a your sense that all is well and baby is active.

*To make an informed decision, you require factual, unbiased information.*

With the right information you can make informed decisions to achieve the best outcome for you and your baby. Making an informed decision is the process by which your HP is legally obliged to discuss with you any intended treatment, intervention and/or procedures and discuss with you the associated benefits and risk

involved. You have the right to make the decision about what will and won't be done to your body and your baby.

You should be given the following information about any intended intervention or procedure to ensure you are able to make a fully informed decision:

- A diagnosis and description of your situation
- Recommended interventions
- Risks and benefits of the interventions
- Risks and benefits of not having the interventions
- Any alternative interventions and the associated risks and benefits

You cannot make an informed decision without this information, nor can you give informed consent.

Consent is the agreement between two or more people about what will or won't happen, and – just as importantly – the understanding of who it is for. It is not considered informed consent if your HPs have not covered and discussed these points with you before following through with the intervention/s. True consent is not simply about one person saying yes.

Being "told" you will have an induction, an epidural, or an internal exam or even just being spoken to in a tone that conveys direction rather than options, is unacceptable. While some HP think the decisions are their responsibility, this is not true, you are the key decision maker. Your informed Decision Making will be influenced by:

- Your previous life experiences and current understanding, for example personal experiences, anecdotal information and research you have done.
- Your current circumstances, your family, your beliefs, you work, your financial situation

- The new information you have been provided, either by your , from your research, new insights you have gained.

***A choice based on poor information is not an informed decision***

## Consent

There is so much more to consent than a signature. The assumed, implied or expected yes that comes with seeking consent, is distorted when a power imbalance occurs. Consent is not about obedience, nor is it about fear of reprisal or conflict, or when the desire to please someone outweighs our intuition. It is not appropriate for your HP to ask or demand that you agree to intervention without providing you with all the information you require to make an informed decision. By implication, obedience is strongest when the authority figures (in this case the HP) give concrete directives to you the recipient of care. It is also strongest when you lack collective support to say no. That is why it is important to have the right people with you when you receive maternity care. If you feel coerced and pressured to obey / consent the best strategy is to have unwavering backing/support from your support person.

***At all times the woman is the ultimate authority in what is right for her and only she can give consent for actions to her body***

Informed consent in maternity care means you will be given understandable and clear information about your options so you can make the right decisions about your health and healthcare. Consent is your agreement for a HP to provide you with intervention and care, including any tests, medicines, interventions you agree to.

*'Am I allowed?' is a question that so many pregnant women ask.*

*Many women feel that the moment their pregnancy had been confirmed by their care provider they are treated as a child or in a way which denies their maturity in age or experience by their care provider. They lose the ability to make decisions about their own bodies, and lives.*

*Many Women get anxious and concerned when their gut feeling tells them they do not want to comply – it's just not good for them or their baby. For example "Am I allowed to refuse?" YES, you are. It's your body and your baby. As with*

*any medical test or procedure, you have a right to say NO, and you should not have to say it more than once.*

What are the key elements for you to be aware of?

- Understanding what it is you feel – trusting your instincts, and – just as importantly – valuing what you notice;
- Communicating what you want – making an agreement with your HP;
- Crucially both you and the HP need to work in partnership – if you're putting up with something you're probably not fully consenting.

*Pregnancy and birth are dynamic – it is OK to change your mind*

## **Reflective Exercises**

### **Activity 1 Respectful maternity care**

*"Leave your dignity at the door!"*

- What does this statement mean to you?
- How do you feel when you think about dignity?
- How does dignity play a role in maternity care?
- Can you remember a time when your dignity was respected? How did you feel?
- Can you remember a time when your dignity was not respected? How did you feel?

*Hint – remember these feelings and if they occur during maternity care act on the feelings that make you feel disrespected.*

### **Activity 2 Practice saying 'No' to your Health Professional**

*It is right and proper that your HP work with to achieve what works best for you.*

*Practice Exercises*

- *Saying no*
- *The 5 questions exercise*

Because of the power dynamic, women often avoid upsetting their HP because they are afraid that this will adversely affect the care they receive during pregnancy, labour and birth. What needs to be considered here, however, is how adversely a stream of 'Yeses' also affects your care... If your HP is not aware that you have an expectation of active involvement in making decisions about your care, they may assume you are simply happy to 'go with the flow' and make decisions on your behalf.

Saying 'No' with an HP might be:

- I need time to think about that.
- I would like to discuss that with my support person.
- No, I do not consent to that intervention.
- Help me understand, why I cannot have what I want?
- No, I do not feel comfortable with that because I need more time/more information/another opinion, please, before I make my decision.
- Thank you for your opinion, I really appreciate that you took the time to explain it to me. I have considered it and believe that I would like to continue this way instead.
- The [AMA's maternal decision making position statement](#) supports a woman's right to make informed choices and decline the intervention. Queensland Health has developed [Partnering with the woman who declines recommended maternity care](#) to support women and their clinicians to jointly plan maternity care when women are, or are thinking about, declining recommended maternity care.

## **Reflection 1 Preparing to be a mindful consumer**

Questions for the pregnant women. How will I prepare myself to:

- Be an expert in my needs?
- Get the advice that's important to me?
- To engage the level of health care I need?
- To be open to and filter birth stories from others?
- To be an informed and confident maternity care consumer?
- To be a consciously engaged future parent?
- To deal with the unexpected?

Questions for those in the role of support. How will I prepare myself to:

- Get the advice that's important for her?
- Support the empowerment of the birthing woman?
- Be open to and filter birth stories from others?
- Support my partner to be an informed and confident health care consumer?
- Be a consciously engaged future parent?
- Deal with the unexpected?

## **Reflection 2**

Here is a story about a hospital midwife who earned herself a reputation for the way in which she supported women in labour. It was said that she would sit in the corner of the room and knit.

Whilst this may seem distant and too blasé to be a form of labour support; the women whom she supported have reported to the contrary. They have said that when they opened their eyes to see this midwife sitting in the corner, knitting away, that they were comforted and knew that everything was fine – they were reassured that she was merely there and the clicking of her knitting needles served to ground them and remind them of her presence. This is a holding space. How simple an act!

What is your reaction to this story? What did it make you feel?

### **Videos**

- [Being involved - your right to make informed decisions](#)
- [Birthing Work: The collective labour of childbirth](#)
- [An overview on shared decision making](#)
- [Challenging myths about shared decision making in practice](#)

### **Podcast**

- [Informed consent - your rights in birth](#)

### **Reading**

- [Optimising Pregnancy Care - The Principles of Perinatal Care](#)
- [Partnering with Consumers](#)
- [Partnering with the woman who declines recommended maternity care](#)
- [Discussion and Partnership Care Plan](#)

## ALL WOMEN HAVE A RIGHT TO A POSITIVE CHILDBIRTH EXPERIENCE THAT INCLUDES:



- Respect and dignity
- A companion of choice
- Clear communication by maternity staff
- Pain relief strategies
- Mobility in labour and birth position of choice



World Health  
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## Maternity care options

The evidence says best care is the care at the level you need. Your active participation achieves the best outcome.

*The health and wellbeing of the mother is important for a healthy baby. Take the time to consider the options that work best for you. You're both worth it.*

In this section we explore your maternity care options

- What is maternity care?
- Choosing a Maternity Health Professional
- Place of Birth
- Maternity Care Plan

We want to equip you with the resources that best inform and prepare you to navigate maternity care options.

A happy, safe, and successful pregnancy and birth is much more likely when you are confident in your ability to birth; have peace and quiet and are attended by people you know.

Maternity Care is provided to women from early pregnancy up to 12 months after birth and refers to the health services provided to women, babies, and families throughout pregnancy, during labour and birth, and after birth. The elements of maternity care required to achieve a healthy pregnancy include:

- Monitoring the progress of pregnancy.
- Providing education on pregnancy, labour, birth, post-natal recovery, breastfeeding and parenting.
- In labour, monitoring and care is provided by the HP who provided your ante-natal care or another known to you.
- Providing post-delivery care and postnatal care.

- Support the commencement of infant feeding – breastfeeding or other.
- Support transitioning to parenting.

Preferably this care is provided in continuity of carer model where the care required to achieve a healthy pregnancy is provided by one person or a small team

*Care happens between people and is the response of one person to the needs of another. It must therefore always be appropriate to your needs. You may not be easily able to express your needs. This requires time, trust and flexibility in the response of the carer.*

The two big decisions to be made are:

1. Who is going to provide your maternity care? and
2. Where are you going to give birth?

*The choice of where and how to birth is the first step toward a healthy and happy start for both mother and child*

## **Your Maternity Health Professional Options**

Please note that access to these maternity models depend on the services provided in your local area.

Sharing the responsibility for maternity care with HPs is an important step you can take to improve your health. Choose a HP with whom you are comfortable and who will support a partnership approach to your healthcare. While your HP is an expert on maternity care, you are the expert on yourself and your needs. By working together you can develop a maternity care plan that includes the maternity care choices that are best for you, according to your values, beliefs and lifestyle. Your maternity care plan should balance care, medications and management with your needs, preferences and lifestyle.

Who you choose will depend on a number of factors and your personal preference.

Look to your friends – Who talks well of their maternity care and birthing experience? Talk to them about what worked well for them. Look on the internet to learn of services available.

### **Continuity of Carer**

Continuity of Carer is the practice of ensuring that a woman knows her HP(s) and receives care from the same provider, or small group of providers, throughout pregnancy, labour, birth and the postpartum period.

### **Midwifery Care**

A [midwife](#) is person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the [ICM Essential Competencies for Basic Midwifery Practice](#) and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and [who demonstrates competency in the practice of midwifery](#).

#### Midwives:

- Provide antenatal care, care during labour and birth, and care after the birth.
- Prioritize providing good information to women, involving women in decision-making and providing flexible, responsive care.
- Try to avoid unnecessary tests and interventions. In fact, women under the care of midwives are less likely to have a caesarean, an episiotomy and other interventions than women receiving care from doctors.
- Will provide continuous support throughout pregnancy, labour, birth and transitioning to mothering
- Often encourage and provide a lot of information and support for breastfeeding.

Women have the [same midwife caring](#) for them throughout pregnancy, labour, and birth, and following birth, with the midwife involving other HPs if they are needed. This model of care is for to six weeks after birth and can be longer.

A [Cochrane Systematic Review](#) (gold standard evidence) based on a systematic review of 13 trials involving 16,242 women, concluded that most women, unless they have significant risk factors, should have the option of midwife-led continuity of care. [Midwife-led continuity of care](#) – in which a pregnant woman sees the same midwife during pregnancy and labour – is associated with a higher level of spontaneous vaginal birth; the women were less likely to experience interventions such as episiotomies or use of forceps; more likely to be satisfied with their care; had a lower risk of foetal loss before 24 weeks' gestation and at least comparable adverse outcomes for women or their infants than women who received other models of care. Midwifery care has also been found to result in fewer women suffering from debilitating post-natal problems such as illness or injury associated with some interventions (particularly operative deliveries) and postnatal depression. Midwifery care is associated with longer prenatal visits, more education and support with pregnancy and breastfeeding; prenatal counselling, fewer hospital admissions and [a more positive birthing experiences](#) for women, easing a woman's transitioning to parenting and in meeting the demands of a new baby.

### **Midwifery Care Options**

1. Midwifery led continuity of care: Your care is provided by a midwife or group of midwives and is provided in most birth centre & public hospitals. Access to a hospital-based midwife care usually requires a GP referral. This model also enable midwives to provide care for women with complicated pregnancies by working collaboratively with doctors and other healthcare providers.
2. Private midwife care: Your care is provided by a midwife or group of midwives from a private group practice for your pregnancy, birth and

postnatal care. In this model you have the option of choosing whether to have your baby in hospital or at home.

### **Doctor or Obstetrician Care**

An obstetrician is a doctor who is an expert in high-risk pregnancies and who has who has successfully completed an education program that is duly recognized in the country where it is located who has acquired the requisite qualifications to be registered and/or legally licensed to practice obstetrics; and who demonstrates competency in the practice of obstetrics. No formal definition of an obstetrician could be located on the Australian Health Practitioner Regulation Agency website or the [Royal Australian and New Zealand College of Obstetricians and Gynaecologists website](#).

Obstetricians are well-suited to care for women with serious medical problems or who are at high risk for developing such problems. Because of their training many obstetricians approach birth as a medical event best managed by highly trained specialists. Obstetricians tend to have higher rates of interventions (such as caesareans and episiotomy) than midwives, even when the health status and risk level of women is similar.

When a woman engages a doctor/obstetrician for their maternity care, they see the doctor/obstetrician usually in their private rooms. Antenatally, the doctor/obstetrician monitors the progress of the pregnancy. The woman independently has to seek education on labour, birth, breastfeeding and parenting. When the woman presents to the hospital in labour, the midwife employed by the hospital provides care to the woman. If the labour progresses without complications, the doctor/obstetrician only appears when required/requested and the midwife steps aside. If the birth is without complications, the doctor/obstetrician departs and the midwife provides the post-delivery care and supports the woman to commence breastfeeding.

## **Doctor or Obstetrician care options**

1. *GP care:* Your care is provided by your GP and the local hospital doctors and midwives. Not all GPs provide maternity care so please check with your local GP whether this service is available.
2. *Private obstetric care:* Your care is provided by an obstetrician who is a medical doctor specialised in caring for women with complicated pregnancies or special circumstances. If you choose to be cared for by a private obstetrician and birth in a private hospital a GP referral is required.

## **Shared care options**

*Public hospital maternity care:* Antenatal care is provided in hospital outpatient clinics (either onsite or outreach) by hospital-employed midwives and/or doctors. Care could also be provided by a multidisciplinary team dependent on the complexity of care needed. Collaborative intrapartum and postnatal care is provided in the hospital by midwives and doctors. Postnatal care may continue in the home or community by hospital midwives.

*Midwife / General Practitioner share care:* Your care is shared between your midwife, GP and the local hospital doctors and midwives. Not all GPs provide maternity shared care so please check with your local GP whether this service is available.

*Midwife / Obstetricians share care:* Your care is shared between your midwife and Obstetricians. Not all obstetricians provide maternity shared care so please check with your obstetrician whether this service is available

## **Where to Birth Options**

### **Birth at home**

Families choose to give birth at home for a variety of reasons, most commonly because it's where they feel the most comfortable. They're seeking an intervention-free birth on their own terms and immediate postpartum recovery in their own bed.

There are many advantages to giving birth at home. Women in their home environment feel more comfortable and often safer. It also takes away the decision point of when to go to hospital during labour. Oxytocin levels are higher in women who birth at home and oxytocin is very important to having a physiological birth. Women in a home setting are

- less likely to have interventions and their chances of having a normal vaginal birth are much higher.
- have a higher rate of successful breastfeeding.
- more likely to know your midwife, a general practitioner or an obstetrician and if you birth with a midwife to receive continuity of midwifery care.

**Birth Centre** - A midwife led place to give birth usually within a hospital, with a home from home environment. Worldwide research has shown that women having their first baby with a straight forward pregnancy have the best outcomes when they plan to give birth in a Birth Centre:

- Best chance of achieving a normal birth as the midwives are trained in normal birth.
- Least chance of having an emergency caesarean section or instrumental birth
- Least chance of needing an epidural and / having an episiotomy
- Just as safe for you and your baby
- More likely to have skin-to-skin contact after the birth
- If you need extra help or a complication arises a seamless transfer is available to a doctor-led service.

### **Birth Suite / Delivery Suite / Labour Ward**

The obstetrician is the lead clinician who determines your care. Labour is monitored by midwives with the obstetrician usually attending the birth itself. The obstetrician usually will not stay with you throughout labour. The labour ward provides the option for epidural.

Mothers who choose a hospital birth usually want to know that every medical opportunity is readily available. The flip side of this advantage is that hospital births sometimes come with unwanted or perhaps unnecessary medical intervention, which, in turn, can lead to further intervention.

To help you decide, ask yourself

- *Where do I feel safe? It's not where I think I am safe; it is where I feel safe.*
- *Who do I feel safe with? It's not who I think I am safe with, it is who I feel safe with.*

### **Reflective Exercises**

Pregnancy and childbirth is a normal life event. The evidence says best care is the care at the level you need. Your active participation achieves the best outcome.

#### **Activity 1 - Choosing a Maternity Health Professional**

The role of the HP is to accompany you during this natural event, pregnancy, and to support you *if* you need their expertise.

What do you want? And how do you feel when considering that want?

Ask yourself the following questions:

- What do I want from my maternity care?
- What type of Health Professional would I feel most comfortable with?
- What kind of setting do I want for my delivery?
- How important to me is a more individual, less routine approach?
- Do I have a serious chronic health condition? If so, it is helpful to discuss your pregnancy with your treating HP.

Your first appointment is really a selection interview to determine if the HP and you are a good fit. It is an ideal time to have a discussion. The discussion will help you establish a relationship, to find out their care philosophy and their maternity care

outcomes. Trust your gut instincts. It is essential that you develop a strong partnership and good communication with your HP to support your confidence during this very special time.

Gauge your care provider's attitude to your questions as well as their responses. Observe for an open, caring and informative manner as opposed to an indifferent or uncaring attitude. Look for a willingness to listen and to take heed of your concerns and questions, rather than an attitude of professional superiority, not listening or unresponsiveness to your questions and a lack of respect for you or your time.

Below is a range questions you might ask a HPs to ensure you are getting the service you want and to help you decide if you can work together. You do not need to ask the HP every question – choose those that will help inform you and fit with your values. We suggest you choose your top 5 questions to ask when interviewing your HP to determine if they are suited to you. What is important is that they can be answered by the HP. If they cannot be answered this is cause for concern.

## Questions

### *1.1 Maternity Care*

- Do you provide continuity of care during pregnancy – antenatal, labour, birth and postnatal?
- What tests do you recommend during pregnancy and how often?
- Throughout my pregnancy, what intervention do you use? For example: do you use ultrasounds, antibiotics or perform vaginal examinations?
- What are my choices for place of birth – home, birth centre, hospital?
- How do you support me after birth – to recover from the birth, to establish breastfeeding and to find my footing as a mother?
- What support do you provide as I/we transition to parenting?

### *1.2 Working in Partnership*

- How do you envisage us working together in partnership towards a safe pregnancy and birth?

- What do you expect from me as part of this partnership?
- How will you support me to make informed decisions regarding my care?
- How will you respect my care preferences during the pregnancy, birth and postnatally?
- What of my choices for where to birth (home, birth centre, hospital). What services do you provide?
- How do you feel about other support people being present at the birth?
- Will there be other health providers working with me during my pregnancy?
- How do you work with me to help me cope physically, mentally and emotionally with pregnancy and impending parenthood?

### *1.3 Skills and availability*

- What type of training have you had?
- How many clients do you see a month?
- Do you work alone or in a partnership with another HP?
- How do I get in contact with you if I need advice at any time?
- Are you planning any holidays that might affect the support you will provide to me?
- What happens if you are unavailable at the time of birth?
- What are your fees? How and when must the fee be paid? Are there Medicare or health fund rebates?

### *1.4 Professional Practice*

- What is your view of pregnancy and birth?
- How do you support a pregnant woman?
- What are my options for birthing?
- What percentage of your clients have an uncomplicated vaginal birth?
- What is your episiotomy rate and in what situations would you perform one?
- What percentage of your clients have post birth complications?
- What percentage of your clients are breastfeeding at 6 weeks?
- What percentage of your clients have post-natal depression at 6 weeks?

### 1.5 *Extra questions to ask an Obstetrician*

- When do you think induction of labour should be considered?
- What is your induction rate?
- In what situations will you recommend a caesarean section?
- What is your caesarean section rate?
- How do you feel about mothers being separated from their babies after birth?

### **Activity 2 – Practice - Five questions to ask your Health Professional**

Risk factors have become to be seen as dangerous in themselves, even in situations where they pose little threat to the women who have them.

When there is no clear dividing line between who is normal and who is high risk, the line is frequently drawn in such a way that the maximum number of people are labeled “at risk” and therefore becomes candidates for unnecessary interventions.

Some interventions provide little benefit. And in some cases, they may even cause harm as all interventions come with risk. However, used at the right time by the right person, they can be lifesaving.

Use the 5 questions below to make sure you end up with the right amount of care — not too much and not too little.

Five questions to ask your Health Professional so you can decide what you prefer.

1. Do I really need this test or procedure? Tests may help you and your Health Professional determine the problem. Procedures may help to treat it.
2. What are the risks? Will there be side effects? What are the chances of getting results that aren't accurate? Could that lead to more testing or another procedure?
3. Are there simpler, safer options? Sometimes all you need to do is make lifestyle changes, such as eating healthier foods or exercising more.

4. What happens if I don't do anything? Ask if your condition might get worse — or better — if you don't have the test or procedure right away.
5. What are the costs? Costs can be financial, emotional or a cost of your time. Is the cost reasonable or is there a cheaper alternative? Adapted from material developed by Consumer Reports.

## Reflection

*"The moment a child is born, the mother is also born. She never existed before. The woman existed, but the mother, never. A mother is something absolutely new." and so in you the child your mother lives on and through your family continues to live... so at this time look after yourself and your family as you would your mother for through you all she will truly never die."* Osho

## Reading

- [What are women's options for giving birth?](#)
- [Guide to pregnancy and birth care](#)

## Video

- [What is maternity care?](#)
- [The Right Maternity Care for You](#)

## Podcast

- [Choosing your maternity carer](#)

## Resources

- [The Maternal Health Toolbox](#) is designed to support and inform women and their decisions.

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