

I'm pregnant...What now?

This information sheet is for women who have recently learned they are pregnant. It aims to provide information about pregnancy dating, thinking about maternity care options and early pregnancy check-ups. If you're not sure whether you're pregnant or whether you want to continue the pregnancy, you might find the related information sheet useful - 'I Think I'm Pregnant... How do I know for sure?'

How can I work out how far along in pregnancy I am?

Before planning your maternity care, it can be useful to know how far along your pregnancy is or when your baby is due. This is often referred to as 'dating' your pregnancy. There are generally 2 options for doing this:

- › LNMP (last normal menstrual period) based calculations
- › Ultrasound dating scan

LNMP (last normal menstrual period) based calculations

The LNMP (or LMP) method of pregnancy dating estimates your expected date of birth (or due date) by working forward from the first day of your last normal menstrual period^[1]. LMP is based on the assumption that the average pregnancy lasts 280 days from the first day of a woman's last period^[1]. You can calculate this yourself or use an online LMP calculator (there are many available online). Alternatively you can ask your care provider to estimate this for you. Several factors can influence the accuracy of LMP calculations, for example if a woman^[2]:

- › cannot remember the date of her LMP^[3]
- › confuses her LMP with midcycle bleeding. Midcycle bleeding is bleeding between periods that is not a true period. **Implantation bleeding** (small amount of bleeding that can occur when a fertilised egg implants itself into the uterine wall) is a form of midcycle bleeding^[3]
- › has irregular menstrual cycles or cycles that are longer or shorter than 28 days. Some LMP calculations can take into account length of cycle, but not cycle irregularity
- › has recently used oral contraceptives
- › is breastfeeding

Ultrasound dating scan

An ultrasound scan (where a small handheld device is used to create a picture of a woman's uterus and baby during pregnancy) is also commonly used to estimate how many weeks pregnant you are by measuring the size of the **fetus** (developing baby). This ultrasound scan in early pregnancy is commonly called a 'dating scan'. Dating scans can be used in addition to LMP calculations or may be used instead of LMP calculations (for the reasons discussed above)^[2]. To have a dating scan you will need a referral from a GP or midwife.

What is maternity care?

Whether you discovered you were pregnant using a home pregnancy test, or by having your pregnancy confirmed by a GP or private midwife, your next step is to start thinking about your maternity care options.

Maternity care is specialised health care that focuses on caring for you and your baby. Your maternity care can start as early as your first visit with a maternity care provider. It then continues throughout your pregnancy, labour and birth and up to six weeks after your baby is born.

Maternity care in Queensland is provided by general practitioners (GPs), midwives and obstetricians. These care providers may work in private practice, public hospitals or community clinics.

What are my options for maternity care in Queensland?

In Queensland, there are various options for maternity care. These options are referred to as models of care. Each model of care is different, therefore you might like to choose one that suits your needs and preferences. When you choose a model of care, you are choosing several things including:

- › who provides and where you receive your care during pregnancy, labour and birth and after birth
- › what choices you have in how you birth your baby
- › whether you have close access to certain procedures or services
- › whether there are out-of-pocket costs for your care

Thinking about your preferred model of care

You can start thinking about your model of care options at anytime. You may find it useful to familiarise yourself with your options before your first pregnancy check-up. Some women even like to start thinking about their model of care option before they know they're pregnant. Some models of care and private care providers are popular and can book out quickly.

The following table provides a summary of the models of care available in Queensland, and how they differ. Some or all of these models of care may be available in your local area. There might also be other types of care in your area that do not fit into these categories, particularly if you live in a rural or remote area of Queensland. You can find out which models of care are offered at each birth facility in Queensland by visiting: www.havingababy.org.au/birthplace and selecting 'What models of care are offered?' for your preferred birth facilities.

	Who will be my main carers during pregnancy?	Who will be my main carers during labour and birth?	Where will I have my pregnancy check-ups?*	Where will I have my baby?	Who is eligible?	How can I access this care?	What are the costs?	
Public Models	Standard Public Care	Hospital doctors and midwives	Hospital doctors and midwives	Public hospital or community _	Public hospital	All women	GP referral or contact hospital directly to organise booking-in visit (self-refer)	Government funded (no cost to women)
	GP Shared Care	A GP, hospital doctors and midwives	Usually hospital doctors and midwives. Some GPs are qualified to provide this care.	GP clinic or public hospital	Public hospital	Usually all women, however sometimes is only available to 'low risk' women	Contact your preferred GP	Hospital care is government funded but women may need to pay for GP visits
	Team Midwifery Care	Small team of hospital midwives	Same team of hospital midwives as in pregnancy	Public hospital, community clinic or birth centre	Public hospital or birth centre**	Sometimes only available to 'low risk' women	GP referral or contact hospital directly to organise booking-in visit (self-refer)	Government funded (no cost to women)
	Caseload Midwifery Care (Midwifery Group Practice)	A hospital midwife (or back-up midwife)	Same midwife as in pregnancy (or back-up midwife)	Public hospital, community clinic or birth centre or, in some cases, in your home	Public hospital or birth centre**	Sometimes only available to 'low risk' women	GP referral or contact hospital directly to organise booking-in visit (self refer)	Government funded (no cost to women)
Private Models	Private Obstetric Care	A private obstetrician (or back-up obstetrician)	Hospital midwives and same private obstetrician as in pregnancy (or back-up obstetrician)	Private hospital or private clinic	Private hospital	All women	GP referral***	Out-of-pocket costs – some costs may be covered by Medicare / Private Health Insurance
	Private Midwifery Care	A private midwife (or back-up midwife)	Same private midwife as in pregnancy (or back-up midwife)	Home or midwife's clinic	Home or public hospital	All women	Contact a private midwife or midwives in your area	Out-of-pocket costs – some costs may be covered by Medicare / Private Health Insurance

* Your ability to choose when you have your pregnancy check-ups (e.g. day of the week and time) will differ depending on your model of care, as some models offer more flexibility than others.

** A ballot system application is commonly used for those seeking care at a birth centre. In a ballot system, all interested and eligible pregnant women who apply for birth centre care will be considered. Only a certain number of women (based on availability) are selected at random to receive this care.

*** If you would like to receive Private Obstetric Care, your GP may be able to give you a list of obstetricians that practice in your local area or you can visit <http://www.ranzcog.edu.au>.

Some public hospitals in Queensland have designated catchment areas, meaning you can only birth there if you live within a certain distance from that hospital. If you have a particular hospital in mind for your pregnancy and birth care, you can visit www.havingababy.org.au/birthplace and select 'Can anyone birth here?' or you can contact the hospital directly to find out if you are eligible to birth there.

If you would like to receive Private Midwifery Care you will need to find out if there is a private midwife in your area. You might like to go online (www.midwivesaustralia.com.au or www.australiansocietyofindependentmidwives.com) or call the Australian Private Midwives Association or Homebirth Queensland Inc. You do not need a referral to a private midwife.

What is the first pregnancy check-up?

The first pregnancy check-up is the first time you receive pregnancy care from a care provider. A first pregnancy check-up generally occurs with a GP, however some women will have this appointment at their chosen hospital or with the person they choose from their preferred model of care (e.g. obstetrician, private midwife). Some women will have their first pregnancy check-up in the same appointment as their pregnancy confirmation.

It is common for women to have their first pregnancy check-up before 12 weeks. This is to identify risk factors or specific conditions early in pregnancy. The following are usually offered/discussed in the first pregnancy check-up:

- › Documentation of pre-pregnancy weight and height (your care provider will ask this to identify risk factors associated with pre-pregnancy weight and weight gain during pregnancy)
- › **Urine test** (testing for urinary tract infection, diabetes)

- › Blood tests – you will be offered a range of tests including: your blood type (e.g. O positive) and antibodies, full blood count, syphilis, rubella, hepatitis B and C, HIV, and first trimester screening bloods (Free Beta-hCG and Papp A)
- › First trimester ultrasound (commonly known as the nuchal scan) and second trimester ultrasound (commonly known as the morphology scan) referral. Queensland Centre for Mothers and Babies has also published a decision aid to support women making an informed decision about ultrasounds early in pregnancy. You can find it at www.havingababy.org.au/media/pdf/firsttrimesterultrasound.pdf
- › Pap smear (if due)
- › Discussion of the signs and common discomforts in early pregnancy (e.g. breast changes, tiredness)
- › Discussion of folate and iodine supplements

What is a booking-in visit?

If you choose to birth at a hospital you will have a 'booking-in' visit – this is your first appointment with the hospital. You will be asked questions about your health and lifestyle and will receive information about your care at the hospital. It is common for women to be asked questions about their mental health, smoking, drug use, alcohol consumption and history of domestic violence during their booking-in visit. These questions are asked to identify women who may benefit from referral to social workers, psychologists, mental health nurses, etc. in pregnancy.

The timing of the booking-in visit varies from hospital to hospital. To find out when booking-in visits usually occur at your preferred birth facility you can call the hospital and ask them or visit www.havingababy.org.au/birthplace and select 'When do women usually have a booking appointment?'

How can I find more information about the differences between each of the models of care?

Researchers^[4] have compared the health outcomes of women and babies receiving maternity care in various models. Queensland Centre for Mothers and Babies has collated this research into a decision aid to help women decide between the different models of care. You can download it, and many other decision aids, at www.havingababy.org.au

The Queensland Centre for Mothers & Babies also conducts a large survey about women's experiences of maternity care in Queensland. The results of this survey are available via the BirthPlace website www.havingababy.org.au/birthplace You can use the website to find out information about the outcomes and experiences of women who have used the birth facilities you are considering.

Can I change my model of care if I'm not happy?

If you find that you are not happy in your model of choice, you can usually change to another model, based on where you live, what resources you have, and what other models of care are available to you.

What is the Pregnancy Health Record?

All women in Queensland are eligible to receive the Pregnancy Health Record (PHR). The PHR is a complete record of your pregnancy that helps different care providers, involved in your care, share information about your pregnancy care. The PHR is also a source of information for you. You can use it to document your pregnancy and labour care choices and to support you in having discussions with your care provider. It can also help you to know what to expect at each of your pregnancy check-ups. If you do not receive a PHR and would like one, you can request one from your care provider (GP, midwife, or obstetrician). If your care provider does not have one you can request that they order you a copy. Sample PHRs can be found online at www.health.qld.gov.au/psq/pathways/docs/pregnancy_rec.pdf



Extra emotional support in pregnancy

Even if your pregnancy is planned or very much wanted, it is normal to have mixed feelings about the future. For any woman, some worry is normal, however if you feel very fearful or anxious about your pregnancy or birth, you might like to seek support from a professional or from the organisations discussed below. For some women, this anxiety or fear stems from a previous negative experience e.g. sexual assault/abuse or traumatic birth^[5, 6]. Other women experience anxiety or fear simply because pregnancy and birth are unfamiliar. Therefore you may find it helpful to think about your emotional support needs when choosing your model of care. There are also many other organisations that offer counselling and social and emotional support to pregnant women. You can find them by searching on the internet for "childbirth education", "birth preparation" or "prenatal yoga".

References available from <http://www.qcmb.org.au/media/pdf/pregnancy.pdf>