

The following table outlines your average maternity service with reference to each model of care in Brisbane, Queensland. Individual choices of lead maternity carer and/or individual hospitals can have wide variations to these averages. For further details on individual practitioners / hospital policies, please check with each organisation / practitioner separately.

<i>MODEL OF CARE IN BRISBANE (QLD)</i>	<i>Midwife in Private Practice for Homebirth</i>	<i>Birth Centre Care with Midwives</i>	<i>Hospital Based Case Load / Team Model of Care</i>	<i>Doula Assisted Care for Birth</i>	<i>Share Care arrangement for birth in public hospital eg GP Share Care</i>	<i>Public Hospital Birth</i>	<i>Private Obstetric Care</i>
Choice of lead carer to match your needs, values and personality type	✓	* Not usually	* Not usually	Doula is support and education only – not the lead carer	Multiple carers across the entire perinatal time (GP not there for the birth)	*	✓
Continuity of carer across the entire antenatal period, labour, birth and postnatally (up to 6 weeks)	✓	✓	✓	✓ Plus multiple other carers across entire perinatal time	Fragmented. Multiple carers across the entire perinatal time (GP not there for the birth)	*	Fragmented. Obstetric antenatal and birth care only (from the time the head is crowning). Shiftwork midwives for the labour.
In-home care available for antenatal, labour, birth, & postnatal care	✓	Some visits may be in-home	Some visits may be in-home	Most visits would be in-home. Doulas prohibited from attending births without midwife/doctor present.	*	* Up to 3 in-home postnatal visits usually offered	*
Personal contact by phone (for urgent enquiries) 24 hours a day, 7 days a week	✓	✓	✓	✓	* Only to hospital midwife on duty	* Only to hospital midwife on duty	* Sometimes
Postnatal care including breastfeeding assistance for up to 6 weeks included	✓	✓	✓	✓	Only the postnatal care provided by the hospital, and GP checkups for baby (day 5-10) and mother (6 weeks)	* Up to 3 in-home postnatal visits usually offered to women in catchment area.	* For extra charge the on-duty hospital midwife may visit – limited service
Primarily a midwifery model of care (Gold Standard)*	✓	✓	✓	Only if assisting a midwifery model of care	*	*	*
Registered & licensed practitioners, recognised in legislation	✓	✓	✓	*	✓	✓	✓
Assessed at university level as competent birth attendants	✓	✓	✓	*	✓	✓	✓
Up to date with skills such as mother/baby resuscitation techniques, breastfeeding etc	✓	✓	✓	*	GP may not have updated skills for maternity services (including breastfeeding) for some time	✓	May not be up to date with skills such as breastfeeding and parenting skills
Higher chance of normal vaginal birth*	✓	✓	✓	✓	*	*	*
Safe and legal model of care according to research	✓	✓	✓	✓ Only if birth is attended by a midwife / doctor	✓	✓	✓
Encourage women to birth in whatever position they choose	✓	✓	✓	✓	Depends on staff for labour & birth	Depends on staff for labour & birth	* Rarely

Lower or no intervention during normal birth*	✓	✓	✓	Depends on lead carer	✗	✗	✗
Increased participation of partners at birth	✓	✓	✓	Depends on lead carer	Depends on staff for labour birth	Depends on staff for labour birth	✗
Partner / support person allowed to stay overnight following birth	✓	Early discharge encouraged on the day of the birth	Early discharge encouraged on the day of the birth	Depends on lead carer	✗	✗	✓
Few, if any exclusion criteria provided the woman makes an informed decision (ie Individualised Care Planning)	✓	✗ Exclusion criteria can be extensive	✗ Exclusion criteria can be extensive	Depends on lead carer	✓ All risk model. Encouraged to conform to policy	✓ All risk model. Encouraged to conform to policy	✓ All risk model. Encouraged to conform to policy
Offers choices for EVERY aspect of care and respects woman's decision without bullying	✓	Usually	Sometimes	Depends on lead carer	✗ Rarely	✗ Rarely	✗ Rarely
Less chance of forceps or vacuum assisted birth*	✓	✓	✓	Depends on lead carer	✗	✗	✗
Less chance of caesarean section*	✓	✓	✓	Depends on lead carer	✗	✗	✗
Lower or no episiotomy rates*	✓	✓	✓	Depends on lead carer	✗	✗ Sometimes	✗
Offers natural birth of the placenta (without Syntocinon)	✓	Sometimes	Sometimes	Depends on lead carer	✗ Rarely	✗ Rarely	✗ Rarely
Water birth supported	✓	✓	✗ Not usually	Depends on lead carer	✗ Rarely	✗ Rarely	✗ Rarely
VBAC supported & promoted	✓	✗ Usually excluded	Sometimes	Depends on lead carer	Only with high intervention	Only with high intervention	✗ Sometimes
Lower or no requirement for pain relief*	✓	✓	✓	✓	✗	✗	✗
Increased feelings of control for women*	✓	✓	✓	✓	✗	✗	✗
Increased breastfeeding rates*	✓	✓	✓	✓	✗ Most GPs have little/no training in breastfeeding	✗	✗
Lower rates of antenatal admissions to hospital*	✓	✓	✓	Depends on lead carer	✗	✗	✗
Service provided free of charge	✗	✓	✓	Two accounts – one for doula, one for lead carer	Only if GP bulk bills	✓	✗

* Hatem M, Sandall J, Devane D, Soltani H, Gates S. Midwife-led versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD004667. DOI: 10.1002/14651858.CD004667.pub2.