# Is Natural Birth Important to You?

## Did you know that just over one third of Victorian women experience a spontaneous labour?

When you have a baby, you have a choice about where to give birth and who will look after you. Different locations and different care providers have different proportions of women who give birth naturally. This sheet explains the different options you have and the percentage of interventions for each.

In Victoria in 2011 – the most recent available statistics - 74,094 women gave birth in total.

| Labour | Birth |
|---|---|
| 19.2% of women did not labour at all due to a caesarean section with no labour | 32.0% of women experienced a caesarean section |
| 43.5% of women had their labour fully or partially induced through a hormone drip or rupture of membranes | 14.2% of women experienced a vacuum or forceps vaginal birth |
| 37.2% of women laboured spontaneously throughout the labour and birth | 53.7% of women experienced a non-instrumental vaginal birth |

Consultative Council on Obstetric and Paediatric Mortality and Morbidity 2014, 2010 and 2011, Victoria's Mothers and Babies, Victoria's Maternal, Perinatal, Child and Adolescent Mortality, State Government of Victoria, Melbourne.

Different models of care and place of birth can affect the above outcomes.

## What are the different options for pregnancy care?

The main models of care available are:

- Private maternity care through a private health fund. You go to a private hospital, and hire your own private obstetrician.
- Public maternity care, covered by Medicare. You go to a public hospital, where you see different midwives or doctors at each visit.
- Caseload maternity care, covered by Medicare. Some public hospitals offer a caseload model of care, where you birth in hospital and get to know one or two midwives who look after you throughout your pregnancy, labour, birth and postnatal period.
- Birth centre care, covered by Medicare. Some public hospitals offer a birth centre model of care, where you are seen by a team of midwives who all usually have a natural birth philosophy. You give birth in a birth centre that is attached to the hospital.

Most caseload, and all birth centre midwifery models of care have exclusion criteria, and are not available to all women.

- Independent midwifery care, where you hire your own one or two private midwives to look after you throughout your pregnancy, labour, birth and postnatal period. You can give birth in a public hospital, birth centre, or at home. Your primary care provider will discuss your suitability for home birth with you.

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### How do the models of care compare?

In 2008, the Victorian Perinatal Statistics Unit produced the most recent Key Maternity Performance Indicators report. The report looked at birth outcomes for healthy women with low-risk pregnancies having their first babies, to ensure an accurate comparison of intervention rates across different models of care.

The report states that the induction rate for this group should be 0%, as it excludes post-term pregnancies, high risk pregnancies and medical conditions.

| 2008 | Caesarean section rate | Induction rate | Data source |
|---|---|---|---|
| Private midwifery care | 5.3% | 0% | Victorian Perinatal statistics 2008 |
| Public hospital care | 15.6% | 4.2% | Maternity Performance Indicators Report 2008 |
| Private hospital care | 24.9% | 12.8% | |
| WHO recommendations | 5% for a low-risk cohort of women; 15% for a tertiary referral centre | 0% for this cohort | "Appropriate technology for Birth", *The Lancet*, WHO |

## Are lower intervention rates safe?

Following a widespread review in 2005, the World Health Organisation found that an overall caesarean rate (including women with high risk pregnancies or medical conditions) of 10 – 15% was associated with ongoing illness for both mother and baby as a result of the surgery, after other risk factors were excluded.
In other words, a caesarean rate of 15% or higher for all women having babies (including high-risk women) doesn't improve outcomes and may cause harm. WHO states that high intervention rates don't always indicate better care or have lower rates of problems for mother and baby after birth. (Source: *Lancet,* World Health Organisation, 2006, pp. 1819).

## What is 'continuity of carer' and why are the outcomes different?

| | |
|---|---|
| Midwifery continuity of carer is where a woman builds a trusting relationship with one or two midwives: this model of care has been found to benefit both pregnant women and babies. | The Cochrane collaboration reviewed trials involving 12,000 women and found that midwife-led care results in the use of fewer pain relief drugs, fewer episiotomies and fewer instrumental births. |
| Midwife-led care results in women feeling more in control during labour, being more likely to have a spontaneous vaginal birth and more supported in breastfeeding their babies. | The philosophy behind midwifery continuity of carer involves viewing pregnancy and birth as normal life events. Women and midwives trust the process and work in partnership to achieve optimal outcomes. |
| A midwife can continue to provide ongoing care for a woman if she requires medical or obstetric care: the midwife works in collaboration with doctors and obstetricians where necessary. | Midwives are the experts in normal birth and are the most appropriate carers for healthy women planning a natural birth. |
| | Source: Hatem et. al. 2008 Cochrane Database of systematic reviews. |

This information sheet was prepared as a tool for consumers by Clare & Nic Midwives. For more information, including a full list of references, please contact us.

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