

PLACE OF BIRTH

Homebirth

Homebirth offers the privacy & comfort of being in your own home, & can also ensure that all people present understand & respect your family structure & gender identity.

People who plan a homebirth have a higher chance of giving birth without intervention.⁴ A recent study reported there were no increased risks of a baby dying or being born in poor condition when born at home, compared to hospital.⁵ To access a homebirth in – Australia – clients can engage an endorsed midwife who offers this service & bulk bills.

Birth Centre

Birth centres are available in some parts of Australia for people with low risk pregnancies who want a calm, home like setting for labour and birth. Care is provided by a known midwife and the focus is on low intervention birth. If medical care is needed you will be transferred to a nearby hospital.

Care is provided by a known midwife & the focus of care is on strategies to achieve a birth without intervention. If intervention is required your midwife will transfer with you to the hospital birth suite.

Birth Suite

In Australia, birth suites are a common place to give birth, with immediate access to induction of labour, epidural pain management and caesarean section. This option is usually recommended for people with a high risk pregnancy or those planning to use an epidural during labour.

References:

1. Queensland Health. Rights and responsibilities. 2016; Available from: <https://www.health.qld.gov.au/sunshinecoast/mhas/rights-responsibilities>.
2. Sandell, J., et al., Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database Syst Rev, 2016. 4: p. Cd004667.
3. Dahlen, H., et al., Rates of obstetric intervention among low-risk women giving birth in private and public hospitals in NSW: a population-based descriptive study. BMJ Open, 2012. 2(5).
4. Birthplace in England Collaborative Group, Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study. 2011. 343: p. d7400.
5. Hutton, E.K., et al., Perinatal or neonatal mortality among women who intend at the onset of labour to give birth at home compared to women of low obstetrical risk who intend to give birth in hospital: A systematic review and meta-analyses. EclinicalMedicine, 2019.



Rainbow Families Australia supports and advocates for LGBTQ+ parents, carers and prospective parents across the country.

We provide community connection through monthly meet ups, playgroups for families with young children and family friendly events throughout the year.

*For more information visit
www.rainbowfamilies.com.au*

*Email: info@rainbowfamilies.com.au
Join the Rainbow Families Australia community on Facebook to connect with other LGBTQ+ parents and carers across Australia.*



RAINBOW FAMILIES

& perinatal care



**LOVE
MAKES A
FAMILY.**



RESPECT

You have the right to be treated with “respect, dignity & consideration”,¹ & this includes respect for your sexuality & gender identity. Let practitioners know upfront about your family structure, your pronouns, & your preferred words for your body parts. Birth is a deeply vulnerable time & it is important that you get the right care at this time. ***If you are dissatisfied with a service or practitioner & feel unable to raise the issue or lodge an official complaint yourself, please let RFA know so we can advocate on your behalf.***

PARTICIPATION

You have the right to “communication & participation” - this means understanding your options & being actively involved in decision-making.¹ Engaging with health care providers & services can be daunting. It's easy to become swept up in the moment & find yourself saying yes to tests & procedures without adequate information. You often need to advocate for yourself, or your partner, in order to make sure you receive & understand all the information you need to make an informed decision. The BRAIN acronym is helpful to use when you are interacting with health professionals. Make sure you get enough information to answer the following questions (remember you will likely need to ask for it!):

Benefits- what are the benefits of this procedure/option?

Risks- what are the risks involved?

Alternatives- what are the alternative options?

Intuition- what is my gut feeling? Does this make sense?

Nothing- what happens if we do nothing, or wait?

Weighing up these answers helps you to come to an informed decision.

Remember, it is your body, your baby, & your choice. You are entitled to be actively involved in decision-making about your perinatal care. That includes the right to consent to or refuse treatment.

ANTENATAL CLASSES

Antenatal classes & childbirth education are an important part of preparation for giving birth & caring for your newborn baby. Unfortunately a recent RFQ survey found that a significant amount of rainbow parents had negative experiences in these classes.

“ Much of the material referred to mums & dads & tips for dads etc. The antenatal educator referred to dads instead of saying partners which made my wife feel excluded as the non-birthing mum.”

Alternatives to hospital classes are one-to-one sessions with a childbirth educator or private midwife, or attending a private workshop with a small group of other pregnant people. Be sure to get recommendations from other rainbow families & have a conversation with the educator about inclusive language before you book.

BIRTH PLANNING

The purpose of having a birth plan is to encourage you (& any birthing partners) to get informed, & to be clear about your wants & needs during labour & birth. It also serves to communicate with staff about how you would like to be cared for, & can include things like use of pronouns & involvement of partner/s. Some trans or non-binary parents also choose to place a sign on the door of the birthing room so that any health staff who enter know the birthing person's gender identity & are aware of their correct pronouns.

PERINATAL CARE

Having a known carer might enable you to feel respected, safe, & have a more satisfying birthing experience.

Known midwife (public)

Most hospitals in Aus. offer a service known as Midwifery Group Practice, which offers safer birth & baby outcomes compared to models where the midwife is unknown.² The benefit of this service is that your midwife will get to know you & your family & will provide continuity of care. Unfortunately only 20% of people get access each year, so your GP must refer you as quickly as possible to avoid a waiting list.

“ My midwives were amazing! The only people who used my pronoun, understood my family structure & used the appropriate words for my body, & they advocated for me.”

Your midwife provides:

- Ongoing care throughout your pregnancy
- 24/7 availability for urgent concerns
- Care during labour & birth in hospital
- Home visiting for you & baby until six weeks after birth
- Consultation & referral to a public obstetrician if needed

Known midwife (private)

You can access a known midwife through the private system, with or without private health insurance. Endorsed midwives offer Medicare rebates & can provide homebirth or hospital birth (if they have visiting rights). Find a private midwife: www.midwivesaustralia.com.au

Known obstetrician (private)

Some people hire a private obstetrician for pregnancy care-- often much of the care during the labour is provided by a private hospital midwife, so to address this some private obstetricians work with private midwives so you get both a known obstetrician & known midwife: www.kindredmog.com.au

Intervention rates (e.g. having labour induced or an elective caesarean section) are higher in private hospitals.³ In addition, private obstetricians share their on-call with an often large group of other doctors, which means your doctor may not be available for your birth.

