



Birthing Options in the Hunter Valley

Covering Maitland, Newcastle and Singleton





Hello Mumma!

CONGRATULATIONS on your pregnancy. Whether this is your first, second or fifth baby, it is an exciting time as you grow and expand your family.

There are some critical decisions that need to be made along the way that can have impacts on the way you feel about your birth into the future. It can also significantly impact your postpartum experience.

This guide has been developed for you, to support you through making probably the biggest decision of all - choosing your care provider.

Choosing a care provider that supports your values of birth is critical. Work out what kind of birth YOU want first. How does it look and feel? Who is with you? What kind of environment are you in? Do you wish to hold the control and power of your choices? What is your acceptance of interventions? DO you want a hands off birth? Imagine yourself in the moment to get clear on this.

I encourage you to do a tour of various facilities or discuss the various models of care available to you with the caregivers responsible for that model of care. Ask lots of questions. It will be then you are able to make an informed decision if they are the right fit for YOU and YOUR BIRTH.

All images in this document are taken by Caitlyn at [EarthChild Photography](#)

Introduction

Obstetricians are highly trained **specialists in surgical procedures and the medical management of birth.**

Midwives are highly trained **professionals when it comes to normal, physiological birth.**

A woman who has private health care does not have to go with an Obstetrician in a Private Hospital. She must consider if the care provider views on birth align with hers and whether their rates on inductions, interventions and caesareans support met her acceptable or comfort level.

Likewise, a women may choose to seek out a more medicalised approach to birth if this is what she desires.

For the purpose of this guide and for use to inform clients that I may work with (within my travel range) I will cover off the options for your maternity care in Newcastle, Maitland and Singleton.



It is your right as a birthing woman to choose a care provider that aligns with your values.

You are well within your rights to change this care provider at any point during your pregnancy AND birth.

Private Midwife

For some women birthing at home is the only way. Engaging a Private Midwife means that all your pre and post natal care will be conducted by them. You will be responsible for interviewing and selecting your midwife of choice. Private Midwives record their own statistics so if you are interest in them you can certainly ask.

Private Midwives often take on women that have been placed into 'high risk' categories in the hospital system. Sometimes these high risk categories may be due to previous caesareans, gestational diabetes, age and so on.

Having that continuity of care in a Private Midwife is comforting for women and building the relationship between client and Midwife is wonderfully special and enables the trust in the women and birth to flourish.

Having a Private Midwife has exceptionally positive outcomes, including little to no intervention and paves the way for a more positive feeling leading into postpartum.

Some Midwives have admission rights for public hospitals, therefore if you do require a transfer they may still be able to be your caregiver, though many do not, please ask!

Cost for Independent Midwife is between \$5,000 - \$7,000

Some pre and post natal appointments are covered by Medicare, please contact directly.



Independent Midwives servicing Newcastle and the Hunter Valley

Morosini Midwifery

Ineka Morosini

0434743065

<https://www.morosinimidwifery.com>

mososini.midwifery@gmail.com

[@mososinimidwifery](#)

Valley Births

Di Longworth

0412 974 294

<https://www.valleybirths.com.au>

di@valleybirths.com.au

[@valley_births](#)

Homebirth with Helen

Helen Young

0407 907 793

homebirthwithhelen@gmail.com

[@homebirth_with_helen](#)

Birth with Passion

Tahlia Tattersall

0434 481 976

<https://www.birthwithpassion.com>

tahlia@birthwithpassion.com

Blossoming Mama Midwifery

Haylie Shaw

0431 813 375

haylie@blossomingmamamidwifery.com.au

[@blossoming_mama_midwifery](#)

Rhiannon Tongue - The Mindful Midwife

0434 586 607

@the_mindful_midwife_au

rhiannon.themindfulmidwife@gmail.com

Public Hospital

You will be referred to your local catchment area Public Hospital from your GP at around 12 weeks for further antenatal appointments and care, should you wish.

You will have the options for both midwifery or obstetric care, depending on if you are low or high risk.

If you have midwifery care, you are likely to see a different midwife at each antenatal appointment and you may not have those midwives at the time you give birth. It is whoever is on shift on that particular day.

Without complications, you may be home within 4-6 hours of giving birth.

There is no costs to a public maternity services, however through your GP appointments and scans you may or may not be bulk billed, please ask!

John Hunter Hospital - Newcastle, NSW

Newcastle and Lake Macquarie

https://www.hnehealth.nsw.gov.au/our_services/having-a-baby/john-hunter-hospital

Maitland Hospital, Maitland, NSW

Maitland, Cessnock, Kurri Kurri and Dungog area.

https://www.hnehealth.nsw.gov.au/our_services/having-a-baby/maitland-hospital

Singleton Hospital, Singleton NSW

Singleton

https://www.hnehealth.nsw.gov.au/our_services/having-a-baby/singleton_hospital



Private Hospital

You can attend any Private Hospital for birth, for any risk level of birth, regardless of where you live, however you must have Private Health Insurance, where you have completed the 12 month waiting period.

Newcastle Private is the private maternity care facility around Newcastle. You can check out profiles of all the Obstetricians available and the care received here:

<https://newcastleprivatehospital.com.au/maternity>

Pregnancy care, birth and postpartum care is provided by the same Obstetrician who works in conjunction with Midwives and Paediatricians.

You can expect to stay for 4 nights following a vaginal birth and 5 nights following a caesarean, providing there are no complications.

Cost for Private Maternity Care is between \$3,000 - \$7,500. This depends on the Obstetricians rate and how much they charge above the Medicare schedule fee.



Belmont Midwifery Group Practice

BIRTHING CENTRE (Belmont Birthing Centre) or HOME. Transfer to John Hunter Hospital if required.

Suitable if you are a healthy woman with low risk for medical or obstetric conditions, and interested in continuity of midwifery care.

The BMGP offers women continuous care with a known midwife throughout the pregnancy birth and postnatal period.

There is no planned postnatal stay in hospital.

It is important to note that there are some restrictions placed on the home birth option, including the distance you live from JHH.

More information can be found here:

<http://www.friendsofbelmontbirthing.org.au>

I recommend to make contact and express interest early in your pregnancy to secure your spot.

Cost is free as this is a publicly funded and fully insured program.



Midwifery Group Practice (MGP and HMGP)

Maitland: Midwifery Group Practice

https://www.hnehealth.nsw.gov.au/our_services/having-a-baby/maitland-hospital/pregnancy-care-at-maitland

John Hunter Hospital: Hunter Midwifery Group Practice

https://www.hnehealth.nsw.gov.au/our_services/having-a-baby/john-hunter-hospital/pregnancy-care-at-JHH

You will need a referral from your GP to this program.

Suitable for well healthy woman with normal risk for medical or obstetric conditions, in your first pregnancy or committed to a Vaginal birth after a caesarean (VBAC) and interested in continuity of midwifery care.

You will see the same midwife for your antenatal, birth and postnatal appointments.

Without complications, you may be home within 4-6 hours of giving birth.

Your antenatal and postnatal appointments may be in the community clinics or at your home.

There is no costs to a public maternity services, however through your GP appointments and scans you may or may not be bulk billed, please ask!



M3Team (For complex pregnancies)

Location: John Hunter Hospital

https://www.hnehealth.nsw.gov.au/our_services/having-a-baby/john-hunter-hospital/pregnancy-care-at-JHH

M3Team care model is for women with certain conditions or complicated pregnancies.

The team involved in your care through this model involves Obstetricians, Specialists and Midwives. All of your pregnancy care will be at the John Hunter Antenatal Clinic.

There is no cost as you are birthing through the public hospital system.

*A woman, as long as
she lives, will
remember how she was
made to feel at her
birth.*



GP Shared Care

PUBLIC HOSPITAL (John Hunter Hospital, Maitland Hospital and Singleton Hospital)

Shared care means that you are cared for by your GP in consultation with the hospital doctors and midwives.

You will attend your nearest Community Antenatal Clinic (Newcastle, Maitland or Singleton) for a Booking-in visit, and you will have 1 - 2 appointment prior to the arrival of your baby.

Your baby will be born at the Birth Suite closest to you - JHH, Maitland or Singleton.

Shared Care enables you to continue seeing your family doctor, who you already know and trust, during your pregnancy, and this may be more convenient for you. You will need to check if your family doctor takes on maternity care, usually lower risk and you will need to ask if bulk billing is available.



Freebirth

Freebirth is when you choose to birth your baby without medical or midwifery assistance. It is also known as an unassisted birth. Usually, the baby is born at home.

Women are choosing to freebirth for a variety of reasons, these include:

- Independence and control over their choices
- Dissatisfaction with healthcare providers or previous birthing experience resulting in trauma or obstetric violence
- Total innate wisdom, where a woman owns her birth and surrenders to the uninterrupted birthing process

The cost to freebirth is free



Doula

Hiring a Doula to provide continuity of care can have great outcomes to birthing experiences for the birthing mother but also her partner and family. Care can be provided from the time of conception, through pregnancy, labour and birth, and into the postpartum period (6 months) and beyond.

Supports provided are specific to each individual circumstance and family from emotional/mental, physical, spiritual both of religious nature and energetically, educational and advocacy.

Doulas are there to support the family with tools and resources to gain back confidence in themselves, trust their instincts as parents, make decisions best for themselves and their baby and thrive in parenthood.

It is important to note that Doula's are not medical professionals. They do not give any medical advice nor conduct any medical procedure. They do not replace the role of a Midwife.

Hiring a Doula varies in cost depending on their packages. A general guide may be \$1,000 - \$3,000.



Continuous support during labour may improve outcomes for women and infants, including increased spontaneous vaginal birth, shorter duration of labour, and decreased caesarean birth, instrumental vaginal birth, use of any analgesia, use of regional analgesia, low five-minute Apgar score and negative feelings about childbirth experiences.

Extra resources to understand the landscape

Documentaries:

The Face of Birth - <https://faceofbirth.com/>

Birth Time - <https://www.birthtime.world>

Born at Home Film - <https://bornathomefilm.com/>

Podcasts:

Valley Village Collective Podcast -

<https://open.spotify.com/show/oSLO7EBPQl8eYRW8rgC7TH>

The Great Birth Rebellion - <https://www.melaniethemidwife.com/podcasts/the-great-birth-rebellion>

Midwives Cauldron - <https://themidwivescauldron.buzzsprout.com>

Australian Birth Stories - <https://australianbirthstories.com/>

Websites:

Dr Sara Wickham - <https://www.sarawickham.com/>

Evidence Based Birth - <https://evidencebasedbirth.com/>

Dr Kirsten Small - <https://birthsmalltalk.com/>

Dr Sarah Buckley - <https://sarahbuckley.com/>

Dr Rachael Reed - <https://midwifethinking.com/>

Books

Childbirth as a Rite of Passage - Dr Rachel Reed

Gentle Birth, Gentle Mothering - Dr Sarah Buckley

Beyond the Birth Plan - Rhea Dempsey

Birth with Confidence - Rhea Dempsey

Birth after Caesarean - Hazel Keedle (VBAC related)

Birth Stats NSW - https://www.instagram.com/birthstats_nsw/

National Core Maternity Indicators - <https://www.aihw.gov.au/reports/mothers-babies/national-core-maternity-indicators/contents/about>

NSW Mothers and Babies Report -

<https://www.health.nsw.gov.au/hsnsw/Pages/mothers-and-babies-reports.aspx>

Questions to ask your prospective care provider

When meeting with potential care providers, both midwifery led and obstetric teams select questions from the list below that strongly align to the type of birth you want. Ensure you take notes.

1. How can you best support my desire to have a physiological, undisturbed birth?

Listen for care providers views, take notes and listen for negative, dismissive language or red flags. If something doesn't sit right with you, it probably isn't right.

2. Are there restrictions to the number of support people I can have?

A supportive care provider will recognise that the support you receive from loved ones and significant people, including doulas can improve birth outcomes. Listen for red flags.

3. How do you work with doulas?

This will open the conversation with your care provider on having a doula present at your birth. Highlight with your care provider that it is important to you that your care provider team, yourself and partner and your doula work together, with your wants and needs at the forefront of all decisions.

4. What is your policy on going past 40 weeks?

Find out what your care providers policy is on going past 40 weeks. Remembering that it is common for first time mothers to go past 40 weeks.

5. What are your policies on the following topics and how do they feel about you declining them?

Ultrasound, GD screening, Strep B testing, Blood pressure and vital signs, Vaginal examinations, Cannula for IV fluids/drugs, monitoring, water immersion/shower, restricted to the bed for birth, assisted delivery, episiotomy, fetal monitoring.

You will be able to obtain the care providers policies and procedures on these topics. You are able to consent or decline to any procedures.

Questions to ask your prospective care provider cont.

6. What options do you provide and support in terms of monitoring?

Question whether the location has wireless monitoring (telemetry) or the Bluetooth option called Monica Novii. Ask how this will be supported with moving freely and water immersion/shower. Would they support intermitted monitoring using a doppler only.

7. What if my membranes release and I have a delay in commencing contractions? At what point would you recommend antibiotics?

Find out what your locations policy is around administering antibiotics after release of membranes. How long will they wait until they would like to administer antibiotics? Or discuss further induction.

8. Do you support vaginal breech births?

Vaginal Breech Births make up 3-4% of births at term. It is good to know what your options are if this is the case.

9. How long do you support a labour for without any intervention? What positioning during labour do you support?

Women should not be placed on a time frame. They should not receive pressure, coercion or threats of their baby's health if they choose to continue to labour. Each women labour at a different pace, meaning some women advance quickly to the term 'active labour' and others may take longer to get there but once they do, their baby can be in their arms soon after. Women should be able to birth their babies in positions that feel comfortable for them, usually is that of upright or forward leaning. Midwives or Obstetricians will need to manoeuvre around the women accordingly. It is not your job to accommodate the medical team.

Questions to ask your prospective care provider cont.

10. Under what circumstances would you recommend an induction?

Seek reasons and ask for the evidence that supports this. Take notes.

11. What is your induction rate, including preferred method and timing?

The options are: stretch and sweep, prostaglandins (gel) or Cevidil (tape), balloon catheter, AROM (artificial rupturing of membranes), Syntocinon drip.

What does an induction come with – monitoring, vaginal examinations, any restrictions of movement, use of water?

12. What is your caesarean rate?

You will know from this rate is your care provider really supports natural birth. WHO (World Health Organisation) recommends a rate of 10-15%. Currently (2021, Mothers and Babies report) Australia rate of Caesarean is 38%.

13. What is your position on epidurals?

Is a walking epidural an option? Having a walking epidural can increase your chances of continued movement with assistance from your partner or midwife. The walking epidural means you can still feel your legs, pelvis and contractions but it allows the intensity to be reduced.

14. Do you support waterbirth?

What policies do you have in place around waterbirth.

15. What is your guideline of care for a potential 'big baby'?

There is no value to suggest that it is necessary to induce for a 'big baby' since we know inducing can activate the cascade of intervention.

Questions to ask your prospective care provider cont.

16. How do you define delayed cord clamping?

Delayed Cord Clamping (cord is not cut immediately) vs Optimal Cord Clamping (cord is not cut until cord has stopped pulsating and it is limp and white, meaning all blood has been received by the baby).

17. What is your position on a physiological birth of the placenta as opposed to a managed third stage?

How much time will you allow for the delivery? If you have a normal physiological birth, no drugs and a calm relaxed environment, there is no reason why you cannot have a physiological third stage. Promoting the breast crawl will support the release of your placenta.

If you have received drugs during your birth, the risk of postpartum haemorrhage is higher and therefore it would make sense to have a managed third stage.

18. What kind of breastfeeding support is available?

How is your team going to support me to encourage my baby to the breast and look to begin to establish feeding prior to discharge.

Consider their approach to allowing your baby time to initiate the breast crawl. How will the care providers support this to happen – think calm environment, minimal disruptions, checks delayed.

Want to get to know me more?

Hi, I'm Carly

I'm a Mum, wife, lover of cooking, the outdoors, sport and exercise, spending time with my family and a good book. I live with my family in East Maitland, NSW in the beautiful Hunter Valley. I'm a big believer in taking a holistic approach to life. I am a loyal, committed, caring person and a massive supporter of women, especially women navigating maiden to mother.

I have 3 little girls and became a mother in 2017. Once I had experienced navigating pregnancy, the transformational moments of birth and the identity shift and challenges of postpartum, I felt my true passion and life's purpose come to light.

Through my training and working with women, my desires for women are that they feel informed of all possibilities during pregnancy, labour and birth.

Knowledge, evidence and instincts lead to informed decisions which in turn can positively impact a women's feelings about her birth and the outcome, including how she feels during postpartum. As a doula, I support you to bring your ideal birth to life.

I desire for women to be strong advocates for themselves and their baby during birth as well as postpartum. I support you to gain confidence in your body and baby's ability to birth and teach you language on how you and your partner can advocate for yourself.

I desire women to take care of themselves first, to set boundaries so they can thrive, to be nourished and nurtured adequately to promote optimal rest and recovery during their early postpartum days and beyond. I desire women to seek and have available to them, the support they need to nurture themselves to their new identity, in a gentle way, during the transformational time of maiden to mother.



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I hope to hear from you soon.