



HBF Maternity Report 2017

hbf
Making healthy happen

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Navigating the pregnancy journey

For most people, getting ready to have a baby is equal part exciting and overwhelming. If you live in Western Australia and you're thinking about starting a family or you're expecting, we've compiled this report to help you understand your pregnancy healthcare options. And as WA's leading health insurer, we've detailed exactly what you can expect in the private system. We've also enlisted a team of health professionals to provide advice on how to exercise, eat well and maintain optimum health before, during and after pregnancy.

“For first-time parents, pregnancy can feel like a journey into the unknown. We hope this guide will be a useful resource over the coming months.”

Jennifer Solitario, HBF
Executive General Manager,
Health & Wellness



Knowing your options

When thinking about healthcare during pregnancy, the first question you're likely to ask is, 'Should we go public or private?' Here, we explain important considerations to help inform your decision.

A PLACE TO START

Jennifer Solitario, HBF Executive General Manager Health & Wellness, suggests, “It’s a case of weighing up the pros and cons of both healthcare systems, and matching these with your own personal circumstances and priorities. In the end, some people are quite happy to have a baby in the public system. Others are willing to pay that bit extra for the added choice, continuity of care and comfort you get from going private.”

So, what are the pros and cons? Below we discuss the differences between having a baby in WA’s public and private health systems, and explain important factors to consider, including inpatient and outpatient services, waiting lists and specialist fees.

GOING PUBLIC

The main reason parents opt to have their baby in the public health system is because it generally costs less than having your baby in the private system. If you have a Medicare card, the cost of pregnancy care and having a baby in the public system can range from [nothing to \\$1,500](#). If you have your baby in the public system, consultations and healthcare performed by obstetricians, anaesthetists and paediatricians for you and your baby are often fully covered by Medicare.

During your pregnancy, you may experience out of pocket costs for appointments with your general practitioner (GP) if they don’t bulk bill patients. Other expenses, which may be partially covered by Medicare, but still attract an out of pocket cost, include: blood tests, ultrasound scans, antenatal classes and consultations with a doula, if you choose to hire one. Your total out of pocket will largely be determined by the healthcare providers you choose to go with.

As with most things in life, when you opt for a service that costs less than others, you’re likely to make some compromises on quality and experience.

Some things to consider if you choose to go public, include:

Access to specialists

Your healthcare check-ups during pregnancy are likely to be predominantly with a midwife, as opposed to an obstetrician.

Choice of specialist

You will not get to choose which obstetrician delivers your baby.

Continuity of care

When you have health check-ups during your pregnancy, you may see a different midwife or obstetrician each time. It generally depends on who is on duty at the time.

Choice of birthing method

You will only have the option of a caesarean birth when it is deemed medically necessary.

Length of stay in hospital

Patients in public hospitals are, on average, discharged two days after giving birth, which is a shorter length of stay than patients who give birth in private hospitals.

Experience while in hospital

You may have to spend the days after giving birth in a shared room with other patients, and your partner (or main support person) is not guaranteed to be able to stay overnight in the hospital with you. ►

GOING PRIVATE

Having a baby is one of the most special experiences in life. Parents who choose to have their baby in the private system most often do so because they value the added choice, continuity of care and overall level of comfort they experience during pregnancy, during the birth itself, and in the days immediately following the birth. If you have private health insurance (with maternity cover), the cost of having a baby, including healthcare during pregnancy, will start from approximately \$3,000. We list these costs on pages 10-18 of this Report. Parents are prepared to pay more for:

Choice of specialist

You can choose your obstetrician, so you can be almost certain your chosen obstetrician will be the obstetrician who delivers your baby.

Access to specialists

During pregnancy, you have regular healthcare check-ups with the obstetrician you've chosen to deliver your baby. Your obstetrician, generally, has a small team that comprises a midwife, paediatrician, anaesthetist and fellow obstetricians who they work with regularly, so you get access to them through your obstetrician too.

Continuity of care

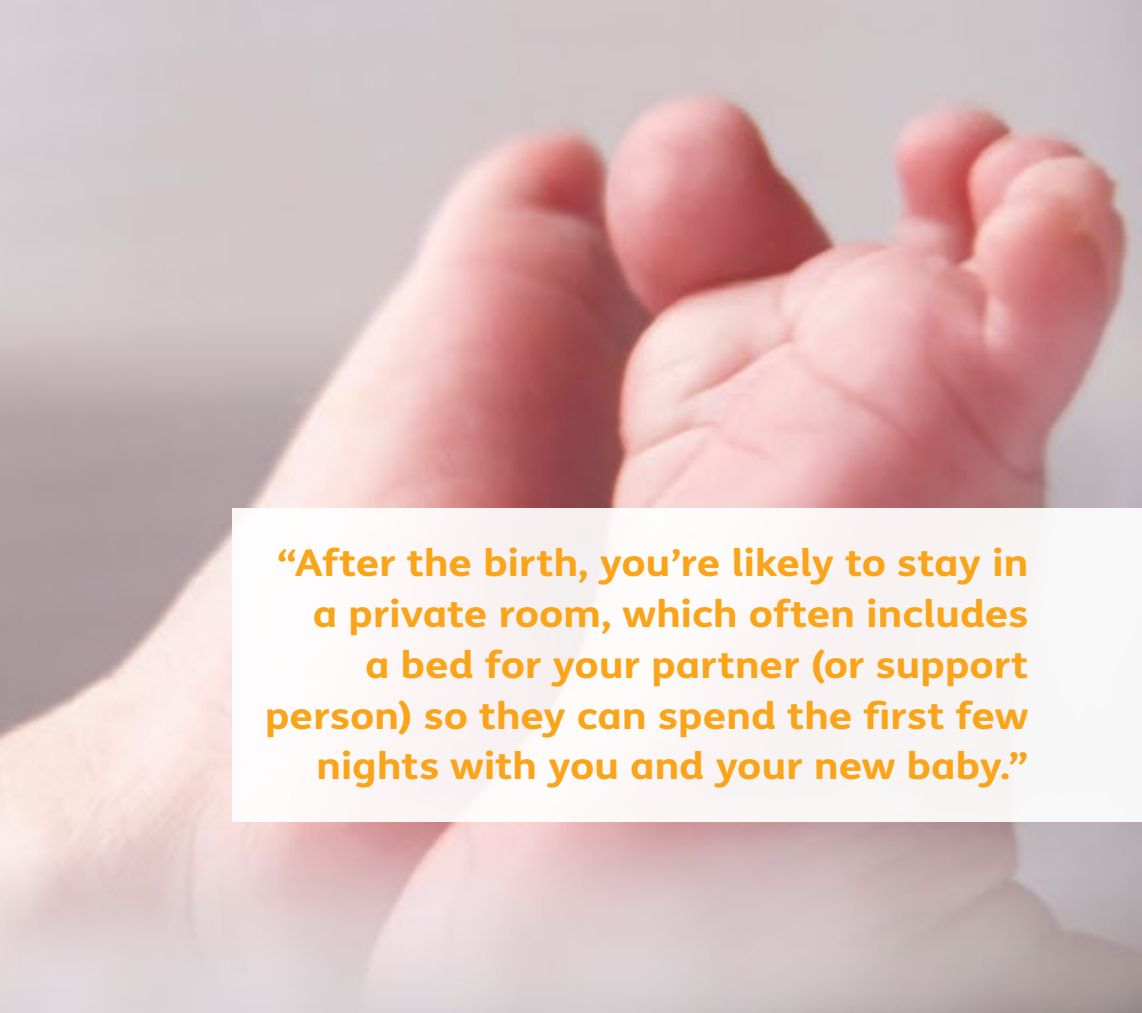
When you have health check-ups during your pregnancy, they are all with your obstetrician of choice, or their small team of specialists, such as their dedicated midwife. You will know who you will see at each appointment.

Choice of birthing method

You can discuss with your obstetrician the option of a caesarean, as opposed to a vaginal birth. Your chosen obstetrician, however, will ultimately decide whether it's suitable for you to have a caesarean birth.

Length of stay in hospital

HBF members in private hospitals are, on average, discharged three days after a natural, uncomplicated birth, and five days after a caesarean birth, which is a longer length of stay, on average, compared to patients who give birth in public hospitals.



“After the birth, you’re likely to stay in a private room, which often includes a bed for your partner (or support person) so they can spend the first few nights with you and your new baby.”

Experience while in hospital

After the birth, you're likely to stay in a private room, which often includes a bed for your partner (or support person) so they can spend the first few nights with you and your new baby.

The extra time in hospital before discharge allows you to receive more comprehensive advice and support from specialist healthcare providers such as neonatal paediatricians, physiotherapists, obstetricians, midwives and nurses on things like breastfeeding, settling your baby, and post-natal recovery exercises for your body.

If you're an HBF member, this is a good time to discuss options to add your baby to your family's health insurance policy, which means they will be entitled to the same level of cover you currently receive on your policy. HBF can also answer any questions you may have about making a claim, or tell you if you're covered for unexpected things like prolonged stays or extra treatment. ▶

IMPORTANT THINGS TO KNOW IF YOU'RE THINKING ABOUT GOING PRIVATE

Waiting periods

Generally, Australian private health insurers require members to serve a 12-month waiting period before they begin claiming benefits (money back) for maternity-related healthcare services in hospital. This means, if you're thinking about starting a family, you should ensure your private hospital insurance policy includes maternity cover at least three months before you fall pregnant.

Jennifer Solitario, HBF Executive General Manager Health & Wellness, suggests starting a family is also a good reason to consider cover options for extras (or ancillary) healthcare services, "Our claims data shows physiotherapy, including pre- and post-natal exercise classes, chiropractic manipulation, and strengthening consultations are the most common services claimed by pregnant women." Waiting periods for extras services vary, but most have a two-month waiting period, across all Australian health funds.

Inpatient and outpatient services

Ms Solitario says, "Knowing the difference between inpatient and outpatient services, and the legalities that determine which services health insurers can pay a benefit for, will give you a good understanding of the likely out of pocket costs you'll have if you choose to have your baby in the private system."

Under Australian law, health insurers are only allowed to pay a hospital insurance benefit on inpatient services. An inpatient is a patient who is admitted into hospital for medical treatment.

Maternity-related services you're likely to receive as an inpatient (and therefore will receive a benefit for if you have private hospital insurance, with maternity cover included in your policy), include:

- Hospital accommodation
- Theatre and surgical fees
- Specialists' fees (such as obstetricians and anaesthetists)
- In-hospital pharmaceuticals and dressings
- Diagnostic tests



The average out of pocket an HBF member paid per birth (January – September 2016) for the above inpatient services was \$1,273. The average amount HBF paid for members, per birth, was \$9,862.

An outpatient is a patient who receives medical treatment, but does not require admission to hospital. By law, health funds cannot pay a hospital insurance benefit on any treatment you receive as an outpatient and you'll have to rely on a Medicare benefit to reduce your out of pocket expense.

Ms Solitario explains, "If you opt to have your baby in the private system, you are likely to have some out of pockets for outpatient services, such as obstetrician consultations and ultrasound scans during pregnancy. Generally, you'll receive a Medicare rebate on these services, but investigate this ahead ►

of any appointments by calling the healthcare provider, asking them what their fee is, and what your likely out of pocket expenses will be.”

Specialist fees

For births in private hospitals, one of the main reasons out of pocket costs vary for different patients is the disparity between specialist fees. In a private hospital, the government will pay 75 per cent of a set rate (this is the Medicare Schedule Fee), and your private health insurer pays the remaining 25 per cent. However, if specialists such as your obstetrician, paediatrician or anaesthetist choose to charge over the schedule rate, you will need to cover the difference. This is commonly referred to as the ‘gap’ or ‘out of pocket cost’.

Ms Solitario advises expecting parents to research their options before choosing their specialists, “Specialist fees can vary greatly, so shop around. Before you choose your obstetrician, I’d recommend comparing fees of a few. And you should ask your health fund which obstetricians they have ‘no gap’ arrangements with. Choosing an obstetrician who has a ‘no gap’ arrangement will bring down your out of pocket cost.”

“Your obstetrician will often choose which paediatrician and anaesthetist they call on for support during the birth and for subsequent check-ups. Once you’ve settled on your obstetrician, it’s a good idea to ask them whether the anaesthetists they work with also have ‘no-gap’ arrangements with your health fund,” Ms Solitario says.

“If you’re thinking about starting a family, you should ensure your private hospital insurance policy includes maternity cover at least three months before you fall pregnant.”

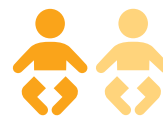


DID YOU KNOW? From January to September 2016:



3,940

HBF members gave birth



44

sets of twins were born to HBF members



1,928

HBF members had caesarean deliveries



2,012

HBF members had vaginal deliveries

What to expect during pregnancy

Knowing what happens, and when, can go a long way to helping you stay organised and on top of your pregnancy care plan. Here's what to expect over the coming months, and how much it'll all cost, if you opt to have your baby in the private health system.

Weeks 4-5

What: General practitioner (GP) visit to confirm pregnancy

Why: You'll need a referral from your GP to have the necessary blood test and dating scan completed which will confirm your pregnancy, your immunity (and therefore your baby's immunity) against key diseases and your due date. You'll also need a referral from your GP to secure a booking with an obstetrician (OB). Your OB will require results of your dating scan and blood test in your first appointment with them.

Who: GP

What to expect: Your GP will ask if you've taken a home pregnancy test and when you last menstruated, which they will use to estimate your due date. They'll then refer you for a blood test, to confirm your pregnancy and check your immunity against key diseases. Your GP will also recommend you visit your pharmacist to discuss and purchase pregnancy supplements and will guide you regarding key next steps in your pregnancy journey including a referral to a radiology clinic for a dating scan, to confirm your baby's due date. They will also provide a list of OBs to consider booking in with.

Inpatient or outpatient? Outpatient

Approximate out of pocket cost: GP consultation - \$0-50

Pregnancy supplements - Approx \$30-150, depending on the range of supplements you opt for and number of capsules per supplement.

Extra tips:

- You can avoid an out of pocket for your GP consultation if your GP bulk bills.
- HBF members get 15% off everyday purchases at Friendlies Pharmacies, including pregnancy supplements (non-prescription).

Week 6

What: Dating scan

Why: This scan will provide a more accurate estimate of your baby's due date, based on their actual measurements. Your OB will require the results of your dating scan in your first appointment with them.

Who: Sonographer

What to expect: To ensure a clear scan, you'll be advised to drink a certain amount of water, so you have a full bladder prior to your appointment. In the appointment the sonographer will scan your abdomen using an ultrasound machine and take key measurements of your baby. You'll be able to see a flicker on the TV monitor, which is your baby's heartbeat. Based on baby's measurements, the sonographer will be able to give you an indication of your baby's due date. They will send the results to your GP or OB (if you have already booked in with one).

Inpatient or outpatient? Outpatient

Approximate out of pocket cost: \$0-130

Extra tip:

- You can avoid an out of pocket if you ask your GP for a referral to a radiology clinic that bulk bills for this scan. ▶

WEEKS 4-5



General practitioner (GP) visit.



A blood test is taken to confirm pregnancy.



GP will give you a referral for an obstetrician (OB).

WEEK 6



A sonographer will scan your abdomen using an ultrasound machine.



The dating scan will confirm baby's due date.

Week 8

What: First OB consultation

Why: Your OB will provide ongoing 24/7 health support during your pregnancy and will be on call to deliver your baby in the hospital. You will have at least one post-birth consultation with them too.

Who: Obstetrician

What to expect: After friendly introductions with your OB, they will use an ultrasound machine to scan your abdomen.

Depending on your OB's room set-up, you'll either hear your baby's heartbeat, or both hear the heartbeat and see your baby on a TV monitor. Your OB will outline the key next steps of your pregnancy journey, including a referral to a sonographer for your 12-week scan. They'll also address any questions or concerns you have.

Inpatient or outpatient? Outpatient

Approximate out of pocket cost: \$250-350 depending on your obstetrician's fee schedule.

After week 10

What: Non-invasive prenatal test (optional)

Why: This optional test measures the chance of genetic conditions such as Down syndrome, Edwards syndrome and Patau syndrome. It can also determine your baby's gender (if you'd like).

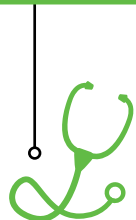
Who: Nurse / phlebotomist

What to expect: A nurse or phlebotomist at a pathology centre will take a sample of your blood with a simple blood test. Depending on your provider, the sample will be sent overseas or interstate for analysis, and the results will be sent to your OB. Your OB will call you with the results of the test. If you'd like to know the gender of your baby they'll be able to tell you that, based on the results, too.

Inpatient or outpatient? Outpatient

Approximate out of pocket cost: \$395-850 depending on which provider you choose. ▶

WEEK 8



First OB consultation.



OB will use an ultrasound machine to scan your abdomen.



OB will outline the key next steps of your pregnancy journey.



OB can address any questions or concerns.



AFTER WEEK 10



A nurse will do a simple blood test.



The test can confirm the baby's gender if you wish.



The sample will be analysed and results sent to your OB.



Week 12

What: 12-week ultrasound

Why: This scan will check to see the baby is developing healthily. Key measurements, including the baby's skull and heartbeat are recorded. The fluid content at the base of the baby's neck is also measured to determine their risk of having Down syndrome. The placenta and mother's uterus, fallopian tubes and pelvic region are also examined. The scan is used to confirm pregnancy due dates and to confirm if one or more baby is present.

Who: Sonographer

What to expect: You'll be advised to have a partially full bladder when you have this scan done. The sonographer will use an ultrasound machine to scan your abdomen and will record important measurements of your baby. They'll tell you whether everything is measuring normally and will send the results of the scan to your OB. Generally, you'll receive a printout of images from the scan to take home.

Inpatient or outpatient? Outpatient

Approximate out of pocket cost: \$145-255 depending on which provider you choose.

Weeks 13-14

What: OB consult

Why: Your OB will provide ongoing 24/7 health support during your pregnancy and will be on call to deliver your baby in the hospital. You will have at least one post-birth consultation with them too.

Who: OB (OB may opt to alternate subsequent appointments with their recommended midwife).

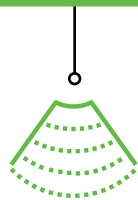
What to expect: You'll discuss the results of your 12-week scan with your OB/midwife. Generally, they'll scan your abdomen using an ultrasound machine to check your baby's heartbeat. In all of your appointments they'll discuss what happens when you're admitted to hospital and guide you regarding necessary paperwork required for hospital admission. They'll also address any questions or concerns you have.

Inpatient or outpatient? Outpatient

Approximate out of pocket cost: \$50-200 depending on your obstetrician's fee schedule, and whether they alternate appointments with your midwife. ▶

WEEK 12

WEEKS 13-14



12-week ultrasound.



This scan records measurements.



The baby's heartbeat is recorded.



The scan is used to confirm pregnancy due dates.



OB consult.



You'll discuss the results of your 12-week scan.



They'll begin discussions about what happens when you're admitted to hospital.

Weeks 18-20

What: Morphology scan (also called an anomaly scan or commonly called the 20-week scan)

Why: This scan will check the baby's heartbeat, measure the size of the baby, examine the position of the placenta, check the volume of amniotic fluid around the baby and look for foetal abnormalities.

Who: Sonographer

What to expect: You'll be advised to have a partially full bladder for this appointment. The sonographer will use an ultrasound machine to scan your abdomen and will record important measurements of your baby and check that all the vital organs are developing normally. They'll tell you whether everything is developing normally and will send the results of the scan to your OB. At this point they will be able to tell you the gender of your baby (if you'd like), based on the scan. Generally, you'll receive a printout of images from the scan to take home.

Inpatient or outpatient? Outpatient

Approximate out of pocket cost: \$0-185 depending on which provider you choose.

Extra tip: You can avoid an out of pocket if you ask your OB for a referral to a radiology clinic that bulk bills for this scan.

Week 20

What: OB planning and management consult

Why: Your OB will provide ongoing 24/7 health support during your pregnancy and will be on call to deliver your baby in the hospital. You will have at least one post-birth consultation with them too.

Who: OB

What to expect: You'll discuss the results of your morphology scan with your OB. Generally, they'll scan your abdomen using an ultrasound machine to check your baby's heartbeat.

Inpatient or outpatient? Outpatient

Approximate out of pocket cost: OB planning and management fee. This is a one-off fee for the 24/7 healthcare support your OB provides you for the duration of your pregnancy. \$1400-4000 depending on your obstetrician's fee schedule.

Extra tip: As specialist fees vary greatly, when you research your OB options, ask each one what their one-off planning and management fee is. ▶

WEEKS 18-20



Morphology scan (also called an anomaly scan or commonly called the 20-week scan).



The scan will check baby's heartbeat.



Scan checks for foetal abnormalities.

WEEK 20



OB planning and management consult.



Discuss results of morphology scan.



OB will scan your abdomen to check your baby's heartbeat.

Week 24

What: OB consult

Why: Your OB will provide ongoing 24/7 health support during your pregnancy and will be on call to deliver your baby in the hospital. You will have at least one post-birth consultation with them too.

Who: OB (OB may opt to alternate subsequent appointments with midwife)

What to expect: Generally, they'll scan your abdomen using an ultrasound machine to check your baby's heartbeat. They will also recommend you book in with a pathology centre for a routine glucose tolerance test.

Inpatient or outpatient? Outpatient

Approximate out of pocket cost: \$50-200 depending on your obstetrician's fee schedule, and whether they alternate appointments with your midwife.

Weeks 24-28

What: Glucose tolerance test

Why: To test for gestational diabetes mellitus (sometimes referred to as GDM), which is a form of diabetes that occurs during pregnancy and usually goes away after the baby is born. It is diagnosed when higher than normal blood glucose levels first appear during pregnancy.

Who: Nurse / phlebotomist

What to expect: You will be asked to fast (not have anything to eat or drink, other than water) for eight hours before this appointment. A nurse or phlebotomist will take a sample of your blood with a simple blood test. You'll then be asked to drink a cup of a glucose (sugary) solution. The nurse or phlebotomist will take another sample of your blood an hour after you drink the solution, and then again another hour later. The results of the test will be sent to your OB.

Inpatient or outpatient? Outpatient

Approximate out of pocket cost: \$0 - Your OB will generally refer you to a pathology clinic that bulk bills. ▶

WEEK 24



OB consult.



OB will scan your abdomen to check your baby's heartbeat.



OB will refer you for glucose tolerance test.

WEEKS 24-28



Glucose tolerance test.



You will not be able to eat or drink for eight hours before test.



The results of the test will be sent to your OB.

Weeks 26-28

What: OB consult

Why: Your OB will provide ongoing 24/7 health support during your pregnancy and will be on call to deliver your baby in the hospital. You will have at least one post-birth consultation with them too.

Who: OB (OB may opt to alternate subsequent appointments with midwife)

What to expect: In addition to discussing the results of your glucose tolerance test, they'll scan your abdomen using an ultrasound machine to check your baby's heartbeat. They'll also address any questions or concerns you have and recommend you book in with your GP for flu and whooping cough vaccinations.

Inpatient or outpatient? Outpatient

Approximate out of pocket cost: \$50-200 depending on your obstetrician's fee schedule, and whether they alternate appointments with your midwife.

After weeks 26-28

What: OB consult every two to three weeks until birth (may include scans)

Why: Your OB will provide ongoing 24/7 health support during your pregnancy and will be on call to deliver your baby in the hospital. You will have at least one post-birth consultation with them too.

Who: OB (OB may opt to alternate subsequent appointments with midwife)

What to expect: Generally, they'll scan your abdomen using an ultrasound machine to check your baby's heartbeat.

Inpatient or outpatient? Outpatient

Approximate out of pocket cost: \$50-200 depending on your obstetrician's fee schedule, and whether they alternate appointments with your midwife. ▶

WEEKS 26-28



OB consult.



Discussion of the results of your glucose tolerance test.



OB will recommend you book flu and whooping cough vaccinations.

AFTER WEEKS 26-28



OB consult every two to three weeks until birth.



OB will scan your abdomen to check your baby's heartbeat.



They'll address any questions or concerns you have.

Weeks 28-32

What: Flu and whooping cough vaccinations

Why: Vaccination during pregnancy against influenza and whooping cough stimulates your body's production of antibodies that get passed on to your baby before birth. Whooping cough, in particular, can be life threatening to a baby who is not yet vaccinated. The antibodies your body produces after you receive the vaccination will protect your baby until they are ready to receive their own vaccinations at around six weeks of age.

Who: GP

What to expect: The GP or nurse will administer the vaccinations into the muscle of your upper arm, generally in your non-dominant arm.

Inpatient or outpatient? Outpatient.

Approximate out of pocket cost: GP consultation - \$0-50

Extra tip:

- You can avoid an out of pocket for your GP consultation if you book in with a GP who bulk bills.

Week 32

What: 32-week ultrasound

Why: This scan will check to see that the baby is growing normally and to assess the placenta and baby's position.

Who: Sonographer

What to expect: You won't need a full bladder for this scan (pew!). As at your previous scans, the sonographer will use an ultrasound machine to scan your abdomen and will record important measurements of your baby. They'll tell you whether everything is progressing normally and will send the results to your OB.

Inpatient or outpatient? Outpatient

Approximate out of pocket cost: \$145-\$255 depending on which provider you choose. ▶

WEEKS 28-32



Flu and whooping cough vaccinations



The vaccinations will be administered into the muscle of your upper arm.

WEEK 32



A scan to see that the baby is growing normally.



This scan will also assess the placenta and baby's position.



The results will be sent to your OB.

Weeks 32-36

What: Antenatal classes (optional)

Why: These classes offer education and advice for pregnant women and their partners, before a baby is born.

Who: Midwife and / or physiotherapist

What to expect: Generally held in a group setting, attended by mothers and / or partners, the facilitator covers topics including what to expect during labour, breastfeeding techniques, exercises for pregnant women, how to care for a baby and settling techniques.

Inpatient or outpatient? Outpatient

Approximate out of pocket cost: \$0-350, depending on which provider you choose, which classes you choose to attend and whether you are eligible for a rebate from your private health fund.

Birth - discharge

What: Your OB delivers your baby and a paediatrician provides specialist advice and check-ups on the health of your baby.

Why: It's time for your baby to enter the world!

Who: OB, with anaesthetist and / or paediatrician if required

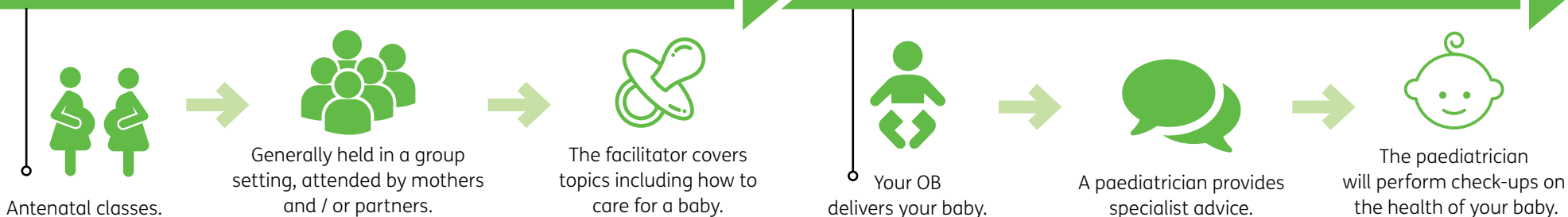
What to expect: Your OB will instruct you what to do during each phase of childbirth. During the birth, your OB may seek specialist assistance and advice from a paediatrician and anaesthetist to ensure a smooth, healthy delivery for you and your baby. Paediatricians diagnose and treat serious, high-risk and complex conditions experienced by newborns.

Inpatient or outpatient? Inpatient

Approximate out of pocket cost: The average out of pocket an HBF member paid per birth (Jan-Sep 2016) was \$1,273. This is the total average gap - for services by specialists such as obstetricians, paediatricians and anaesthetists, associated medical treatment, and accommodation and food in a private hospital for mother, baby and partner. ▶

WEEKS 32-36

BIRTH - DISCHARGE



Post discharge

What: Lactation consults (optional)

Why: These consultations help you if your baby is having difficulty breastfeeding.

Who: Midwife / lactation consultant

What to expect: A professional breastfeeding specialist (often a midwife) will guide you on ways to overcome latching difficulties, painful nursing and low milk production.

Inpatient or outpatient? Post-discharge, but linked to your inpatient episode

Approximate out of pocket cost: \$0-500, depending on which provider you choose, how many subsequent consultations you have and whether you are eligible for a rebate from your private health fund.

Extra tip:

- If you're an HBF member with maternity cover, some lactation consultations provided by your hospital will be covered by your health insurance.

6 weeks post discharge

What: Routine post-birth health checks including an OB consultation for you, and a child health nurse consultation for your baby

Why: You'll have at least one post-birth consultation with your OB to monitor your body's recovery after childbirth. In your consultation with your child health nurse they will monitor how your baby is growing and check whether any conditions that may need treatment are present.

Who: OB and child health nurse

What to expect: In your OB consultation they'll ensure your body is recovering normally post birth and provide advice for continued good health post pregnancy. In your child health nurse consultation, the child health nurse will check and discuss your baby's hearing, vision, development, height, weight and head circumference growth. They will provide advice about parenting, maternal and family health including information about immunisation and referrals to other health professionals, if required.

Inpatient or Outpatient? Outpatient

Approximate out of pocket cost: OB consultation - \$50-200 depending on your obstetrician's fee schedule, and whether they alternate appointments with your midwife. Child health nurse consult - \$0

Extra tips:

- If you're admitted to hospital in the six weeks following discharge, for a health issue related to the birth, it is still considered a maternity episode. If you still hold maternity coverage as part of your private hospital policy, you'll still be covered for the treatment. We recommend you maintain your maternity coverage for at least six weeks post birth.
- HBF members with maternity cover get access to some fully covered consultations with [Ngala](#), which offers post natal support services such as baby sleep and settling strategies.

POST DISCHARGE



Lactation consultations



These consultations help you if your baby is having difficulty breastfeeding.

6 WEEKS POST DISCHARGE FROM HOSPITAL



Routine post-birth health checks.



OB consult.



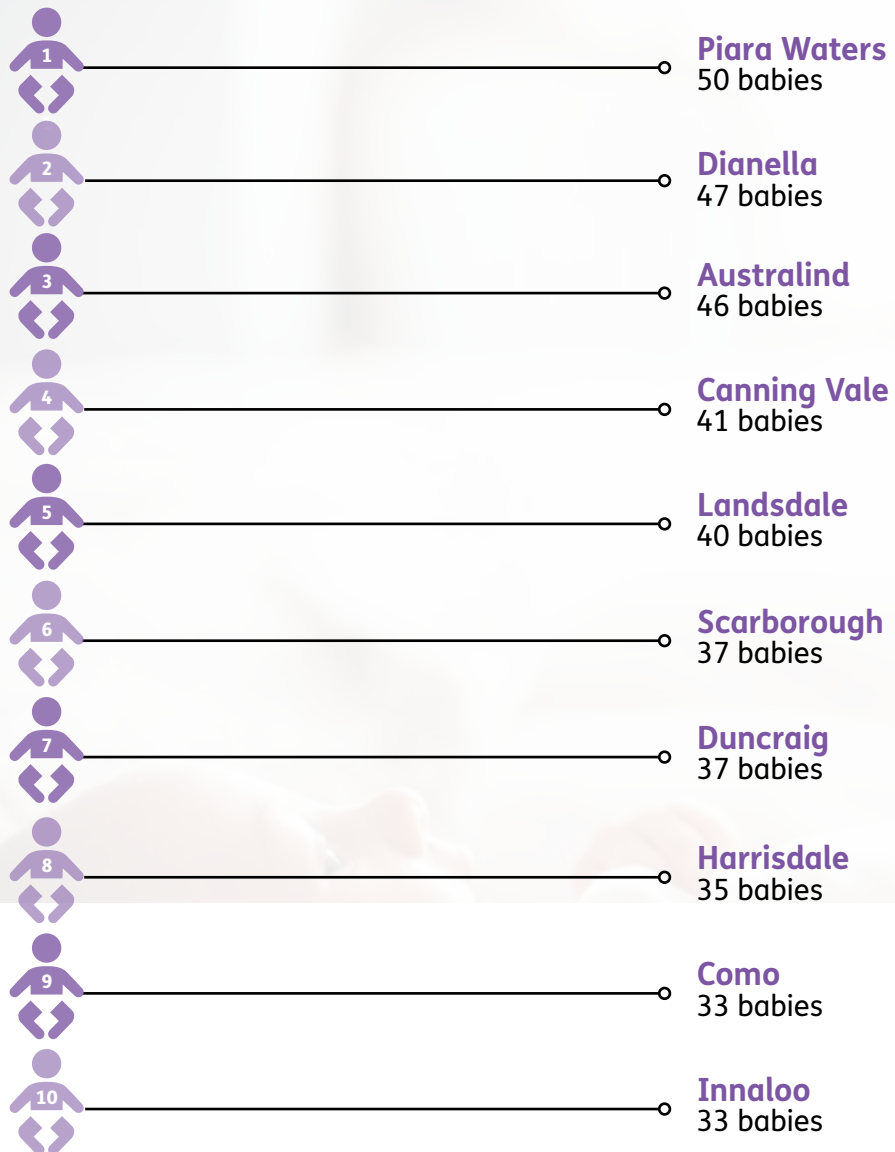
Child health nurse consultation with your baby.



A snapshot of HBF member births in WA

In this section we provide some useful and fun facts about all things 'maternity' in WA.

HBF MEMBERS FROM THESE SUBURBS GAVE BIRTH TO THE MOST BABIES IN 2016:



*HBF claims, January - September 2016.

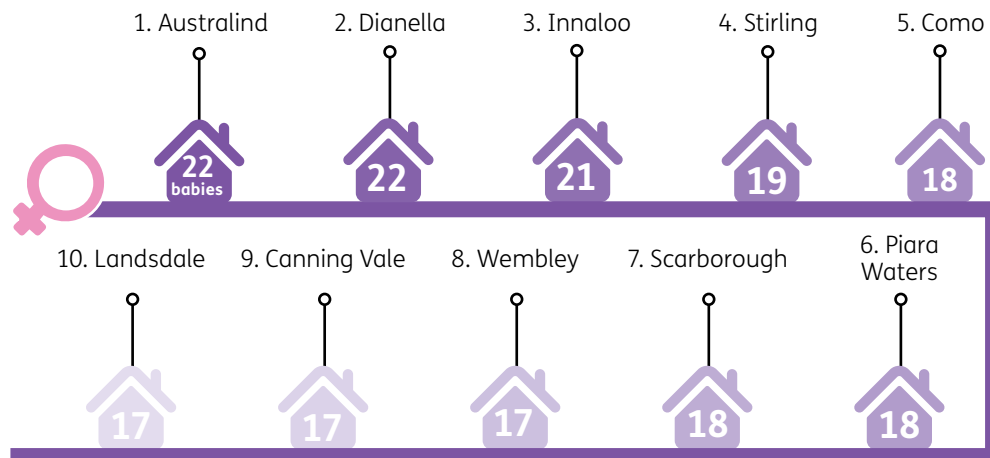


DID YOU KNOW?

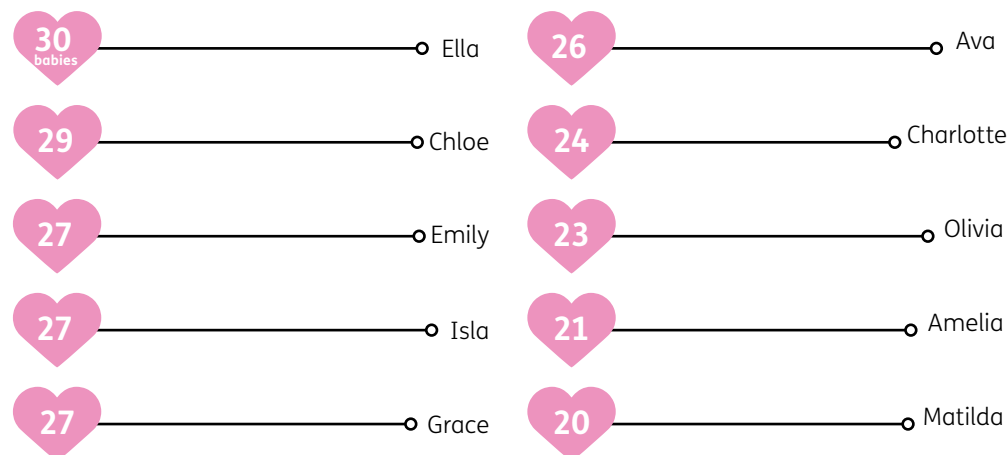
- The average age of HBF members who give birth is rising. Their average age in 2014 was 32.8, 32.9 in 2015 and 33 in 2016.
- February had the highest number of births in 2016 (493), followed by April (475) and March (454), meaning conception was highest May-July 2015.

Births in WA

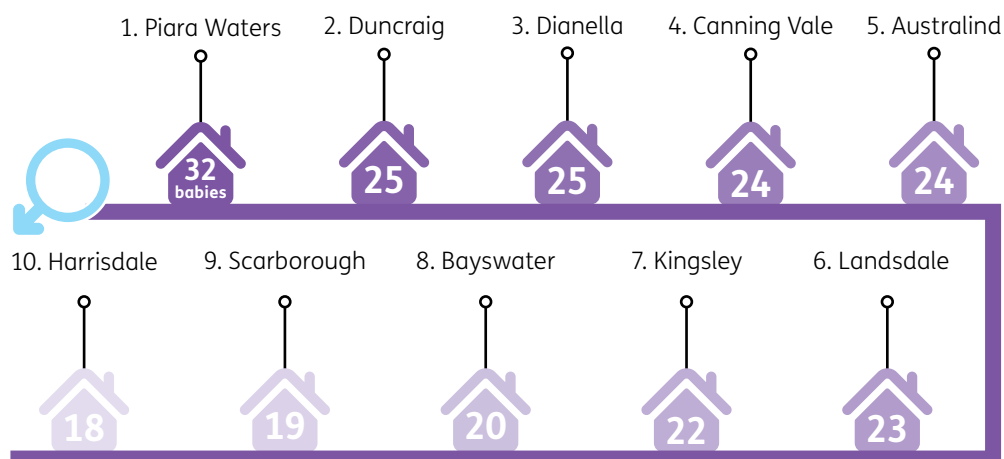
TOP SUBURBS FOR FEMALE BABIES BORN TO HBF MEMBERS IN 2016



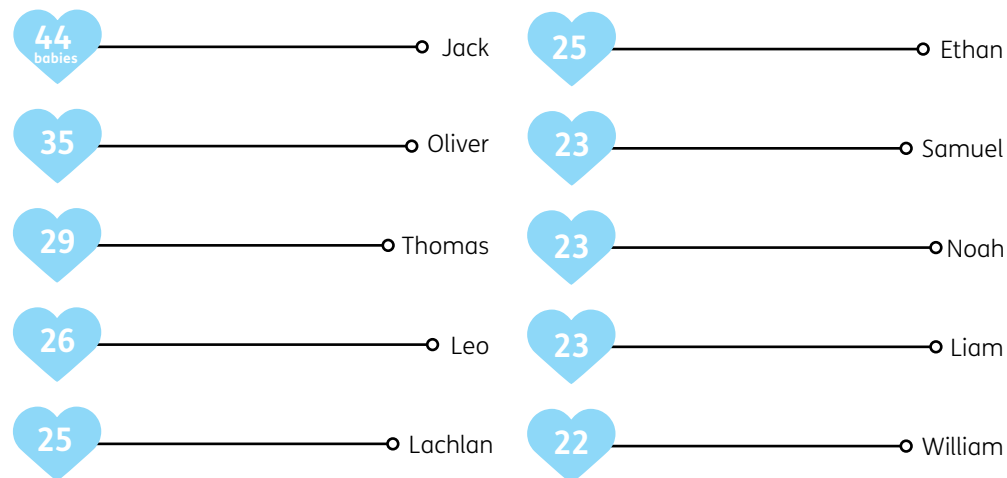
10 MOST POPULAR BABY GIRL NAMES FOR HBF MEMBERS IN 2016



TOP SUBURBS FOR MALE BABIES BORN TO HBF MEMBERS WERE



10 MOST POPULAR BABY BOY NAMES FOR HBF MEMBERS IN 2016



*HBF claims, January - September 2016.

Are pregnancy supplements necessary for good health?

Even before you become pregnant, it's a good idea to start thinking about your diet, and specifically your nutrient requirements. We spoke with [Friendlies](#) pharmacist Natalie Willis and HBF dietitian Mary du Heaume and sought their advice on which nutrients will benefit you and your baby during pregnancy.

MUST HAVES

Even before you become pregnant, you should start thinking about your diet. Ms Willis advises, “There are some nutrients which are absolutely recommended. The three most important ones are folic acid, iron and iodine.”

FOLIC ACID

If you’re planning on getting pregnant you should start doubling your folic acid intake. Ms Willis advises, “Folic acid is proven to help prevent neural tube defects, such as spina bifida, and you should commence at least one month prior to conception and continue for a minimum of three months into the pregnancy.”

According to Ms du Heaume, “Folate can be found in a wide variety of foods including leafy green vegetables, fruit and whole grains, and in Australia our bread and cereals are fortified with folic acid.” She recommends aiming for five serves of vegetables and two serves of fruit per day, and reminds us that, “Folic acid is water soluble, so to help preserve it you should avoid boiling vegetables in water and over-cooking them. Instead, try steaming or microwaving vegetables.”

Ms Willis recommends, “a dose of 400-500mcg for most women, but if there is a risk of malabsorption or an increased risk of neural tube defects a 5mg daily dose is recommended.” There are a number of factors that increase the risk of a neural tube defect, they include:

- A close family history of neural tube defects
- If you’re obese
- If you have insulin dependent diabetes (not gestational diabetes)
- If you take certain anti-epileptic medications ▶

HIGH FOLATE FOODS TO ADD TO YOUR SHOPPING LIST:

- Spinach, kale, Brussels sprouts, cabbage, broccoli
- Beans and legumes (e.g. peas, blackeye beans)
- Oranges and orange juice
- Wheat bran and other wholegrain foods
- Poultry, pork
- Breads and cereals with added folate



“Folate can be found in a wide variety of foods including leafy green vegetables, fruit and whole grains.”

IRON

Available from both plant and animal sources, iron is important to help prevent anaemia, and in pregnancy a woman usually needs extra iron due to red blood cell development in the foetus and an increase in maternal blood volume. Ms Willis recommends asking your doctor to perform a blood test in the early stages of your pregnancy, “That way you’ll know if you need to take a therapeutic dose, which is about 80-100mg of elemental iron, or a maintenance dose of iron, which is 5-20mg of elemental iron.”

Ms du Heaume advises, “Animal sources of iron are more easily absorbed in the body than plant sources, and it’s a good idea to eat your plant iron sources with vitamin C rich foods, such as oranges, tomato or capsicums.” She also suggests discussing your iron needs with your healthcare professional as iron supplements may be needed by some women, but too much iron can be detrimental.

ANIMAL SOURCES OF IRON:

- Red meat
- Poultry
- Fish (for more information on fish sources, see page 25)
- Eggs, always cooked

PLANT SOURCES OF IRON:

- Dried beans and lentils
- Green leafy vegetables
- Wholegrain breads and cereals
- Nuts
- Seeds

Remember: Drinks like tea, coffee, and soft drinks can reduce the way your body absorbs iron from plant foods. If you choose to drink these, it’s best to have them between meals so you can get the most out of your iron-rich foods.



IODINE

It may come as a surprise, but according to Ms Willis, “Studies indicate that up to 50 per cent of pregnant women in Australia may be iodine deficient, which is worrying as iodine is essential for the development of the baby’s brain, hand-eye coordination and hearing development. Some studies also suggest iodine deficiency may lead to reduced intelligence and IQ.”

Ms Willis advises, “The recommended daily intake of iodine in pregnant and breastfeeding women is 250mcg which will usually require a supplement containing at least 150mcg of iodine.”

Foods rich in iodine include seafood and seaweed, nori sheets, meat and dairy products. Ms du Heaume recommends, “Women with pre-existing thyroid conditions should consult their doctor before taking iodine supplements.”

THE ‘MAYBE’ SUPPLEMENTS

Depending on current dietary intakes, Ms Willis advises that women may benefit from the following additional supplements:

Probiotics: She notes, “There’s a growing body of evidence that suggests taking a probiotic containing *Lactobacillus rhamnosus* GG (LGG) during pregnancy and breastfeeding can reduce the risk of the baby developing atopic allergies, such as eczema, by as much as 50 per cent, which is particularly important in families where one or more family members suffer from eczema, hay fever or asthma. When combined with other specific *Lactobacillus* and *Bifidobacterium* strains a probiotic may also assist in the development of a healthy immune system and balanced intestinal microflora in the newborn. Importantly, your pharmacist should be able to advise you on products containing the clinically trialled strains.” ▶

“There's some evidence to suggest that low omega 3 may result in preterm labour, pre-eclampsia and lower birth weight babies.”

Ms du Heume advises, “It’s during the birth when mothers actually pass on bacterial diversity to their baby.”

Probiotic foods include live culture yoghurt, fermented vegetables such as sauerkraut and kimchi, kombucha tea, kefir (a fermented milk) and miso soup made from fermented grains.



Omega 3 fatty acids: are critical for foetal and infant visual and neurodevelopment. Ms Willis warns, “There’s some evidence to suggest that low omega 3 may result in preterm labour, pre-eclampsia and lower birth weight babies.” With low omega 3 levels common among Western women, Ms du Heume suggests consuming fish two to three times per week with oily fish, in particular, an excellent source of omega 3.

She recommends, “Women should try to limit some fish, as they are known to contain higher levels of mercury. An occasional meal of the higher mercury fish should not cause concern as it is the potential build-up of mercury in the mother’s blood from regular consumption that increases risk,” and gives the following Food Standards Australia New Zealand guidelines:



- Limiting to one serve (150g) per fortnight: billfish (swordfish, broadbill and marlin) and shark (flake), with no other fish eaten in that fortnight; or
- Limiting to one serve (150g) per week: orange roughy (deep sea perch) or catfish, with no other fish eaten that week; or
- Eating two to three serves per week of any other fish or seafood (for example, salmon or tuna).

Vitamin D3: Ms Willis warns, “Almost one third of Australians have inadequate vitamin D levels, while studies of Australian newborns have shown approximately 50 per cent have insufficient vitamin D levels.” This is a concern as, “Vitamin D is important for a baby’s developing skeleton, as well as the development of a healthy immune system. Very little vitamin D is found in breast milk so if a baby is born with low vitamin D levels they will remain low for some time.” Ms Willis recommends getting a blood test to determine your vitamin D level, which will determine the level of supplementation required in pregnancy.

While most of us get our vitamin D from the sun, Ms du Heume recommends eggs and fatty fish ▶



Expert advice for a healthy pregnancy

“Where a pregnant woman has a poor diet, or has severe morning sickness and is unable to eat properly, a pregnancy-safe multivitamin may be recommended.”

such as mackerel, herring and salmon as good sources of vitamin D, but warns, “Our food choices only provide up to 10 per cent of our vitamin D requirements and the rest comes from the sun.”

Pyridoxine (Vitamin B6): Ms Willis advises, “A dose of 12.5mg in the morning and at lunchtime and 25mg at night might be helpful to reduce symptoms of morning sickness.” According to Ms du Heaume, “B6 can be found in a wide range of both plant and animal foods including legumes, nuts, potatoes, yeast spreads, vegetables, pork and fish.”

Calcium: According to Ms Willis, “The developing baby will take calcium from the mother to use in bone development, so sufficient maternal levels are necessary so as not to affect bone density in the mother.” Ms du Heaume explains, “The human body is an amazing thing. An expecting mother's body adapts and increases the amount of calcium it absorbs during the third trimester, in response to their baby's increased demand for calcium for bone development and to protect the mother's calcium stores in her bones.”

She advises, “Dairy foods, calcium fortified soy milk, and green leafy vegetables are all good sources of calcium.”

Ms Willis advises, “Where a pregnant woman has a poor diet, or has severe morning sickness and is unable to eat properly, a pregnancy-safe multivitamin may be recommended.”

She reminds readers, “Always consult your healthcare professional before you begin taking any supplements.”

WHAT ABOUT THE MEN?

It's not just women who need to think about nutrition. A dad-to-be should also consume a healthy diet rich in fruits and vegetables, lean meats (particularly fish) and healthy fats.

According to Ms Willis, “Nutrients for men centre around antioxidants, which help the production of healthy sperm.” Men should also, “Reduce cellular stressors including smoking, alcohol, poor diet, excessive caffeine and physical, emotional and environmental stress.”





Exercise and pregnancy

Staying fit and active is important for a healthy pregnancy. To help you stay safe and healthy during your pregnancy, we've sought expert guidance from accredited exercise physiologist, exercise scientist and sport scientist [Lee Manderson](#) from Exofit Training Systems.

A GREEN LIGHT TO EXERCISE?

"If you are free from any medical or obstetric complications you should engage in 30 minutes of light, moderate or high intensity aerobic and anaerobic activity every day," Ms Manderson says.

Done correctly, exercises are safe and carry minimal risks, and according to Manderson they can also help prevent a range of issues, including:

- Back and pelvic pain
- Restless sleep
- Gestational diabetes and excessive gestational weight gain
- Pregnancy-induced hypertension and pre-eclampsia
- Pregnancy ailments and discomforts such as fatigue and constipation
- Childbirth delivery complications
- Preterm birth
- Urinary incontinence

Positively, regular exercise, done correctly, during pregnancy can also help improve:

- Cardiovascular fitness and physical conditioning for labour and childbirth
- The baby's tolerance to stress before and during labour
- Recovery from labour and childbirth
- Mental wellbeing, self-esteem and body image

There will be times when physical activity may not be appropriate for a pregnant woman. Ms Manderson warns, "Please seek advice from your healthcare professional before commencing or continuing your exercise regime when you're pregnant."

BENEFICIAL EXERCISES

Ms Manderson recommends the following low-impact aerobic, anaerobic, and resistance training exercises to healthy pregnant women:

- Walking
- Cycling
- Aqua/hydrotherapy
- Yoga
- Pilates
- Any strength, balance and pelvic floor exercises

Where women are suffering with morning sickness, Ms Manderson advises, "Pregnant women are generally better off waiting for the morning sickness to pass, which is usually in the second trimester, before starting an exercise regime."

Pelvic floor exercises are especially important for pregnant women. According to Ms Manderson, "Pelvic floor exercises can help avoid urinary incontinence during and post pregnancy and should be completed for a minimum of eight seconds, eight times per day." ▶



EXERCISES PREGNANT WOMEN SHOULD AVOID

“During pregnancy the hormone relaxin increases and this allows the joints, primarily the ligaments, to loosen. The centre of gravity also changes due to the increased size of the abdomen, which can increase the risk in loss of balance.” Due to these increased risks, Ms Manderson advises against any activities where quick directional changes occur.

She also recommends pregnant women avoid heavy lifting, instead opting for lighter weights with more repetitions. “Strength training should not be completed on consecutive days; so ensure you have a rest day (from that form of exercise only) in between.”

EXERCISES TO AVOID

Ms Manderson cautions against the following exercises:

- Walking lunges – these can increase the risk of injury to connective tissue in the pelvic area.
- Free weights – there’s an increased risk of hitting the abdomen. Use therabands instead.
- Any exercise where you are lying on your back e.g. bench press, abdominal crunches – this can cause the uterus to compress the inferior vena cava (major vein), which supplies the placenta with blood and oxygen and can tear the abdominal muscles.
- Valsalva breathing, where you forcefully exhale without releasing air – this can rapidly increase blood pressure and intra-abdominal pressure, as well as decrease oxygen flow to the foetus.
- High impact activities such as jumping, extreme stretching, joint overextension and ballistic movements.
- All contact sports and high-risk activities.

She advises, “It is extremely important to listen to your body, especially if you feel a muscle strain or excessive fatigue. If you do feel either of these, you should modify the exercise and/or reduce the frequency of the workout.” ►



“It is extremely important to listen to your body, especially if you feel a muscle strain or excessive fatigue. If you do feel either of these, you should modify the exercise and/or reduce the frequency of the workout.”

NEVER EXERCISED? WE HAVE ADVICE FOR YOU, TOO

If you’ve never exercised or followed a regular exercise program, Ms Manderson recommends you “Speak with your obstetrician and make sure there are no complications and you are cleared to exercise.”

For a complete beginner, she suggests a simple walk. “This should begin with 15 minutes of continuous walking three times per week, increasing gradually to 30-minute sessions four times per week. Once this has been achieved comfortably, small 30-second efforts of running can be incorporated into your workout. This can be completed safely under no supervision, but only if the ‘all clear’ has been given by your obstetrician or GP.”

For anyone looking to do resistance training or classes, Ms Manderson advises seeking clearance from your obstetrician or GP and exercising under the complete supervision of an accredited exercise physiologist.



Don’t let pregnancy stop you from working out. Here are 10 places in WA to get a pregnancy-friendly workout

NAME	SUBURB/CITY
A Labour of Love	Success
Barefoot Babes Yoga	Manning
Bloom Yoga Room	Duncraig
Breathe Pilates Studio	Wangara
Dynamic Strength Physiotherapy	Ardross
Exofit	Ocean Reef
Kanga Training	Geraldton, Wangara, Baldivis, Eaton, Bunbury and Dunsborough
Lifestyle Boom	Leederville
Mums in Action	Quinns Rocks
Small Blessings Yoga	Palmyra

Physio care for six pregnancy aches and pains

Aches and pains are fairly common in pregnancy. Extra weight, changes in your centre of gravity and pelvic pressure can all combine to create discomfort. Musculoskeletal physiotherapist [Marika Hart](#) from Dynamic Strength Physiotherapy shared with us practical ways to relieve common aches and pains.



“Many women report that it’s most uncomfortable in transitional movements such as getting up from a chair or in/out of a car.”

ACHE/ PAIN	DESCRIPTION	WHAT CAN HELP
Round ligament pain	This pain in the lower abdomen usually crops up in the second trimester and is felt in the lower abdomen/ groin area. Many women report that it’s most uncomfortable in transitional movements such as getting up from a chair or in/out of a car. Thankfully it is usually short lasting and tends to disappear within a couple of weeks.	Some women find that abdominal support (such as shorts or tummy bands with gentle compression) can be helpful, but many women find that movement and gentle stretches can help relieve the pain. Examples of movements that may help include: <ul style="list-style-type: none"> • Gently activating your deep abdominal support muscles and/or hugging your lower tummy prior to changing positions • Hip flexor stretches • Pelvic tilts can also provide relief
Pubic symphysis	Often described as being “stabbed in the groin by a knife,” this pain can start any time in pregnancy, but often occurs in the second trimester. Typically activities such as walking, standing on one leg, getting in/out of a car, rolling in bed and going up/down stairs will aggravate the pain.	A physiotherapist can help with education on how to modify exercises and activities. Common tips include: <ul style="list-style-type: none"> • Keeping your knees together when rolling in bed • Sitting down to put shoes and socks on • Minimising exercises standing on one leg Manual therapy (eg massage and joint mobilisation), dry needling and the use of support belts can all be beneficial for relieving pain. <p>So too can exercise therapy, including modified yoga or Pilates and hydrotherapy.</p> As with any pain, it’s recommended to seek the help of your healthcare provider.

Expert advice for a healthy pregnancy

Sacroiliac joint (SIJ)	<p>This is often described as “a pain in my butt” or “sciatica” and tends to be aggravated by similar movements as pubic symphysis.</p>	<p>A physiotherapist can help you find positions and movements that are more comfortable for you. This might include using pillows to support your top leg when sleeping (which can help to reduce night pain), or modify everyday exercises and activities around the house to make them less painful.</p> <p>Like with pubic symphysis pain, hands-on treatment and support belts can help. Most women with SIJ pain benefit from strength training, so seeing your physiotherapist for a individualised program is ideal.</p>
Lower back pain	<p>This is often experienced in the lumbar region around the peak of the lordosis (inward curve). Some women find that as their pregnancy progresses, standing and walking for long periods becomes uncomfortable. For others it is sitting that is problematic.</p>	<p>Low back pain can affect up to 2/3 of women during pregnancy. As with back pain at any time, a physiotherapist can help you find movements and positions that are more comfortable or even pain-relieving. He/she can use hands-on treatment and exercise to get you moving and feeling better!</p> <p>If you do experience back pain, see if you can find different ways of performing a task that are less aggravating. Often, changing positions if you have been still for a long time can help. Some simple stretches that can be useful for back pain in pregnancy include:</p> <ul style="list-style-type: none"> • Child’s pose • Pigeon pose • Cat-cow pose • Thread-the-needle



Thread-the-needle



Child's pose



Cat-cow pose



Pigeon pose

Carpal tunnel syndrome	<p>This is common in the final trimester and usually as a consequence of increased fluid retention in the wrist and hand. Symptoms result from compression of the median nerve, as it travels through the wrist (carpal tunnel), and are usually experienced as numbness and tingling in the hand (often on the palm side in the thumb, index and middle finger) and sometimes pain. Sleeping is often problematic due to the wrist staying in a flexed position for long periods.</p>	<p>A physiotherapist or an occupational therapist specialising in hand therapy can help you if you have carpal tunnel syndrome.</p> <p>Treatment often includes the provision of a wrist splint and exercises that glide the nerves (nerve “flossing”) and reduce pressure throughout the arm, wrist and upper back. A useful movement that can help is curling your fingers into a fist, while also bending your wrists toward your palms. Then slowly straighten your fingers and stretch your wrist in the other direction.</p>
Pelvic floor dysfunction	<p>Pelvic floor dysfunction is common in pregnancy and in the postnatal period. Symptoms can include stress urinary incontinence (leakage of urine with cough, sneeze or exercise), heaviness in the perineum or pain with intercourse.</p>	<p>We are very fortunate in Perth to have many specially trained women’s health physiotherapists, who can assess and treat pelvic floor dysfunction at any stage in life.</p> <p>Treatment can include pelvic floor exercises, modification of activities, bladder/bowel advice and manual therapy.</p> <p>Up to 50% of women actually perform pelvic floor contractions incorrectly (ie bear down instead of lifting up), so individual assessment and advice is essential.</p>

Expert advice for a healthy pregnancy

Lifestyle blogger and
expecting mother,
[Amy Zempilas](#)



Pregnancy Pilates

Pilates is not just a popular form of exercise, it's also often recommended by many physiotherapists as part of injury rehabilitation. Another area where Pilates is growing in popularity is among expectant mothers. With its emphasis on core strength, correct breathing and proper form, it's easy to see why. Lifestyle blogger and expecting mother, [Amy Zempilas](#) shared with us her love of Pilates.

“I am someone who never loved exercise until I discovered Pilates - I tried lots of different ways to stay fit, but it wasn't until I went along to a Pilates class and had an 'Ah-ha!' moment.”

Pilates has been one of the best things I've done for my health and wellbeing over the past five years. Especially as a mum – because you need to be strong to grow, birth and take care of a baby! Not only physically strong - but mentally too.

Pilates is time every week just for me, where for 45 minutes I can get out of my head and into my body.

I am someone who never loved exercise until I discovered Pilates - I tried lots of different ways to stay fit, but it wasn't until I went along to a Pilates class and had an 'Ah-ha!' moment.

Pilates is all about how it makes me feel. I always walk out of a class feeling ten times better than when I walked in, and it helps me:

- Manage stress / anxiety
- Slow down and refocus on one thing
- Feel re-energised and centred
- Be a better mum / wife / friend / person

I head along to two reformer classes a week at [Lifestyle Boom in Leederville](#), where there's a maximum of 12 people. There, an instructor takes us through a series of controlled exercises and stretches on a reformer, carefully monitoring everyone's technique throughout the 45-minute class, all while listening to music.

Classes are always varied — often using equipment like hand weights, a ball, theraband and a box. Pregnancy classes are recommended if you've never done Pilates before, and once you reach your third trimester (27 weeks) you can only attend dedicated Pregnancy Pilates classes. One-on-one Pilates sessions are also available.

There are even Mums and Bubs classes where you can take your little one along up to the age of 14 months!



BENEFITS OF PILATES

Studies show exercise during pregnancy is important and Pilates is one of the safest and most effective forms of exercise. It can help you:

- Stay strong throughout your pregnancy, which can also help you better prepare for post birth
- Maintain your general fitness and strength
- Prevent stiffness, a sore back or pelvic pain
- Maintain your mobility and balance
- Improve or maintain your posture, which can change a lot throughout pregnancy
- Reduce stress (as it's an exercise technique that encourages awareness of the mind, body connection and acceptance of changes in the body)
- Relax and prepare for labour, especially with its mindful focus of the breath
- Train your upper body, which is useful when bub is born (for feeding preparation and lifting)
- Recover post pregnancy

I highly recommend Pilates. It can help you feel and look your best before, during and after pregnancy.

Wishing all the beautiful pregnant Mummies lots of love!

A x x x x x

To our contributors, thank you

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External sources

[*Ngala*](#)

[*Raising Children Network*](#)

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