



Your pregnancy, your health care options

How to navigate public
or private health care

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This guide provides general information and assumes your level of cover is appropriate for your treatment. You should always check whether waiting periods, pre-existing conditions, exclusions or restrictions apply to your cover.



1 Introduction

It's an exciting time when you're confirming your pregnancy, sharing the news and imagining how your life will change with a brand new addition.

The decision about where to have your baby and who will care for you can be a little daunting. It helps to chat to family and friends about their experiences, speak with your GP and think about the things that are important to both you and your partner.

The following information will help you explore your pregnancy practitioner options, the hospital choices that are available to you - and the differences between private care with Defence Health and public care. We have created this guide to give you the confidence you're making decisions that best reflect your personal circumstances, beliefs and values.

2 Private or public? The essential differences

You'll need to consider the models of care available. You can choose to be a private patient, a public patient or a private patient who gives birth in a public hospital. Some women choose to avoid hospital and give birth in a birthing centre or even at home.

Here's a quick breakdown of the essential differences between the private and public options:

	Private patient	Public patient
Before the birth		
Waiting period	12 month waiting period	No waiting period
Practitioner for antenatal care	Obstetrician or midwife in private practice of your choice	Doctor or midwife - allocated to you by the public hospital
Antenatal appointments	Check-ups in private consulting rooms	Check-ups as an out-patient at hospital or with GP (shared care model)
Additional fees payable by you	Obstetrician and midwife appointments, tests and scans (all may be partly funded by Medicare)	Generally none. Though if your doctor does not bulk bill, or if you choose the non-standard scanning options you will incur additional costs.
For the birth		
Hospital	Private or public hospital of choice. You may even choose a birthing centre or homebirth	Public hospital (some may offer a birthing centre or homebirth)
Room at hospital	Private room (subject to availability)	Shared room (in most cases)
Birth attendance	Obstetrician and private hospital midwives	Public hospital midwives or community midwives (hospital doctor if necessary)
Length of stay	4-5 nights	48-72 hours
Hospital accommodation (theatre or labour ward fees)	Most covered by private health insurance	Covered by Medicare
Additional fees payable by you	Doctor's fees in excess of Medicare Benefit Schedule fee (may be minimised by Access Gap - see p.14), your hospital excess if you have one, personal items such as newspapers, toiletries or TV, pharmaceuticals provided on discharge or unrelated to the birth	None

Choosing your pregnancy care

The main advantages of having a baby in the private health system are choice of obstetrician and continuity of service. Many women feel at ease knowing they will be seeing the same doctor throughout their pregnancy.

If you're at risk of certain complications (such as gestational diabetes or high blood pressure) or if your birth plans change unexpectedly, it can be reassuring to know that your pregnancy is being managed by a specialist.

Also, by seeing the same doctor, you can build rapport, establish trust and work towards your ideal birth plan together.

In the public system, you can't choose your doctor - so you'll probably see a variety of different doctors and midwives throughout your pregnancy. You may also need to share a room with other patients. Private hospital patients are almost always given a private room - something that many mothers enjoy, particularly if they have had a challenging birth.



Think about the answers to these questions if you're unsure of which care option is right for you:

- Do I want to see the same health professional throughout my pregnancy?
- Is there a specific hospital I want to go to?
- Do I already have a birth plan in mind?
- Do I want a private room?
- Do I have any other health concerns that might impact my pregnancy?
- What reasons would I have to choose one option over another?
- Am I leaning towards one particular option?

Other things that might influence your choice include:

- Availability of practitioners and hospitals in your area
- Previous experiences of pregnancy and/or birth
- Your current health circumstances
- The cost of your preferred choice of care.

It can help to write down the answers to these questions on a piece of paper to get a clear picture of the reasons that support your decision to choose one option over another.

3 Going private: what you need to know

If you're considering private care for the birth of your baby, there are some steps you need to take.

- ▶ Check your level of cover – ensure that you have the right level of cover and that it includes pregnancy and birth
- ▶ Check your waiting periods – have you fulfilled the 12 month waiting period requirement?

What if I don't have private health insurance yet?

Defence Health, like most health insurers in Australia, has a 12 month waiting period for obstetric services. This means that if you decide to have your baby in a private hospital, you will need to hold the appropriate level of private health insurance for the 12 months prior to your baby's birth in order to be covered.

Assisted Reproductive Technology

Fertility treatment and most Assisted Reproductive Technology (ART) receive a rebate from Medicare for out-of-hospital services. Private health cover does not pay a benefit for the out-of-hospital element of the treatment.

Depending on your level of cover, your private health insurance may pay hospital and medical benefits for day-surgery and specialist charges. Private health insurance may also pay a benefit for some of the medications that are not covered by Medicare.

ART has some complex billing arrangements and exceptions through Medicare, so speak to your specialist to obtain a detailed breakdown of your likely expenses. To confirm you are covered for ART treatments please contact Defence Health.



When your baby is delivered, your hospital and medical expenses will be handled in the same way as a naturally conceived pregnancy, depending on whether you use the private or public system.

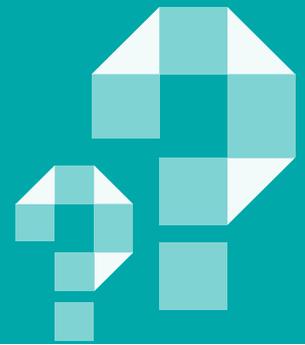
A pregnant woman with blonde hair is shown from the side, sitting and holding her belly. She is wearing a light blue long-sleeved shirt and grey pants. The background is a blurred indoor setting with shelves.

We want your pregnancy to go as smoothly as possible so **if you have any questions** please give us a call on 1800 335 425 or email info@defencehealth.com.au

Choosing a practitioner for the duration of your pregnancy, as well as for the birth and postnatal follow-up, is a personal decision.



4 Choosing a practitioner



Some women like the peace of mind that comes with seeing the same carer throughout their pregnancy. Others don't have a strong preference.

Practitioner choices for private patients

Obstetrician

As a private patient, you can see an obstetrician of your choice – but you will generally need a referral from your GP before you can make your first appointment. Your check-ups will probably be in the obstetrician's private consulting rooms, but some obstetricians may see you in a hospital as an out-patient.

When you meet with your obstetrician for the first time, he or she will discuss how they will manage your pregnancy and birth, including details of their back-up obstetrician. They'll also provide you with a list of fees and charges for antenatal check-ups. The cost varies between obstetricians; some charge more than others.

Medicare makes a contribution to the check-ups along the way, and both Medicare and Defence Health will contribute to the obstetrician's charge to deliver your baby. This includes if surgical intervention (e.g. caesarean section) is required.

Defence Health members can ask their obstetrician to use Access Gap for in-hospital obstetric services which will minimise any out-of-pocket expenses (to a maximum of \$800 per confinement for MBS items related to the labour and delivery).

Questions to ask your obstetrician

In the first few weeks of your pregnancy you'll have many questions come to mind. If you have chosen an obstetrician, here are some things you may wish to discuss:

- Which hospitals does your obstetrician work at?
- Where do they schedule their appointments?
- How often are you required to see your obstetrician?
- Who is your obstetrician's back-up obstetrician?
- Can you meet the back-up obstetrician?
- Can you call your obstetrician between appointments if you have a question?
- Does your obstetrician provide care after the birth?
- Will your obstetrician support your birth plan and specific needs, e.g. choice of a natural birth?
- Does your obstetrician participate in the Access Gap scheme?

- If your obstetrician isn't there for the birth of your baby, will you still be charged for their attendance?
- Can your obstetrician provide you with a quote (known as Informed Financial Consent) so you are aware of the charges payable throughout your pregnancy?
- Will any assisting doctors such as anaesthetist, assistant surgeon, paediatrician or pathologist use the Access Gap scheme? What out-of-pocket expenses, if any, will there be for their services?

You may also want to discuss certain scenarios you feel strongly about, for example induced labour or elective caesarean birth.

Private midwife

Private midwives are those who choose to work privately, rather than being employed by hospitals and other institutions. They offer individualised care, flexibility and will often conduct antenatal visits in the comfort of your own home. Private midwives can be booked for the entire duration of your pregnancy and birth or as a one-time appointment. They can be booked by both public and private patients.

Defence Health will pay a benefit for a registered midwife in private practice to deliver your baby. Midwifery benefits are not payable if a doctor is required to intervene in the delivery. Benefits will be payable for the doctor's in-hospital treatment instead.

Practitioner choices for public patients

Hospital doctors and midwives

Your pregnancy will be monitored by doctors and midwives at a public hospital out-patient clinic. It's possible you won't see the same person at each visit, but whoever sees you will have your medical history. The birth will take place at a public hospital (birthing centre or homebirth may be available through some public hospitals).

Assuming your pregnancy and labour go smoothly, your baby will most likely be delivered by a public hospital midwife. A hospital doctor will only attend the birth if extra medical care is required. The medical and hospital costs of delivery will be covered by Medicare (for more information about costs see section 6).

GP ('shared care')

If you choose the 'shared care' option, you will have regular check-ups with your preferred GP, or a midwife from the community, as well as hospital doctors and midwives. The birth will take place in a public hospital with a hospital midwife (birthing centre or home birth may be available through some public hospitals).

5 Choosing a hospital: where will your baby be born?

Private hospital

Defence Health recommends you attend one of our agreement private hospitals to make the most of your private health cover. Treatment in a non-agreement private hospital will incur significant out-of-pocket expenses. All Defence Health hospital cover (that includes pregnancy and birth) will cover 100% of the agreement hospital charges (less the excess if you have one). Defence Health has agreements with more than 500 hospitals all over Australia – for a full list of hospitals, please visit defencehealth.com.au.

Public hospital

If you have decided on public care, your GP will refer you to a public hospital – usually the one nearest to your home.

Public hospital as a private patient

You can choose to be treated in a public hospital as a private patient. If you choose this option, your private health insurance covers your hospital and medical expenses for the birth of your baby. You'll have a choice of one of the doctors associated with the public hospital. However, you won't be guaranteed a single room. If you have an excess on your hospital cover you will still need to pay this.

Booking into hospital

Once you've decided on your preferred hospital, you should book-in as early as possible.

Your hospital will inform you of the necessary paperwork, booking requirements, booking deposit (if required) and hospital tour options.

Things to do after you have booked into hospital:

- ▶ Save the hospital's maternity ward phone number in your mobile phone in case of emergency
- ▶ Keep a record of the hospital's address and your booking number
- ▶ Book your tour of the maternity ward
- ▶ Attend an antenatal course or class – your extras cover may provide a benefit towards this
- ▶ Familiarise yourself with the hospital's parking, entries and exits – including after-hours options.

Birthing options other than hospitals

- ▶ Birthing centres are usually attached to a hospital. They are comfortably furnished and more relaxed than the hospital labour ward. A birthing centre may suit someone who has had a complication-free pregnancy and is seeking a more natural setting for delivery.
- ▶ Home birth might suit someone with a low-risk pregnancy who wishes to engage a private midwife to assist with delivery of the baby at home. Some public hospitals will support home births with a hospital employed midwife.





6 Antenatal, hospital and postnatal expenses

Costs for private patients

Antenatal care

In Australia, private health insurers are only permitted to cover hospital treatment to admitted patients. This means Defence Health cannot cover any antenatal obstetrician visits and fees, or specialist tests such as pathology, radiography and ultrasound. There are Medicare rebates available for many of these fees, but you will probably still incur out-of-pocket expenses.

Depending on your level of cover, Defence Health may pay a benefit towards an antenatal course, consultation or class by a midwife or physiotherapist in private practice. A number of other extras services may be helpful, see p.14 for more information on using your extras cover during and after pregnancy.

Neither Medicare nor Defence Health cover non-diagnostic ultrasounds, however your GP may give you an estimate of the cost of this service or simply call the imaging provider for a quote.

Hospital care

Defence Health covers an agreement private hospital's accommodation and labour ward charges, including theatre fees if a caesarean is required (with cover that includes pregnancy and birth).

Here's an overview of what's covered:

- ▶ Accommodation for you and your baby in a private room
- ▶ Operating theatre fees (e.g. if you need a caesarean)
- ▶ Intensive care and labour ward fees - including for multiple births
- ▶ Neonatal care should your baby require it
- ▶ During your hospital treatment: PBS medicines, allied services including physiotherapy and occupational therapy, dressings and consumables
- ▶ Your in-patient doctor's fees
- ▶ Emergency ambulance - comprehensive cover if a state-appointed ambulance service is required to get you to hospital (other insurers may require a co-payment towards ambulance transport).



If your cover includes an excess, you'll need to pay this amount directly to the hospital – usually before the birth of your baby.

Hospital costs not covered by Defence Health include:

- Out-patient medical expenses
- Excess, co-payment and administrative fees
- Paediatric consultations
- Non-medical items (e.g. newspapers or telephone calls).

Private midwife

If you plan to have your baby delivered by a midwife in private practice, Defence Health will pay a benefit for the midwife to attend the delivery (as well as some ante and postnatal midwifery services). However, if a doctor needs to intervene in the delivery, the midwifery benefit is not payable, as benefits will instead be paid towards the doctor's in-hospital treatment.

If your baby needs to be admitted for medical treatment, Defence Health will pay the hospital charges and benefits towards the cost of the baby's medical specialists. Just make sure you contact us within 60 days of birth to add the baby to your cover.

Postnatal care

After your baby arrives, he or she stays with you in hospital but is not usually an admitted patient. Specialist services (such as paediatrician check-ups) are not covered by Defence Health unless your baby needs to be admitted for hospital treatment.

Depending on your cover, you could also access:

- a benefit towards a postnatal visit by a private midwife
- physiotherapy, alternative therapy and a number of other extras services may be appropriate for you in the weeks and months after the birth of your baby (see p.14 for more information on using your extras cover during and after pregnancy).

Your obstetrician will schedule a postnatal check-up, usually around six weeks after your baby is born. Like your antenatal fees, Medicare will make a contribution towards the cost of this check-up.

6 Antenatal, hospital and postnatal expenses cont.

	Defence Health	Patient	Medicare rebate
Obstetrician visits/check ups/antenatal visits	✘ Not permitted to cover.	✔ You pay the gap between the Obstetrician's charge and the Medicare rebate.	85% of MBS fee
Antenatal classes/courses	✔ Depending on your level of extras cover we may pay a benefit towards an antenatal course, consultation or class by a midwife or physiotherapist in private practice.	✔ If covered for these on your policy, you pay the gap between our benefit and the treatment fee. If not covered for these on your policy you pay the full amount.	✘
Specialty tests	✘ Not permitted to cover.	✔ Costs vary depending on the test. You pay the gap between the test fee and the Medicare rebate. There are some tests where no Medicare rebate is payable.	85% of MBS fee
Ultrasounds	✘ Not permitted to cover.	✔ Some ultrasound providers may bulk bill which means you won't pay for your scan - call and ask before your appointment. If they don't bulk bill you pay the gap between the ultrasound fee and the Medicare rebate.	85% of MBS fee
Non-diagnostic ultrasounds	✘ Not permitted to cover.	✔ Non-diagnostic ultrasounds have no Medicare rebate payable so you pay the full fee.	✘
Hospital accommodation	✔ We cover 100% of agreement hospital charges.	❓ If you are treated in a non-agreement private hospital you will incur significant out-of-pocket expenses.	✘
Delivery fee for your obstetrician	✔ We cover a minimum of 25% of the MBS fee. If your doctor charges more than the MBS fee, and agrees to use Access Gap, we can reduce or eliminate your out-of-pocket expenses.	❓ If your doctor participates in our Access Gap scheme this will either reduce or eliminate your out-of-pocket expenses.	75% of MBS fee
Anaesthetist and any assisting doctors/specialists	✔ We cover a minimum of 25% of the MBS fee. If your doctor charges more than the MBS fee, and agrees to use Access Gap, we can reduce or eliminate your out-of-pocket expenses.	❓ If your anaesthetist or assisting doctor participates in our Access Gap scheme this will either reduce or eliminate your out-of-pocket expenses.	75% of MBS fee

	Defence Health	Patient	Medicare rebate
Non-medical hospital expenses		 You'll pay for personal items such as newspapers, toiletries or TV and pharmaceuticals provided on discharge or unrelated to the birth.	
Hospital excess		 If your policy has an excess you will need to pay this to the hospital before you're admitted.	
Paediatrician (if your baby is not admitted as a patient – most are not admitted)	 Not permitted to cover (unless the baby is admitted).	 You pay the gap between the Paediatrician's charge and the Medicare rebate.	85% of MBS fee
Postnatal obstetrician visit	 Not permitted to cover.	 You pay the gap between the Obstetrician's charge and the Medicare rebate.	85% of MBS fee
Postnatal consultations/ classes	 Depending on your level of extras cover we may pay a benefit towards a postnatal consultation or class by a midwife or physiotherapist in private practice.	 If covered for these on your policy, you pay the gap between the treatment fee and our benefit. If not covered for these on your policy you pay the full amount.	

The Federal Government sets a schedule of fees for medical procedures – these are known as Medicare Benefits Schedule (MBS) fees. Generally you get 85% of the MBS fee back. As a private patient in hospital however, Medicare will only cover 75% of the MBS fee, and Defence Health will cover the remaining 25%. However, many doctors charge above the MBS fee so you may need to cover the gap between these two fees. If your doctor chooses to use Access Gap then we can reduce or eliminate your out-of-pocket expenses (see p.14).

⑥ Antenatal, hospital and postnatal expenses cont.

Keeping costs down: making the most of your cover

If you decide to have your baby at a private hospital, there are several ways you can reduce your out-of-pocket expenses.

Choose an agreement hospital

At an agreement hospital Defence Health will cover 100% of your hospital charges (less any excess payable).

Choose an obstetrician who participates in Access Gap

Selecting an obstetrician who participates in Defence Health's Access Gap scheme will also help to lower your out-of-pocket expenses.

The Medicare Benefits Schedule (MBS) is a listing of the fees set by the Federal Government for most medical services, like doctor's appointments and tests. As an admitted private hospital patient Medicare pays 75% of the MBS fee and Defence Health pays the remaining 25%. However, most obstetricians charge more than the MBS fee which means you end up with an out-of-pocket expense – also known as a 'gap'. If your obstetrician uses Access Gap you will have either no gap, or a reduced gap to pay (your obstetrician will tell you exactly how much).

Register for the Medicare Safety Net

The Medicare Safety Net provides a higher rebate for out-of-pocket medical expenses incurred outside hospital once you reach the relevant annual threshold. You need to register for the Medicare Safety Net in order to be eligible – visit www.servicesaustralia.gov.au to find out more.

Extras cover during and after your pregnancy

A number of extras services may be useful during and after your pregnancy. Check what you're covered for on your level of extras or consider taking out extras cover. Find your product guide on our website or give us a call to find out what services you're covered for.

Please check with your GP or obstetrician before using any extras service during pregnancy.

Some extras services you might use during and after pregnancy:

Antenatal and postnatal services

- ▶ Take part in an antenatal course, consultations/classes and postnatal consultations/classes, as long as they're provided by a midwife or physiotherapist in private practice.

Physiotherapy (including hydrotherapy)

- ▶ May improve back and neck pain and abdominal muscle weakness
- ▶ Can teach you skills about positioning, rhythmic movement, massage, relaxation and breathing awareness.

Chiropractic/Osteopathy

- ▶ May improve back and neck pain and help with your posture
- ▶ May prevent sciatica.

Alternative therapies (where the provider is recognised by the Australian Regional Health Group)

- ▶ Acupuncture may help with back pain and preparation for labour
- ▶ Remedial massage may ease aches and pains and provide relaxation.

Podiatry/chiroprody

- ▶ Can assess foot problems such as over-pronation and swelling in the feet and may help to relieve symptoms.

Psychology

- ▶ May assist with unexpected outcomes, feelings related to pregnancy and birth, postnatal depression and other challenges you may face before, during and after pregnancy.

Dietitian

- ▶ Can assess your medical and nutritional problems (such as gestational diabetes, lactation issues, acid reflux, nausea, weight management) and identify appropriate changes and support you making diet changes where necessary
- ▶ Can provide advice on your pregnancy diet when you have food intolerances or restrictions such as gluten intolerance, vegetarian/vegan and lactose intolerance
- ▶ Can provide guidance on nutrition for premature babies and babies with special healthcare needs
- ▶ Can help uncover food allergies or food sensitivities in babies and children.

Medically prescribed devices and supports

- ▶ Blood glucose monitor – may be needed if you have gestational diabetes
- ▶ Custom-made or fitted orthotics prescribed by your podiatrist to help with over-pronation or other foot health issues
- ▶ TENS machine – may help with back pain and other chronic pain experienced during and after pregnancy.

Quit smoking

Smoking while pregnant exposes a woman and her unborn child to an increased risk of health problems. Passive smoking can also affect a pregnant woman and her child.

- ▶ Benefits paid on approved quit smoking programs and nicotine replacement therapies – these could help you and the people close to you quit smoking. If you're pregnant or breastfeeding check with your GP before commencing nicotine replacement therapies.

Costs for public patients

Antenatal care

A Medicare rebate is payable for routine blood tests and scans conducted as part of your normal check-ups as a public hospital out-patient. Medicare does not cover non-diagnostic ultrasounds.

If any of your pathology or radiography is done through private providers, you will probably incur out-of-pocket expenses, but a Medicare rebate will cover some of these costs.

Shared care may incur out-of-pocket expenses if your GP does not bulk-bill.

Hospital care

The cost of ambulance transport is not covered by Medicare, so you should have a separate policy to cover this service. Every Defence Health policy includes comprehensive cover for ambulance services by state-appointed ambulance providers across Australia.

Your public hospital accommodation will be covered by Medicare and any non-medical consumables will be at your own expense. If surgery is required, or if your baby needs to be admitted, these costs will also be covered by Medicare.

Postnatal care for public patients

If your birth was straightforward and without any complications, you and your baby will probably leave hospital within a day or two.

Early childhood health centres offer home visits from a child and family health nurse one to four weeks after the birth.

You will be encouraged to make an appointment to see your GP six weeks after the birth.

Medicare does not pay a benefit for postnatal services such as physiotherapy or remedial massage, so these services will be at your own expense.



7 It's time! Hospital and the birth

Here are some ways you can be prepared:

- Pack your hospital bag several weeks before your due date
- Keep friends and family on standby if you have other children who need looking after, and don't forget your pets
- Ensure your birthing partner has cleared their work schedule and commitments
- Familiarise yourself with the quickest route to the hospital and be mindful of peak hour traffic.

Private patient

Your obstetrician will attend your birth, as will a team of private hospital midwives who will assist you and ensure your birth plan is followed (if you have one). After the birth of your baby, you will most likely be cared for in your own private room.

Public patient

After your baby is born you will be cared for in a shared room in the maternity ward of the hospital.

Your hospital bag

Some pregnant women spend those last few days before their due date packing and repacking their hospital bag in eager anticipation of their baby's arrival. And others may not even get the chance to pack a bag if their little one arrives earlier than expected. You can be prepared for an early arrival by packing your bag in advance – and here's a list of important items to remember:

- Medicare card
- Private health insurance details
- Your antenatal health record or 'yellow card'
- Any hospital admission forms as required by the hospital
- Plenty of spare pairs of underwear/ disposable underwear
- Sanitary pads
- Maternity bras
- Several changes of clothes
- Sleepwear/pyjamas
- Your essential toiletries (hairbrush, toothbrush, shampoo, deodorant)
- Breast pads
- Nappies and baby wipes – your hospital will supply some, but bring spares
- Warm outfits (e.g. onesies) for your baby
- Blankets and wraps
- Camera and charger
- Mobile phone and charger
- Magazines, books and music.



Nobody can predict when your baby will decide it's time to come! Being organised will help to take some of the stress away.



8 Heading home

If you have your baby at a private hospital, you will spend 4-5 days recovering before you head home.

Public patients are usually discharged shortly after giving birth, provided there are no complications for the mother or baby.

Before you leave, you'll be given an important record book for your baby's health which includes reminders of when regular health checks and immunisations are due. You can choose to have these with a paediatrician, your GP or a community Maternal and Child Health Nurse.

You'll also need to arrange for a 6-week check-up with your obstetrician or GP and part of the cost will be covered by Medicare. As your obstetrician is seeing you as an out-patient, Defence Health cannot pay a benefit.

What if my baby is admitted to hospital?

If there are no complications, then your baby is not admitted as an in-patient. If there are complications, or if any treatment is required and your baby does need to be admitted, these costs can be covered by Defence Health.

As long as your baby is added to your cover within 60 days and your cover is backdated to your baby's date of birth, he or she is immediately covered

for the same level of cover that you have from birth. Contact Defence Health within 60 days and your baby will not have to serve any waiting periods and will have full cover immediately.

No excess for kids

If you have a policy that covers your family, you'll never have to pay the hospital excess for your children. This means you won't have to pay an excess if your baby needs to be admitted to hospital following the birth.

Health centre nurse visits

Your local Maternal and Child Health Nurse will get in touch shortly after you come home from hospital. The nurse will monitor the weight, health and development of your baby, and you'll be given details of your 'Mother's Group' – a local resource for new mothers – which meets at your local early childhood centre. Your local centre is also open to all mothers throughout the week and operates many services such as breast-feeding drop-in clinics. This service is provided by each state or territory government and is free of charge.

9 Glossary and resources

	Glossary
Access Gap	Access Gap is a billing scheme that reduces your out-of-pocket expenses payable to your doctor for in-hospital services.
Agreement hospital	A private hospital with which Defence Health has agreed fees which enables us to cover 100% of the hospital charge. For a full list of agreement hospitals, visit defencehealth.com.au
Caesarean section	Surgical intervention to facilitate the birth of a baby through an incision through the mother's abdomen and uterus.
Excess	This is an amount payable up-front if you are admitted to hospital. By agreeing to an excess you pay a lower premium for private hospital insurance. There is no excess payable if your baby needs to be admitted.
Extras	Extras includes treatment by health and wellbeing providers such as dentists, physiotherapists and much more, for which Medicare does not pay any benefits.
In-patient	Refers to someone receiving care at a hospital as an admitted patient.
Medicare	The national funding and administration body for the public health system.
Medicare Benefits Schedule (MBS)	Medicare Benefits Schedule is the extensive list of medical procedure item numbers recognised by Medicare. The MBS fee is determined by the government. The MBS fee and the actual fee charged will often differ.
Midwife	A qualified health care professional specialising in the care of women during pregnancy, labour, childbirth and the postpartum period. Some midwives choose to work privately, rather than being employed by hospitals and other institutions. These practitioners are referred to as Midwife/Midwives in Private Practice (MIPP).
Obstetrician	A physician who specialises in pregnancy care, child birth and the postpartum period.
Out-of-pocket expense	The amount payable by a patient after Medicare and/or private health insurance benefits have been paid.
Out-patient	Refers to someone receiving care at a hospital without being an admitted patient. Private health insurance benefits are not payable for out-patient services.

	Resources
Medicare Australia	servicesaustralia.gov.au/individuals/medicare
PHIO Obstetrics Fact Sheet	privatehealth.gov.au/footer/brochures.htm
Informed Financial Consent	privatehealth.gov.au/footer/brochures.htm
NSW Health	health.nsw.gov.au/kidsfamilies
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)	ranzcog.edu.au
Services Australia	servicesaustralia.gov.au
Kidspot	www.kidspot.com.au/birth
BabyCenter	babycenter.com.au
The Bub Hub	bubhub.com.au
BellyBelly	bellybelly.com.au
Australian Breastfeeding Association	breastfeeding.asn.au
Healthdirect Australia	healthdirect.gov.au
Midwives Australia	midwivesaustralia.com.au
Pregnancy, Birth and Beyond	pregnancy.com.au
Raising Children Network	raisingchildren.net.au
Black Dog Institute	blackdoginstitute.org.au
Beyondblue	beyondblue.org.au
Perinatal Anxiety & Depression Australia	panda.org.au

We want your pregnancy to go as smoothly as possible so if you have any questions please give us a call on 1800 335 425 or email info@defencehealth.com.au

Contact Us



Phone

1800 335 425

Monday to Thursday

8:30 am to 8:00 pm AEDT/AEST

Friday

8:30 am to 6:00 pm AEDT/AEST



Web

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