



KAWARTHA COMMUNITY MIDWIVES

A group practice of midwives serving Peterborough and the surrounding areas

We are providing you with information about the services you can expect from us so that you can make an informed decision about whether midwifery care is appropriate for you. We believe that the best care is provided when women and their families have an understanding of the philosophy and extent of midwifery services, and wish to develop a collaborative relationship with their midwives.

WHAT IS A MIDWIFE?

A midwife sees pregnancy and childbirth as normal states for the healthy woman. A midwife provides continuity of care throughout the pregnancy, birth and postpartum period. She carefully watches and guides; assisting the family to give birth, respecting their choices and values.

By definition accepted by the **International Confederation of Midwives** and the **World Health Organization** a midwife is:

A person who, having been regularly admitted to a midwifery education program, duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery.

Scope of Practice:

She must be able to give the necessary supervision, care and advice to women during pregnancy, labour and the postpartum period, to conduct deliveries on her own responsibility and to care for the newborn and the infant. This care includes preventative measures, the detection of abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help. She has an important task in health and counseling and education, not only for the patients, but also within the family and community. The work should involve antenatal education and extend to certain areas of gynaecology, family planning and child care. She may practice in hospitals, clinics, health units, domiciliary conditions or in any other service.

Midwifery practice is specifically covered in legislation that sets out the provisions for many health professionals in Ontario. Midwives must be registered by the College of Midwives of Ontario which sets standards for care, and education requirements. These standards include specific conditions of women and infants for which midwives must seek a medical referral. All aspects of midwifery care are publicly funded health care services under the Ontario Ministry of Health and Long Term Care. **There is no cost for midwifery clients who are residents of Ontario.**

In order to abide with privacy legislation, we can only give information about your care, including appointment times, directly to you, the pregnant client.

Our practice includes registered midwives and, during certain periods, midwifery students who are doing their clinical placements. We attend births in the home, Peterborough Regional Health Centre and at our clinic. Our clinic is accessible and we are all trained in compliance with the Accessibility for Ontarians with Disabilities Act (AODA).

ASSIGNING MIDWIVES TO YOUR CARE

One midwife will be your primary caregiver and her partner will be your primary caregiver when she is off call. A second team will be assigned, whose names will be given to you early in the prenatal period, will also be involved in your care. You will begin to alternate clinic visits with them after your first few visits with your primary midwife. We work in this way in order to provide continuity of care in case your primary midwife is not available for your birth. *(This could happen for several reasons: illness, simultaneous births, or babies arriving late or early during scheduled vacation times. We also schedule off-call time; at present each midwife is off-call for one twenty-four hour period per week and one four-day period every month. Each midwife also schedules a number of weeks off each year as holiday time.)* This may happen at times when other midwives are not available *(usually due to illness or multiple births occurring at once)*. As well, a Registered Nurse may be asked to assist at a hospital birth if a 2nd midwife has not arrived yet or for the reasons cited above.

PRENATAL CARE

Prenatal visits are held at our clinic. Visits with your midwives offer you the opportunity to learn about the changes in your body and your baby as pregnancy advances. Our care begins with an interview so that we get to know you, your plans and concerns, and your health history. During the next few visits we will do a general physical assessment, lab work as needed, and clinical assessments such as blood pressure, urinalysis, weight gain, and your baby's growth, heart rate, and position. We expect to see pregnant women on a regular basis throughout the pregnancy, with the visits being more frequent in the last trimester. There will also be a home visit scheduled for 36-37 weeks. Most appointments are a half an hour to forty-five minutes in length. Extra appointments or longer visits can be scheduled if needed.

The schedule of visits is usually every 4-6 weeks in early pregnancy, every 2-3 weeks mid-pregnancy, and weekly in the last month of pregnancy. This will vary depending on each woman's individual needs.

If you have urgent concerns at any time, we are available by pager. For less urgent calls, please leave a message at the office. *(For non-pregnancy related health concerns, you should contact your family physician.)*

Your family and friends are welcome to attend clinic with you. If you are planning to have them at your birth, we suggest you bring them to meet us.

If you have seen a family physician or another midwife for part of your prenatal care, we will request your written consent to obtain copies of your health record for this pregnancy, including any lab work or ultrasound results. For normal, complication free, pregnancy you can only see either a midwife or a family physician/obstetrician as the government considers visiting both a duplication of service.

Midwives provide primary, complete care to women who experience healthy, normal pregnancies. We follow clearly written guidelines from the College of Midwives that outline when to consult or transfer care to a specialist. If you develop obstetrical problems or a medical condition, you and your midwife will determine the appropriate source for ongoing care. Should transfer of care be necessary, we will continue to provide you with supportive care.

Midwifery care for mother and baby is complete at six weeks after the birth. We suggest that, sometime in the last month or two of pregnancy, you arrange for ongoing care for your baby with a physician to begin after six weeks post partum.

During your prenatal care we will be discussing topics such as; ultrasound, genetic screening, diet and nutrition, exercise, breastfeeding, preterm labour, diagnostic tests, choice of birthplace, birth plans, pain management, coping with labour and screening for the newborn.

PRENATAL CLASSES

The midwives in our practice actively encourage parents to seek information, on birth and the early days with a new baby, through childbirth classes. We do not offer classes but are pleased to refer you to such services.

LABOUR AND BIRTH

During the last weeks of pregnancy, one of your midwives will visit your home to become familiar with your location and to meet others who are expected to be present at the birth - whether a home or hospital birth is planned. Your partner, family members, and friends can provide essential support during the birth and the days and weeks which follow, and we are happy to discuss your plans for your labour and birth and the six weeks that will follow.

We ask our clients to pre-register at the Peterborough Regional Health Centre, regardless of where they plan to birth. A tour of the Maternal Child Unit, including the birthing suite, is recommended. For those planning a home birth, we will discuss the indications for transfer to a hospital should it become necessary. You will be given a list of supplies to have on hand.

During early labour a midwife will be in contact with you over the phone and will attend you once active labour is established. Your midwife will provide emotional support and guidance as needed. She will also monitor your physical well-being and that of your baby, assessing the progress of your labour. A second midwife will be called near the end of labour to assist at the birth. After the birth, your midwife will remain with you to monitor the early postpartum period, help establish breastfeeding, do suturing if needed, and do a physical examination of the baby.

POSTNATAL CARE

After a home birth, we will usually stay with you for about three hours. If you give birth in the hospital and all is well, you may choose to leave for home as soon as it is clear that both you and your baby are stable, usually 3-4 hours after the birth. Should you need or choose to stay longer, a nurse will care for you during your hospital stay. We are available by pager or phone for any concerns postpartum.

We will visit you during the postpartum period to check on you and the baby, answer any questions, and assist with breastfeeding or any other aspects of infant care. These visits take place

at the hospital or your home usually on the 1st, 3rd, and 5th days with another visit at 7-10 days. Clinic visits are then usually scheduled at 2 or 3 weeks, at 4 weeks and at 6 weeks postpartum for a final check for both you and your infant.

A summary of the pregnancy, birth and postpartum period will be sent to your family physician at the end of our care at six weeks.

GEOGRAPHIC LIMITATIONS

Because our model of practice includes several home visits and the possibility of attending your labour and birth at home, we have restricted the geographic area that we serve to a 45-minute radius from Peterborough.

STUDENT INVOLVEMENT IN YOUR CARE

We believe that it is vitally important to educate new midwives as the demand for midwifery care increases. Our practice is affiliated with the Ontario Midwifery Education Programme at Ryerson, McMaster and Laurentian universities. You will meet and get to know the students who are working in our practice during your prenatal care. Students are involved in all aspects of midwifery care, including prenatal, labour and birth, and postpartum care with supervision and involvement dependent on their level of study. *(We encourage clients to be teachers of our students by giving them and us ongoing feedback.)*

From time to time, we will have senior midwifery students working with us who are in their final level of training (*clerkships*). They will provide active primary care throughout the entire course of your care under our supervision.

All of your caregivers share a respect for childbearing women and the variety of meanings that childbirth has for families.

PARENTS' ROLES AND RESPONSIBILITIES

We believe that women and their families should be active participants in their care. We encourage a balanced diet, adequate rest, and exercise. Knowledge about pregnancy, birth and child care leads to more confidence during this time of transition. You are welcome to borrow books, articles, videos, and pamphlets from our shelves, and we welcome contributions or suggestions of resources that you find particularly useful. We encourage you to bring your questions or concerns to your visits. Making a written list is often helpful. In order for us to be effective caregivers, it is important that you keep us informed of problems or situations that may affect your care, and that you attend the prenatal clinic appointments.

One of the most important decisions that parents must make is the location of birth. We and the College of Midwives of Ontario support the choice of planned homebirth as an option for healthy women. We are happy to provide you with information and reading materials to help you decide where you feel most comfortable. Comprehensive prenatal care and careful monitoring and support in labour by a known caregiver are important factors in preventing, detecting, and managing complications that might arise. Even with the best of care, however, difficulties can occur during labour and birth. Most often these are not life threatening and can be dealt with at home or safely transported to hospital.

There are circumstances when the use of technology or personnel available only in hospital is essential for the safety of mother and/or baby. We will provide you with information about some of the complications which may arise and our ability to manage them, as well as when we would consult with an obstetrician in hospital. We encourage you to have a full and complete discussion with us about these issues regardless of whether you plan to birth at home or in hospital.

CLIENT RECORDS AND CONFIDENTIALITY

We respect each woman's right to confidentiality. Nothing you say and no information gathered about you can or will be discussed outside of Kawartha Community Midwives without your written consent. There are, however, some limits to confidentiality.

1. If your midwife, because of the College of Midwives' Standard - "Indications for Mandatory Discussion, Consultation and Transfer of Care"- must consult with a physician, she may do so without your written consent. She will advise you of the requirement and what information she will share.
2. According to the Child and Family Services Act, if a midwife suspects that a child is or may be abused or neglected, she must report to the Children's Aid Society. This law also includes the obligation to report domestic/spousal abuse when there is a child in the family. C.A.S. can request parts of the chart for investigation.
3. According to the law, if you tell us that you might harm yourself or someone else, we must report this either to your physician, or to the police, or to another appropriate professional.

You may have access to your midwifery records at any time. If you go out of town for a vacation or on business, we will provide you with a copy of your records to carry with you if you wish. At your final postpartum visit, you may request a copy of your records to keep. We will retain the original in our files.

Your records are confidential and will only be seen by your midwives and/or any physician and / or health care provider with whom we seek a consultation for the purpose of providing care to you or your baby.

A large part of our work involves educating women and their families about pregnancy, birth, and parenting. A very useful tool in teaching is telling people's stories without divulging names. **Please let us know if you want us to keep all or part of your experience confidential.**

For more detailed information about the privacy legislation, please refer to the pamphlet "Your Health Information and Your Privacy in Our Office" which can be found online at <http://www.ipc.on.ca/images/Resources/up-BrochOffice.pdf>

If you have any questions or concerns, you can also ask to speak to our privacy officer.

EVALUATION

We would like to know your opinions about the care that you receive, should you choose to work with our practice. Evaluation forms will be emailed to you following your discharge visit at around 6 weeks postpartum. Your feedback will help us to ensure an ongoing high quality of care. If you have serious concerns about the care you received that cannot be resolved by talking to any of the midwives on your team, it is your right to register a complaint with the College of Midwives of Ontario. They can be contacted through their website – www.cmo.on.ca - or by phone at 416-640-2252 ext. 224.

YOUR DECISION

We hope that this information has helped you to understand our service, and to think of additional questions that you may have. We urge you to consider this information carefully before making your final decision about midwifery care.

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