



Gentle Beginnings Midwifery
Sages-femmes premières tendresses

INFORMED CHOICE DOCUMENT

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TABLE OF CONTENT

WHAT IS A MIDWIFE?.....	3-4
LEGAL STATUS.....	4
SCOPE OF PRACTICE AND STANDARDS OF PRACTICE.....	4-5
INFORMED CHOICE.....	5
CONTINUITY OF CARE.....	6
CHOICE OF BIRTHPLACE.....	6-7
APPROPRIATE USE OF THE TECHNOLOGY.....	7
HOW TO REACH A MIDWIFE.....	7
PRENATAL CARE.....	7-8
LABOUR AND BIRTH.....	8-9
POST-PARTUM CARE.....	9
CLIENT RECORDS AND CONFIDENTIALITY.....	9-10
ROLE AND RESPONSIBILITIES OF THE CLIENT.....	10
VACATIONS AND TIME OFF-CALL.....	10
SECOND BIRTH ATTENDANT.....	10
STUDENTS.....	11
MIDWIVES BIOGRAPHY	available on our website

Midwives regard childbirth as a normal physiological process and an important experience in a family's life. Midwives give personalized care to the mother and her baby throughout normal pregnancy, childbirth and post-partum period. Midwives respect and support the childbearing woman so that she may give birth safely, with power and dignity. Midwifery care is based on the principles of continuity of care, informed choice and choice of birth place.

To help you decide if midwifery care is appropriate for you and your family, this document provides you with information on the midwifery philosophy and model of care in Ontario. This document also includes the role and responsibilities of the client, the midwifery services provided by Gentle Beginnings Midwifery and a link to the education and experience of every midwives in our practice. Please read this information carefully, then if you have any questions don't hesitate to discuss with your midwives.

WHAT IS A MIDWIFE?

A midwife is a trained professional who provides complete and comprehensive care and support during pregnancy and childbirth and continues to care for both mother and baby for six weeks post-partum.

The international definition of the midwife (from: International Confederation of Midwives, June 2011):

“A midwife is a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery.”

Scope of Practice

“The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women’s health, sexual or reproductive health and child care. A midwife may practice in any setting including the home, community, hospitals, clinics and health units.”

LEGAL STATUS

The Midwifery Act is part of the Regulated Health Professions Act of Ontario, which was proclaimed on January 1st, 1994. Since the proclamation of the Act, midwives are required to be registered with the College of Midwives of Ontario (CMO). Midwifery care is publicly funded through the Ontario Ministry of Health and there is no additional cost for women.

SCOPE OF PRACTICE AND STANDARDS OF PRACTICE

The scope of practice of midwives in Ontario as stated by the Midwifery Act is as follows: “The practice of midwifery is the assessment and monitoring of women during pregnancy, labour and the post-partum period and of their newborn babies, the provision of care during normal pregnancy, labour and post-partum period and the conducting of spontaneous normal vaginal deliveries.”

Midwives work within their scope of practice clearly defined by the CMO. Midwives are primary caregivers for mother and baby throughout normal pregnancy, childbirth and post-

partum period. Most pregnancies, labour and births and post-partum periods are normal and do not require consultation outside midwifery care. However, if a risk factor or a complication outside of the midwifery scope of practice occurs, midwives are responsible to consult and/or transfer care to the appropriate specialists. (To see the document: *Consultation and Transfer of Care*, from the CMO, ask one of the midwives).

Transfer of care occurs when the primary care responsibilities required for the appropriate care of the client fall outside of the midwife's scope of practice. A transfer of care may be permanent or temporary. When primary care is transferred from the midwife to a physician, the physician assumes full responsibility for the subsequent planning and delivery of care to the client. The client remains the primary decision-maker regarding her care and the care of her newborn. After a transfer of care has taken place, the midwife shall remain involved, if feasible, as a member of the health care team and provide supportive care to the client within the scope of midwifery. If the condition for which the transfer of care was initiated is resolved, the midwife may resume primary responsibility for the care of the mother and/or newborn.

INFORMED CHOICE

The following definition is taken from the *Informed Choice Standard Document* (CMO, Sept 2013):

“Informed choice is a collaborative information exchange between a midwife and her client that supports client decision-making. Informed choice is a fundamental principle of midwifery care in Ontario.”

Midwives recognize the client as the primary decision-maker and facilitate the process of informed decision-making. Midwives foster a relationship of trust and respect between midwife and client. Midwives provide relevant information in a collaborative and non-authoritarian manner. Midwives consider the experience, feelings, beliefs, values and preferences of the client. Midwives make the best effort to ensure the client fully understands all relevant information prior to making a decision and allow adequate time for decision-making. Midwives respect and support client's decision.

The length of the pre-natal and post-natal visits are between 45-60 minutes permitting women to ask questions and be given information in a relaxed environment. Midwifery care includes education and counselling. At every office sites, books and videos are available as well as information on community resources and breastfeeding.

CONTINUITY OF CARE

The following definition is taken from the *Continuity of Care Document* (CMO, Sept 2013):

“Continuity of midwifery care is achieved when a relationship develops over time between a client and a small group of no more than four midwives.”

“...midwifery services must be made available to the client by the same small group of midwives from the onset of care, during all trimesters, and throughout labour, birth and the first six weeks post-partum. One of the small group of midwives must be identified as the Coordinating Midwife. The Coordinating Midwife is responsible for coordinating the care of a client and identifying who is responsible if she is not available. The client must be made aware of which midwife is her Coordinating Midwife, as well as her responsibilities. The midwifery practice must ensure that there is 24-hour on call availability of at least one of the group of midwives known to the client.”

Our practice consists of a group of registered midwives. During her pregnancy, the client will meet with the midwives assigned to her care. The initial interview and the first few clinical visits will be scheduled with the same midwife. In order for the client to develop a relationship with the midwives assigned to her care, the following prenatal visits are scheduled with each midwife alternatively.

For urgent concerns or at the onset of labour, one of the midwives assigned to the client's care will be available 24 hours a day. The client will contact the midwife by calling the paging services.

CHOICE OF BIRTH PLACE

The following information is taken from the *Home and Out-of-Hospital Births* document (CMO, Sept 2013):

“Choice of birthplace is a fundamental principle of midwifery care. Midwives recognize clients as primary decision-makers in their health care and support them in choosing the most appropriate setting for their birth. Midwives provide clients with the necessary information required to make informed decisions regarding place of birth. Midwives have attended home and out-of-hospital births since prior to the regulation of the profession in 1994, with excellent safety and satisfaction outcomes.”

“The literature on Ontario homebirths demonstrates that planned homebirths with a well-screened population of women, within a supportive health care system, and attended by professionally trained midwives carrying emergency equipment, are as safe as planned hospital births. Similar outcomes have been shown in other jurisdictions with comparable models of midwifery care.”

APPROPRIATE USE OF THE TECHNOLOGY

Midwifery care is based on a respect for pregnancy as a state of health and childbirth as a normal physiological process. Midwifery care is rooted in the knowledge that, for most women, pregnancy and childbirth are important normal life events. Midwives believe that unnecessary intervention is a disruption of normal processes; however, midwives support the use of technology when needed.

HOW TO REACH A MIDWIFE

Each client, at the beginning of their care, will be assigned to a contact midwife, known as her coordinating midwife. If the client has a concern, she will contact her coordinating midwife. If her coordinating midwife is off-call, another midwife, assigned to the client’s care, will receive the call.

There are three ways to reach a midwife. Firstly, if a client has a non-urgent question that can be answered at her next scheduled visit, she should wait until then. If a client has a non-urgent question or concern that she feels cannot wait until the next visit, she should call the office and leave a message for her coordinating midwife, who will return the call as soon as possible. Finally, if the client is in labour or has an urgent concern during the prenatal or postnatal periods, the client should contact her coordinating midwife using the paging service. The paging service is available 24 hours a day for urgent situations and labouring women.

PRENATAL CARE

The maintenance and promotion of health throughout the childbearing cycle are central to midwifery care. Prenatal care is important for promoting healthy habits during pregnancy, learning about the physical and emotional changes during pregnancy and preparing for the birth and the post-partum period. Prenatal care also plays an important role in preventing and detecting problems which can arise during midwifery care.

Once a woman decides to become a midwifery client, an appointment is booked for the first clinical visit. This first clinical visit includes a health history and a general physical assessment. If a pregnant woman has been seen by another caregiver before choosing midwifery care, a copy of her prenatal/health history records will be requested.

Clients may expect to see a midwife every four weeks until the 28th week of pregnancy, every 2nd week until the 36th week and once a week until the birth of the baby. Most appointments are 45-60 minutes in length. A prenatal visit with a midwife includes: assessment of the fetal growth, heart rate and position. Maternal well-being assessment includes: monitoring blood pressure, urinalysis and any community standard testing discussed as an *informed choice decision*. Midwives provide counselling and advice on nutrition, exercise and the social and emotional aspects of pregnancy.

Prenatal care is mainly provided at the clinic. A prenatal visit at the client's home may be offered and usually takes place during the last month of pregnancy. Occasionally, appointments will need to be rescheduled because the midwife is attending a labour/birth. It is important to remember that the appointments of other clients may have to be re-booked when you are having your baby.

LABOUR AND BIRTH

Midwives are available 24 hours a day by calling the paging service. In early labour, midwives are available for phone assessment. Once active labour is established, midwives care for women either in their home or at the hospital. Two midwives are present at every birth and the second midwife arrives closer to the time of the birth. Sometime, the primary midwife may be assisted by a second birth attendant approved by the College of Midwives of Ontario such as obstetrical Registered Nurses at the hospital.

Clinical aspects of care during labour and birth include monitoring and assessing the progress of labour and assessment of the well-being of the mother and baby. Midwives also provide physical and emotional support during labour and birth. The most important emotional support is the one provided by the client's partner, family, friends or doula. The client is welcome to have whomever she chooses at her birth.

Midwives of our practice have admitting privileges at the Winchester District Memorial Hospital and Cornwall Community Hospital which allows care in either home or hospital.

POST-PARTUM CARE

In the first few hours following the birth, it is ideal to keep mother and baby together in a quiet and respectful environment with the people of her choice. If the mother is planning to breastfeed, the midwives can help initiate breastfeeding which usually happen within the first hour following the birth. The midwives continue to monitor the mother's and baby's conditions and they also conduct a physical examination of the newborn.

Whether the mother gave birth at home or in a hospital setting, the midwives remain with their clients until they know that both mother and baby are doing well. Usually, the midwives stay about three hours after the birth in most cases. Women who give birth at the hospital can return home three hours after the birth, providing both mother and baby are well.

During the first week after the birth, the post-natal visits take place usually at the client's home. The number of post-partum visits depends largely on the mother's and baby's needs as well as the location of the client's home. Following the home visits, the mother and the baby come back to the midwifery clinic for the following post-partum visits. These clinic post-partum visits are usually planned for the week 2 and 4 after the birth. Then, the final midwifery visit will be when the baby is around 6 weeks old.

CLIENT RECORDS AND CONFIDENTIALITY

Midwives consider the information in a client's midwifery records to be the woman property. During the course of a client's care, midwives keep the client original midwifery records. However, a client may access her midwifery records at any time during the care.

Midwives respect each client's right of confidentiality in regards of their health information. Midwives don't share client midwifery records without the client's permission.

ROLE AND RESPONSIBILITIES OF THE CLIENT

Midwifery care is based on promoting health and education to avoid or to minimize risks. Regular prenatal care is essential. Midwives expect clients to do their best to maintain good health during their pregnancies by eating a balanced diet, getting adequate rest and exercise, and seeking knowledge to help prepare for labour, birth and post-partum.

Clients are welcome to borrow books, videos and community resources from the midwifery library. Being informed on different topics and/or issues enable clients to be aware of their

choices. Then, encourage client to participate actively in the decision-making process regarding their care.

Midwifery care is personalized to each client's needs. In order to receive appropriate care, clients should make their expectations known to the midwives assigned to their care. Furthermore, keep their midwives informed of any concerns or situations that may affect their care.

VACATIONS AND TIME OFF CALL

The midwives of our practice take regular time off-call and clients will be informed of these time off-call.

SECOND BIRTH ATTENDANT

Two midwives attend each birth regardless of the setting except in rare occasions. For these occasions, a second birth attendant assists the midwife. Second birth attendants are certified in neonatal resuscitation and adult cardio-pulmonary resuscitation. They also meet the guidelines for Second Birth Attendants of the CMO.

STUDENTS

Our midwifery practice is a teaching practice. Midwives at our practice are preceptors for students learning in the Ontario Midwifery Education Program, from Laurentian, McMaster or Ryerson Universities. Student midwives accompany midwives and provide care appropriate to their level of training. The student midwife develops a relationship with a client over a number of visits. Clients are seen as valuable teachers for student midwives.

Clients are encouraged to talk with their midwives about the involvement of students and to raise any concerns. Midwives at our practice are committed to ensure the quality of care they provide is enhanced by the presence of student midwives.