



COMMUNITY
MIDWIVES
OF KINGSTON

391 Barrie Street, Kingston, Ontario K7K 3T6
t. 613.544.7127 f. 613.544.8540
midwives@bellnet.ca
www.kingstonmidwives.ca

Midwives are primary caregivers.

Midwives provide primary care to women throughout their low risk pregnancy, labour and birth and provide care to both mother and baby during the first six weeks following the birth.

Midwives support women's choices and provide care to healthy women with healthy pregnancies. We support the use of appropriate technology.

CHOOSING MIDWIFERY CARE

Choosing midwifery care means you are choosing a distinct style of maternity care, focused on childbirth as a normal healthy process, continuity of care and informed choice. Midwives work as independent primary caregivers and are funded to provide comprehensive care to women and their families during pregnancy, birth and the first six weeks postpartum. Our services are an alternate to, not in addition to, medical and nursing care. Women in midwifery care normally do not see a physician during their pregnancy, labour or the first six weeks after the birth unless complications arise.

We provide prenatal care in our clinic, attend labour and birth at home and in the hospital, and provide early postnatal care in the woman's home and later in our clinic. Two midwives attend each birth at home or in hospital. Midwifery care for planned hospital births includes monitoring labour at home, transfer to hospital late in active labour. Early discharge (usually 3-4 hours after the birth) from the hospital is possible with midwifery care.

The emphasis in midwifery care is on birth as a normal physiologic process and an important life event and in supporting women to make informed choices. As primary caregivers our role is limited to normal pregnancy, childbirth and postpartum. Midwives provide a low intervention style of care that seeks to avoid the routine use of drugs and technology. Midwives work together with women and their partners and support people to use alternatives to birth technology. One example in the prenatal period is using careful history taking rather than routine ultrasound to establish a woman's expected date of birth. During labour and birth, midwives use water, position changes, hands-on comfort measures and emotional support to reduce the need for pain-relieving drugs. Although the use of technology and drugs is sometimes necessary and is always open to midwifery clients when needed, women find that they do not

need them as much when they have the one-on-one nurturing care of midwives.

PARENTS' ROLE AND RESPONSIBILITIES

We believe it is ideal if women and their families are active participants in their care. We strongly request that your partner or significant support person/people be present for at least the initial or home visit with your primary and secondary midwife if possible. We welcome the ongoing participation of partners, children, family or friends at clinic or home visits, as well as during the labour and birth.

Knowledge about pregnancy, birth and child care leads to more confidence during this time of transition. While our visits provide ample time for education and learning, we strongly encourage parents to gain knowledge from a variety of sources. Prenatal classes are a valuable way of gaining information and insight into the labour and birth process. We welcome the inclusion of doulas, massage therapists, naturopathic doctors, chiropractor, homeopath, spiritual leaders and anyone else chosen by the parents to be with them during their birth experience.

One of the most important decisions that parents must make is the location of birth. Comprehensive prenatal care and careful monitoring in labour by a known caregiver are important factors in preventing, detecting and managing complications which 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 by safely transporting to hospital. There are circumstances when hospital care is essential for the safety of mother and/or baby. We can provide you with information about complications that may arise and our ability to manage them. We strongly encourage both you and your partner to have a full and complete discussion with us about these issues and to attend our home birth presentation and discussion evening at the clinic if you are planning a birth at home.

INFORMED CHOICE

We hope to provide you with information that will enable you to make a choice about whether or not midwifery care with our practice is appropriate for you. We will provide you with an understanding of the philosophy of midwifery care, the services provided by our practice, the standards of practice within which we work and the education and experience of each midwife. We believe that the best care is provided when women and their families have a complete understanding of the philosophy and extent of midwifery services and wish to develop a collaborative relationship with their midwives.

Women are active decision-makers in the care they receive; midwives give information to help women make informed decisions.

You can choose to have a midwife or a doctor.

LEGAL STATUS

Midwives, obstetricians and family physicians are all considered primary caregivers. A primary caregiver takes sole responsibility for your care. Having two caregivers is viewed as duplication of health care services. Midwives in Ontario are primary care providers for pregnancy, labour and birth and the first six weeks after birth. The College of Midwives of Ontario (www.cmo.on.ca) sets the standards and education requirements for Registered Midwives. We have included in this package the pertinent documents outlining our standards.

You do not have to pay for a midwife.

The Ontario Ministry of Health and Long-Term Care publicly funds midwifery care (www.health.gov.on.ca). There is no charge to any client even if they don't have an Ontario Health Card. Women who do not have OHIP coverage will need to pay for lab work and hospital fees. We belong to the Association of Ontario Midwives (www.aom.on.ca). Their website will provide you with additional information and links.

All midwives in our practice work in a similar way.

SCOPE OF PRACTICE AND STANDARDS

The midwives' scope of practice is normal healthy pregnancy, childbirth and postpartum. We provide individualized, flexible care and aim to be responsive to the needs of each woman and her family. We practice within the standards developed by the College of Midwives of Ontario (included as part of this package). We also work within a set of protocols that we have developed for our practice. These protocols help us to provide consistent care that is supported by current research. You are welcome to read these protocols at any time. Ask your midwife for details if this is of interest to you.

If your care is transferred, your midwife remains with you in a supportive role.

Midwives are primary health care providers to healthy pregnant women and healthy newborns. Sometimes a woman's pregnancy moves out of "normal" and her care must be transferred to a specialist, usually an obstetrician. In such a case, you can expect to have *supportive care* from a midwife, but since the specialist is primarily responsible for your health, your midwife will not directly provide clinical care. Only one midwife will attend the birth. A transfer of care will be recommended/arranged if a situation outside of our scope of practice arises.

Use of an epidural for pain relief does **not** require a transfer of care to obstetrics.

In addition to the College of Midwives Guidelines for Consultation and Transferring Care to a physician, there are some guidelines for transfer of care which are mandated by Kingston General Hospital. One of these guidelines is a transfer to the obstetric team for the use of oxytocin for induction or augmentation. Recently, KGH has allowed midwives to maintain care for epidurals.

Midwifery clients may choose to give birth at home or in hospital.

CHOICE OF BIRTHPLACE

Midwives in Ontario support the woman's right to choose where she will give birth and believe that home is an appropriate place for healthy women to give birth. There are distinct risks and benefits to any birth place. It is the responsibility of parents to become as informed as possible, to weigh those risks and benefits and to make decisions appropriate to themselves. As well as providing care in the home we hold hospital privileges at Kingston General Hospital.

OUR SERVICES

We share on call time and off call time with another midwife.

HOW YOUR CARE IS ARRANGED

Our practice consists of a group of Registered Midwives. You will be assigned one to three primary midwives. Under normal circumstances, one of these midwives will be your primary caregiver at the time of your birth. As there are typically two midwives at every birth, a second (or back-up) midwife will be asked to attend your birth by the primary midwife. Which midwife is called for back-up will depend on which midwives are on-call on the day that you give birth. When possible, your primary midwife or midwives will try to introduce you to all midwives who may be your primary midwife at the birth.

HOW TO CONTACT US

Clients use our pagers to contact us in labour or regarding other urgent concerns. The clinic phone number, pager numbers and clinic hours will be provided at the initial visit.

We are happy to respond to non-urgent calls during our clinic time which is Monday through Thursday 8:30 a.m.-4:30 p.m. and Friday 8:30 a.m.-noon. The clinic phone is not answered before 9 a.m., between 12-1 p.m., or after 4 p.m. but messages left on the voice mail will be returned.

IF YOUR PRIMARY MIDWIFE IS UNAVAILABLE OR THERE ARE SIMULTANEOUS BIRTHS

Circumstances where your primary midwife is not available are rare, but can include times when several women are in labour at the same time. It also can include situations where your primary midwife becomes ill, has an injury or a family crisis to tend to. If more than one woman is having her baby at one time, a midwife you may not know well or a nurse may provide care to you. We have made arrangements with the College of Midwives to use Registered Nurses in the hospital setting to assist us and fulfill the role of the second midwife. In rare circumstances if there is a planned homebirth and no second midwife is available, the woman may be asked to move into the hospital to give birth, so that we can fulfill our model which states two midwives at every birth or a midwife and a nurse.

We are a teaching practice for midwifery students.

Midwives work in a group practice. A woman receives care from a small number of midwives.

Midwives spend time developing relationships with women and are available 24 hours a day, seven days a week.

MIDWIFERY STUDENTS

We are a teaching practice providing clinical experience for students from the Midwifery Education Program (www.laurentian.ca; www.mcmaster.ca; www.ryerson.ca), and the International Midwifery Pre-Registration Program (www.ryerson.ca). It is essential to provide prenatal, birth and postnatal experiences for the midwifery students, and to have them follow women through their pregnancy and birth. By involving a student in your care, you contribute to the education of future midwives in our province. Second-year students will be with us for 18 weeks, and their primary focus will be on learning prenatal and postnatal examinations and attending birth. They will be learning to catch babies and practice suturing. Senior students will be with us from 4-10 months under the supervision of your midwives. They will take on greater responsibilities as their skills increase, including managing labours, catching babies and suturing. Students are always under the direct supervision of a Registered Midwife. Senior students are able to do certain postpartum visits on their own, as well as act as one of two midwives at a birth.

OFF-CALL AND VACATION TIME FOR MIDWIVES

The midwives in this clinic practice in a variety of on/off call models and clinic schedules. Your primary midwife or midwives will discuss how their on and off call schedule will work. Throughout your care with us, there will always be a midwife on-call for you. We try to ensure that you will have one of your primary midwives at your labour and birth. As birth is unpredictable, there is a possibility that another midwife in the practice may attend you.

Please feel free to discuss this issue with your midwife if you have questions or concerns.

PRENATAL CARE

Prenatal visits are held at our clinic and are generally 30-45 minutes long. Our care begins with an extensive initial visit so that we get to know you, your health history and your plans. During the next few visits, we will do a physical assessment and discuss available lab tests such as blood work and ultrasound. Ongoing care includes checking blood pressure, urinalysis, weight, fetal growth, position and fetal heart rate patterns. We expect to see pregnant women once a month until the 28th week, every two weeks until the 36th week and weekly from then until the baby is born. Your visits will alternate between your primary midwives. Extra appointments or longer visits can be scheduled if needed. A home visit may be scheduled during the last month of pregnancy to provide time to discuss the birth and to meet anyone else who may be participating in the birth, especially for those planning a homebirth.

One of your midwives will be available to you by pager at all times for any urgent concerns. If you develop obstetric problems or have a medical condition, you and your midwife will determine the appropriate plan for ongoing care. If your care is transferred to an obstetrician, your primary midwife will continue to provide supportive care. Our care ends six weeks after the birth.

LABOUR AND BIRTH

We suggest that clients pre-register at Kingston General Hospital regardless of the planned place of birth. Your midwife can advise you about this process. In the event of a transfer to hospital from a planned home birth, things can go much more smoothly if you are registered.

Your midwife will attend you at home or hospital once active labour is established, or if you have concerns. Your midwife will monitor you and your baby during labour and provide emotional and physical support and guidance as needed. For those choosing a hospital birth, the goal is to stay at home until the labour is well-established, this minimizes the time that women spend in hospital. Also, many of our clients will leave the hospital ~3-4 hours after an uncomplicated birth. Your midwife provides all the care that a healthy mom and baby need at home. Most women and their partners rest and eat better at home, which helps enormously with the recovery from birth. If there is a medical reason for either mother or baby to remain in hospital, your midwife will be available.

The back-up or second midwife will be called near the end of labour to assist at the birth. In the event that your primary midwife has been working without sleep for 24 hours, a back-up midwife may be called in to take over care while your primary midwife sleeps. This is important in order to provide the best and safest care for you and your baby.

After the birth, your midwife will monitor your recovery, help establish breastfeeding and do a physical examination of the baby. She will also provide oral and written information about what to expect from the baby and answer any questions you have about caring for your baby. The midwife usually stays for ~3-4 hours after the birth usually stays for ~3-4 hours after the birth and either your primary or second midwife will always be available by pager with any concerns or questions. One of your midwives will return within 24 hours to monitor your recovery, assess baby's well-being and support breastfeeding.

Midwives provide labour support at home and in the hospital. If all goes well you may have the option to go home earlier. You will be followed at home by your midwife.

Occasionally a back-up midwife may respond to your call as your primary midwife sleeps.

After the birth your midwife will stay with you for ~3-4 hours, will be available by pager and will return to see you in the 1st 24 hours.

A number of visits occur in the first week of life. After the first week we ask that you come to see us in the clinic. Your midwife is available to you by pager for urgent concerns.

We have a Privacy Statement posted on the wall in our clinic.

POSTPARTUM CARE

Your midwife will visit you during the postpartum period to check on you and the baby, answer questions and assist with feeding and other aspects of infant care. These visits usually occur every other day for the first week postpartum. Then we ask that you come to the clinic for visits at 2-, 4- and 6- week visits. Of course, a midwife remains available to you 24 hours a day by pager for urgent concerns for you and your baby. During postpartum care there is ample opportunity for questions and feedback about the care that you received from us and we provide you with copies of your records for your personal use, as well as a summary letter with details for your family physician upon discharge at 6 weeks. We ask that you fill out an evaluation form at the end of your care to help us reflect on our practice and remain responsive to the needs of our clients.

COMPLEMENTARY THERAPIES

The midwives in this practice often offer information regarding complementary therapies such as chiropractic care, massage therapy, acupuncture, herbal medicine or homeopathic remedies. We only recommend and practice what we are familiar and comfortable with using in pregnancy and breastfeeding, and always follow the principles of Informed Choice when offering any suggestions for your care.

CONFIDENTIALITY

Your midwives will discuss your care amongst themselves and with any students that you have agreed to take part in your care. You may have access to your midwifery records at any time; the information is yours.

Our clients' experiences of birth, breastfeeding and parenting are important tools we use in teaching other parents about childbearing and childrearing. Although names are not used, if you prefer your birth story not be shared please advise us.

Whenever we must discuss or consult during your care we speak only to the professionals necessary. As well, if you ask us details of another clients' birth (a friend or someone you may have met at the clinic) we would not be able to give them to you without her permission.

We have a Privacy Statement posted on the wall in our clinic and a longer version available at your request.

If a conflict or disagreement occurs please speak with your midwife.

CONFLICT/CONCERNS

If you (or your family) have concerns about what you have read here or anything that has been discussed in an appointment, please discuss your concerns with your midwife. If a conflict should occur during your care you should first explore the issue with the midwife involved. If you are not satisfied with results of that discussion then the concern will be brought to the practice for conflict resolution. The conflict resolution volunteer is Heather Brechin; alternate is Jane Somerville.

MIDWIFE BIOGRAPHIES

These are available on our website, www.kingstonmidwives.ca . If you would like a printed copy, please ask our front desk staff.