



**St. Jacobs
Midwives**

INFORMED CHOICE AGREEMENT

Welcome to the St. Jacobs Midwives practice.

This Informed Choice Agreement outlines our services, philosophy, and what to expect during your care. Informed choice is based on complete information and open discussion and contributes to a healthy and positive pregnancy and birth experience. Please feel free to discuss with us any questions you may have about this Agreement.

PHILOSOPHY

We view pregnancy and birth as normal, healthy events in a woman's life. We believe that unnecessary interference in the birth process can disrupt the body's normal function, leading to intervention-caused complications. Therefore, we embrace the role of midwife as guardian of normal childbirth. We believe that the birthing woman who has her physical and emotional needs met, and who is given skillful and caring support during pregnancy and birth, has the best chance for a normal and positive birth experience. In an atmosphere of warmth, calm, freedom of movement and nurturing support, a woman can relax and work with her body in the way that is best suited to her particular birth. If complications arise, the mother can continue to feel empowered in her role if she is given complete and honest information and is listened to in the decision-making process.

Key Principles of the Philosophy of Midwifery Care in Ontario are:

- Woman Centered Care
- Continuity of Care
- Informed Choice
- Choice of Birth Place
- Appropriate Use of Technology

OUR ROLE

We provide primary care during pregnancy, labour, birth and for six weeks after the birth. We will support you and your family and assist you to give birth in the way you choose, within the realm of safe care.

St. Jacobs Midwives operate within a pre-determined geographical catchment area approved by the Ministry of Health. Clients who move out of this area during their course of care may be required to secure the services of another practitioner. A map of our catchment area is available upon request.

STATUS OF MIDWIFERY

Midwifery has been a legislated health care profession since January 1, 1994, funded by the Ontario Health Care System. Midwives provide primary care for mother and baby throughout the childbearing cycle. If problems arise outside of the midwives' scope of practice during this period, you will be referred to the appropriate care provider.

You are encouraged to let your family doctor know that you are in midwifery care. Our office will notify your family doctor when your baby has been born and will send a summary letter when your care is completed.

PRENATAL CARE

Prenatal visits provide time to talk about questions, feelings, birth plans, and to do routine prenatal assessments. This time spent together in the prenatal period helps to build a close and trusting relationship between midwife and family. Your child(ren), husband/partner, or friends are welcome at prenatal visits. If you are planning sibling participation at your birth, we recommend that you bring your child(ren) to some of the visits so that we can get to know each other and the children can gain a sense of being part of the pregnancy and birth plans.

Prenatal visits will take place every 4 weeks until 28 weeks when visits are every 2 weeks. At 36 - 37 weeks, the midwife will offer a home visit and then clinic visits will be weekly until your baby is born. We are available by phone between visits. Pagers may be used for urgent situations. If you need to see your family doctor for some reason (i.e. antibiotics), please inform your midwife so that she is aware of what you're receiving.

PLACE OF BIRTH

We support the concept of individualized care based on the unique circumstances and needs of the birthing woman and her family. The College of Midwives of Ontario requires midwives to be trained to attend home and hospital births and to provide clients with these options. Research has shown that, for healthy women enjoying a low risk pregnancy and receiving regular prenatal care, home birth is a safe and reasonable option. The choice of place of birth is a personal decision and many factors must be considered including: risk factors involving mother and/or baby, available facilities, distance from hospital and the environment in which the mother feels most secure. We believe that it is the parents' right to make an informed choice regarding birth setting, understanding that there are risks and benefits to both home and hospital births.

Birth is a natural, normal process, but complications and emergencies can arise that require medical intervention. While the majority of complications can be detected prenatally, some may arise unexpectedly during labour and delivery or after the birth. Midwives carry resuscitation equipment, oxygen and medications to treat postpartum bleeding and are trained in emergency skills. Some complications can be handled safely and effectively in the home environment with a skilled midwife in attendance, while others may require transport to a hospital. The willingness to transfer to hospital when there are signs of complications is one of the things that makes home birth a safe option.

LABOUR AND BIRTH

We see our role as being part of a team, working together with the parents, family and friends (if present), to serve the birthing woman and her baby. Because giving birth is an extension of a woman's whole life, the ways in which a woman experiences labour and birth are many and varied. We are committed to respecting the individual values and needs of birthing families. Much of our work involves quiet observation, reassurance and labour support. Many women desire and achieve unmedicated childbirth.

We will remain with you once active labour is established and the condition of mother and baby will be monitored and assessed. The second midwife will come when the birth is imminent.

POST-PARTUM

If there are no complications or interventions, a woman delivering in the hospital may go home two to three hours after birth. When a baby is born at home, we remain with the mother and baby until both are stable and secure. The minimum time we remain is two hours after the birth, but we will stay as long as necessary to ensure safety and comfort for mother and baby. Postpartum visits are usually done at home during the first week, then at the clinic until six weeks post partum. During these visits, we will assess the well-being of mother and baby and offer support and assistance with feeding.

RECORDS

Record keeping is an important part of our midwifery practice. Your records will be kept confidential. We are compliant with the Personal Information Privacy and Electronic Documents Act. Statistics are compiled by midwives practising in Ontario for research purposes. If you wish, you may have a copy of your records at the last post-partum visit. As obstetrical health care providers, we are expected, if deemed necessary, to complete an assessment for the Ontario Healthy Babies Healthy Children program. Please discuss this with your midwife if you have any questions or concerns.

STANDARDS OF PRACTICE

We practise according to standards, policies and guidelines outlined by the College of Midwives of Ontario. A copy of our College consultation standards is available in our library or on the College of Midwives of Ontario website. These College standards list the situations which require midwives to consult with a physician or transfer care.

TRANSFER OF CARE

Should it become necessary to transfer care to an obstetrician, that physician becomes your primary care provider until care is transferred back to the midwife. Your midwife will remain with you in a supportive role.

PRACTICE IN PARTNERSHIP

We are a group practice; we assist each other at home and hospital births and act as a back-up for each other when a midwife is off-call or if more than one client is in labour at the same time. During your pregnancy, arrangements will be made for you to meet other midwives in our practice. If your primary midwife has to attend a birth on a scheduled appointment day, we will attempt to have another midwife see you for your appointment. This gives you the opportunity to meet other midwives who may be involved in your care. If another midwife is unavailable, we will try to reach you before your appointment and reschedule it. We appreciate your patience and understanding when we are called to attend a birth.

In the unlikely event that all the midwives in our practice are unavailable when you go into labour, you would need to go to Grand River Hospital.

Midwives are available 24 hours a day, seven days a week. To avoid burn-out and to respect our family time, we schedule regular off-call periods. If you need to reach your midwife and she is off-call, please call your designated back-up (second) midwife or call your midwife's pager to find the name of the midwife covering for her. You will be provided with pager numbers for all midwives in the practice.

ST. JACOBS AS A TEACHING PRACTICE

St. Jacobs Midwives is an active teaching practice. Here student midwives and internationally-trained midwives studying the Ontario model of care learn how to provide care to women and their babies. Student midwives work with an assigned preceptor midwife and attend clinic appointments, home visits, and births. Your primary midwife may or may not have a student, or you may meet more than one student during your pregnancy. Please talk with your midwife if you have any questions or concerns regarding student involvement in your care. It is also advised that you read our document entitled "Student Midwives' Involvement in Midwifery Care" to get a better understanding of the students' role. Newly registered midwives in their first year of practice have an experienced midwife from the practice who acts as their mentor.

PARENT RESPONSIBILITIES

- 1) We ask our clients to take responsibility for their health and the health of their unborn babies. This includes good nutrition, adequate rest, regular exercise, relaxation and stress reduction. During pregnancy, we advise you to abstain from alcohol, smoking, and to limit the consumption of caffeine. Consult your midwife before using any over-the-counter medications.
- 2) It is important to attend regularly scheduled prenatal and post partum visits in order to receive complete, safe care. If you are unable to attend an appointment, please call in advance to reschedule.
- 3) All clients should learn about normal labour and birth as well as possible complications and their management. We recommend that first-time parents attend childbirth classes. The classes are also beneficial to women who have had a difficult or negative previous birth experience, or to those who want to enjoy the social aspect of being together with other pregnant women and their partners to share feelings and expectations. Refresher courses may be available, depending on demand. Please ask your midwife about classes available in your community or check our website for recommended classes.
- 4) We believe that the best nutrition for your baby is breastmilk. We are committed to offering support and advice to facilitate breastfeeding that works for you and your baby. We recognize that learning the skill to breastfeed may take time. If breastfeeding challenges arise, we will help you work through them in a way that does not compromise your baby's health or your own.. Even for mothers who must return to work, breastfeeding in the early weeks establishes a physiological and psychological bond between mother and baby and is the optimum food nutritionally for the young baby's digestive system. It is known that bottles and soothers can interfere with successful breastfeeding. Feel free to discuss this with your midwife. Prenatal breastfeeding classes can be helpful for first time parents, or for women who have had breastfeeding difficulties in the past.

5) Please remind your midwife to provide you with opportunities to meet the other midwives. Meeting other midwives in the practice group is important and you will be scheduled to meet at least one other midwife before your birth. As there are always two midwives at each birth, you will want to know who your alternate midwives are. You should call your alternate midwife if your primary midwife is off-call.

6) Hospital pre-registration forms are available on-line. You'll find a link on our website. Please bring completed forms to your midwife.

7) If you are planning to have children present at your birth, you will need someone present during your labour and birth whom your children trust and like. This person should feel comfortable being present at the type of birth you have chosen. The primary role of this person is to meet the needs of the child(ren), and not as a support person for you. You may want to prepare your child(ren) for what to expect during labour by reading books, talking, watching birth videos and role-playing.

8) It is important for you to be honest with us during your pregnancy and labour, to share with us any feelings or situations in your life which may affect the care that we provide. It is important that we establish a good rapport and that we are able to communicate freely. If necessary, you can be referred to a social worker or counsellor.

9) Clients planning home births need to provide a suitable working environment for midwives. This will be discussed at your prenatal home visit, about a month before your due date. You will also be provided with a list of home birth supplies.

MAINTAINING QUALITY OF CARE

The College of Midwives of Ontario provides standards and guidelines, reviews complaints about midwifery care, and oversees a quality assurance programme. Midwives maintain their competence and high standard of care in several ways including:

- regular certification in infant resuscitation and CPR
- training in emergency skills
- participation in peer reviews and interdisciplinary rounds
- reviewing client evaluation forms
- development of practice protocols
- participation in continuing education programs and courses

REFERENCES

We would be pleased to provide references from past clients and professionals with whom we have worked.