

## **Community Midwives of Halton Informed Choice Agreement**

This Informed Choice Agreement is provided to explain our philosophy, services, and education as midwives. We are regulated by the College of Midwives of Ontario under the Midwifery Act, which was proclaimed on December 31, 1993. Because of this Act, midwifery services are available and funded for Ontario residents.

### **Services**

We follow the regulations and standards for midwifery care as laid out by the College of Midwives of Ontario, which include screening for risks and consulting with other practitioners when necessary. These standards and our practice protocols are available in our clinic. We offer complete midwifery care during pregnancy, labour, birth and the postpartum period. Our care involves physical assessments, lab work, time to answer your questions, and discuss a number of topics such as:

- nutrition, exercise and lifestyle issues
- normal physical and emotional changes
- diagnostic procedures and medical interventions
- preparation for labour and birth
- abnormalities, complications and emergency measures
- infant care and breastfeeding
- postpartum adjustment and parenting
- fertility awareness and family planning

Pregnancy care includes regular visits, approximately once a month for the first 28 weeks, then every 2 weeks until 36 weeks, then weekly until birth. Visits generally last 30 minutes. We encourage both partners to be present, and welcome other family members.

During active labour we are in attendance to provide clinical care, reassurance, and an extra pair of comforting hands. After the birth, we stay until confident that the mother and baby are stable and adjusting well, usually a few hours.

Postpartum care includes four visits within the first ten days, and then clinic visits every one to two weeks until six weeks postpartum. More appointments are made if needed. The comprehensive care we give allows women who give birth in the hospital to choose whether to stay overnight or head home after a few hours to recover in the comfort of their own home.

Midwives are primary caregivers and it is unnecessary for you or your baby to see a physician for additional obstetric or newborn care. Any concerns relating to pregnancy and postpartum should be directed to the midwife. We will refer any

medical concerns relating to the pregnancy, birth, or postpartum to the appropriate specialist. If care must be transferred to another care provider in our community, we normally continue to provide support. In the case of non-pregnancy related concerns, we will refer you to your family doctor or another health care provider as appropriate.

Our practice uses a paging service for clients to contact their midwives for any urgent concerns that may arise during care. Reasons to page include onset of active labour, waters breaking, not feeling the baby moving, a fall or car accident, severe nausea and vomiting, preterm labour, severe headache, or fever/feeling unwell. When you page, ask the dispatcher for your primary midwife and be specific about the reason for calling. Please do not call Telehealth regarding pregnancy concerns. All other non-urgent calls should be directed to our office where staff will relay them to your midwives.

You are welcome to use our lending library, consisting of books and DVDs. During the course of your care we may recommend various reading materials that are relevant to your needs.

### **Funding**

Ontario midwives are paid on a “per client” basis on contract with a Transfer Payment Agency of Ontario’s Ministry of Health and Long Term Care. This means midwives are paid for complete care as a package, not separately for each visit as in “fee for service”. You can only see one care provider for the same care in pregnancy; duplicating services may jeopardize the payment to one or both care providers and is an abuse of health care dollars.

### **Students**

We are a teaching practice, affiliated with the Midwifery Education Program at McMaster, Laurentian, and Ryerson Universities. Over the course of your care, a student may participate in discussions and provide hands on clinical care. The students provide more and more care in the role of the primary caregiver, according to their level of experience and ability as they progress through the education program. In their final clerkship course, the students provide care in the role of a primary midwife. In order to preserve continuity of care and provide the opportunity for students and clients to establish a relationship, we normally assign each student to follow specific clients. Students are here for varying lengths of time, so you may meet a student either early or late in your pregnancy. If you are concerned about having a student or about the care they are providing, please speak to the midwife as soon as possible. For more information regarding specific courses and student roles, please refer to the handout in your chart, or speak to any of the midwives in the practice.

## **Availability**

We practice shared care in our group, in which each client is assigned two to three midwives, with the first being her primary midwife and the other(s) as backups. Your visits will alternate between the midwives so that by the end of your pregnancy you will know them equally well. When you are in labour your primary midwife will attend, and call a second midwife (who you may or may not know) when the birth is near. If your primary midwife is not available, your backup midwife will attend you in labour instead. Midwives in these small teams will alternate time off over the course of your pregnancy, but they would not be both scheduled off around your due date. On rare but unavoidable occasions, due to either simultaneous births or an illness, you may have a midwife you have not met before or only seen at the clinic. Although our personalities are different, we all hold the same beliefs and practice to the same standards, and would work with you to make your experience a positive one.

There is always a midwife available 24 hrs a day, 7 days a week for urgent concerns. The nature of the service we provide means that occasionally it may be necessary to cancel your appointment, for example, when another woman is in labour. You will be notified as promptly as possible.

## **Responsibilities**

Midwives tailor the care they give to the individual client, so it's important for you to tell us your expectations, and to keep us informed of any situations that could affect your care. It is your responsibility to ask questions and make final decisions about your care and that of your baby. Our role is to help you access the information you need to make those decisions.

Clients are responsible for their health and that of their babies, which includes paying attention to diet, rest, exercise and regular prenatal care. During pregnancy we request that you learn about the process of pregnancy, labour and birth, relaxation techniques, postpartum adjustment, infant care and breastfeeding. Prenatal classes, La Leche League meetings, and readings are recommended.

## **When to cancel an appointment**

In order to prevent the spread of infection, please do not come into the office or bring in small children or partners if you/they have been diagnosed with any contagious disease, or have been running a fever, coughing and/or vomiting within the last 24 hrs. We will be happy to reschedule your appointment to a time when you /they are feeling better and are not contagious to other clients and their infants.

## **Perfumes and Lotions**

Scented products can cause allergic reactions in an enclosed space. Pregnant women are often hypersensitive to smells and some of our staff and midwives become ill when exposed to scented products. We ask that you please do not wear any scented products when you have a midwifery appointment.

## **Birthplace**

Birth is not an inherently dangerous process. There are distinct risks and benefits to any place of birth. In accordance with international medical and midwifery research findings, we support the choice of planned home birth as a safe option for healthy women with low-risk pregnancies. Most risk factors can be detected prenatally, although complications can arise unpredictably during labour or delivery. Most of these can be dealt with safely at home or after transport to hospital. We carry special equipment with us and are prepared to respond to emergencies. Distance from hospital can be a factor, however, in accessing more specialized care.

Hospitals have policies and procedures about which you may have to make compromises. We will help you explore the available options, including their benefits and risks. Ultimately the responsibility to be well informed to make the best decision regarding place of birth lies with each client. Feel free to discuss this further at any time.

## **Confidentiality**

All professional communication with clients is kept confidential. Specific information regarding your situation is shared with professional colleagues who are providing you with care. You are free to examine your chart at any time. If we use a birth story as a tool for educating other families and midwives, this is done discreetly, without reference to names or places. If you do not want your story used, please tell us so.

## **Signatures**

I have read the Informed Choice Agreement and agree to its terms:

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Partner: \_\_\_\_\_ Date: \_\_\_\_\_

Midwife: \_\_\_\_\_ Date: \_\_\_\_\_