

Informed Choice Agreement

This Informed Choice Agreement is provided to explain our philosophy and services. 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 at request. We offer complete midwifery care during pregnancy, labour, birth and the postpartum period. Our care involves physical assessments, lab work, time to address your questions, and discussion of 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. Our visit schedule is a combination of phone appointments and in person appointments. Our appointment schedule includes appointments at 10wks, 15 wks, 20wks, 25 wks, 30wks, 34wks, 36wks, 38wks, 39wks, 40wks, 41 wks and this may differ based on your individual needs. Our clinic appointments give us ample time to provide clinical care and address discussion topics. We strongly encourage both partners to be present, and welcome other family members. (Covid note: At this point of the pandemic we are allowing one additional adult to attend prenatal visits)

During active labour we are in attendance to provide clinical care, reassurance, and an extra pair of loving hands. After the birth, we stay until confident that the mother and baby are stable and adjusting well. Your postpartum care includes several visits during the first week, which can take place at home and/or hospital, wherever you are. Following that, you and your baby will be seen in clinic for additional visits prior to completion of our care at six weeks postpartum. We welcome phone calls during the baby's first months to assist in making the transition to parenting as smooth as possible.

Midwives are primary healthcare providers for pregnant women, it is therefore unnecessary for you or your baby to see a physician for additional obstetric or newborn care until your baby is 6 weeks old. Any concerns relating to pregnancy and postpartum should be directed to the midwives. We will refer any medical concerns relating to the pregnancy, birth, or postpartum to the appropriate specialist. If care must be transferred, we continue to provide advocacy and support. In the case of non-pregnancy related concerns, we will refer you to your family doctor or another health care provider. We also refer clients to chiropractors, physiotherapists, homeopaths, acupuncturists, massage therapists, lactation consultants, and others as appropriate.

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

Team Midwifery

Please read this to understand what team midwifery might mean to you and your care.

Caring for pregnant women and their babies is our awesome privilege. To best be present for you when you are in labour, we have a rotating on and off call schedule. This schedule entitles women to have 24/7 access to a midwife when they need it. And it allows midwives time off-call to recharge their batteries and spend time with their loved ones.

In practical terms, this means you do not know which midwife you will hear back from when you page. What you do know is that when you page, your call will get returned by an MVM on-call midwife that is available and there to respond to your needs. You are assigned a coordinating midwife, who you will see for most of your visits and who you would ask for when paging. You will also meet that midwives team mate a number of times.

When you are actually in labour, the available on-call midwife will become your 'primary' midwife for your birth.

A second or back up midwife typically comes to your birth towards the end to assist. A second set of caring hands if you will. Sometimes another midwife breezes in like a breath of fresh air and takes over and becomes primary if the original primary has been up for a long time and needs to recharge. This is the team approach.

At the Pembroke Hospital, the fantastic nursing staff may step into the role of back-up. We're always happy they are there when we need them. At homebirths it is Second Birth Attendant's that sometimes step in as back-up. Our Second Birth Attendants are either paramedics or registered nurses. If we are using a Second Birth Attendant it is because we are trying to preserve your choice of homebirth when a 2nd midwife is not available.

Availability

Your midwives are available to you, for your individual pregnancy related needs, 24/7 by pager. We have one pager number and an on-call midwife will receive your page and respond promptly. You do not need to know who is on call when you page, you simply request your coordinating midwife and your page will get directed to either that specific midwife, or whomever is covering during an off-call period. Your midwife will determine the appropriate course of action and make referrals as appropriate.

We make every attempt to attend each of our clients in their desired birth place. However, because we are a small practice in such a large geographic area, times may arise when we are unable to honour a woman's birth plan. For example; when we have two women in labour simultaneously, we will make every effort to attend both women by utilizing our Second Birth Attendants, but on occasion, we may need to ask a woman planning a homebirth to move into hospital. We also need to take into consideration extreme weather conditions, accessibility of the woman's home, and distance from home to hospital when deciding whether home birth is appropriate.

There is always a midwife available 24 hours a day, 7 days a week for urgent needs. We ask that non-urgent calls and scheduling/changing appointments be made during weekdays through our clinic phone lines.

The nature of the service we provide means that occasionally it may be necessary to rebook your appointment, for example, when another woman is in labour. Although it can be frustrating to have your appointment canceled, we ask that you consider that when you are in labour, we may be canceling appointments in order to attend to you.

Responsibilities

Midwives tailor the care they give to the individual client. It is important for you to tell us what your expectations are, 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 choices.

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, breastfeeding clinics, and readings are recommended.

Labwork and Ultrasound Results

Your midwives will provide you with information and requisitions for a number of different routine lab tests and ultrasounds throughout your pregnancy. All results that are within the normal range will be conveyed to clients at their appointment following the specific test. Clients will be called with results only when those results are outside of the normal reference ranges.

Birthplace

The Madawaska Valley Midwives have admitting privileges at the Pembroke Regional Hospital. In keeping with the College of Midwives of Ontario, we offer women the choice of homebirth or birth at Pembroke Regional Hospital.

Birth is not inherently a dangerous process, but 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.

Some medical practitioners and organizations believe home birth poses added risks. The available research indicates that planned home birth is a safe option for, low risk, healthy mothers. The Ontario Ministry of Health and the College of Midwives supports choice of birthplace.

Deviation from the normal can usually be identified prenatally and in labour. Most problems are not life-threatening and can be dealt with at home. In some instances moving to hospital is the most appropriate decision. There are circumstances when use of the technology available only in tertiary care hospitals may be essential for the safety of mother and/or baby.

We can provide you with detailed information about some of the problems which may arise and, we encourage you to discuss with us our experience in dealing with them.

Scope of Practice, Standards and Transfer of Care

Midwives must practice within the scope developed by the College of Midwives. In addition to the College of Midwives Scope of Practice the Pembroke Regional Hospital has their own set of requirements that we call our 'community standards'. Community standards in our community with a

level 1 hospital (PRH) may be different than standards followed at a tertiary care center like Ottawa due to available resources.

Midwives can consult with physicians (most likely Obstetricians) about elements of your care and when deemed necessary, can transfer your care to an Obstetrician. A transfer of care means that the physician becomes your primary caregiver instead of your midwife. For this period of time, your physician and/or nurses provide your care and monitoring, including clinical decisions. Your midwife's role is to advocate and support. Care may be transferred back to the midwife when appropriate and when agreed upon by all parties.

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, and a copy of your Madawaska Valley Midwives chart will be available for you after your last visit.

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 your midwife.

Concerns about your care

Wherever possible, clients are encouraged to raise and address any concerns about their care directly to their midwifery team members. If your concern is not resolved after speaking to your midwife(s), or if you are not comfortable raising your concerns directly with your midwifery team, the practice partners are available to assist you and will work with you to address any concerns. The practice partners are Ashley Bennett, Suki Hardesty and Keren Menashe and can be reached at info@midwives.ca or at 1-833-687-6333.

In signing this document you acknowledge that you have read it and that any questions you had about it were answered to your satisfaction.

Affix Client Label here:

Date:

Client Signature: