



Midwives

of Lindsay and the Lakes

Welcome to Midwifery Care!

What is a Midwife?

A midwife is a registered health care professional who provides primary care to pregnant people throughout their pregnancy, labour and birth, and provides care to both parent and baby during the first six weeks following the birth. A midwife may practice in many settings including the home, community, hospitals, or clinics. Midwives perform regular scheduled clinical examinations, and provide counseling, referrals, and education.

Midwives may only work in Ontario, if they are registered with the College of Midwives of Ontario. Midwives can become registered either by graduating from the Ontario Midwifery Education Programme, a four-year Bachelor of Science degree in midwifery, or by completing the International Midwifery Pre-Registration Programme, if they have trained/practiced in another country. Midwifery has been legal in Ontario since December 31, 1993.

During your pregnancy, you may choose a midwife, family physician or an obstetrician, all of whom are primary care providers. You may choose only one primary care provider in your pregnancy, as it is considered a duplication of health services to have more than one. If you choose to have a midwife as your primary care provider, we will take sole responsibility for your obstetric care. You do not need to be seen by another health care provider during your pregnancy unless there is a medical concern.

What can a Midwife do?

Midwives can order:

- all routine diagnostic tests, including blood tests, vaginal swabs, and ultrasounds that are part of normal obstetric care.
- prescribe medications for you and your baby while you are under midwifery care.

Midwives work collaboratively with family physicians, nurses, obstetricians, and various other health care providers. When medical concerns arise, we may consult a physician. Sometimes, this consultation may result in a transfer of care to the doctor. If your care is transferred, we will explain the reasons for the consultation, referral, and transfer of care, and will remain with you as a supportive care provider, assisting the physician and nurses in providing you with a collaborative health care approach.

Do I have to pay for a Midwife?

Midwifery care is paid for by the Ministry of Health and Long-Term Care of Ontario for pregnant people who are residents of Ontario. Midwives can provide care to residents who do not have an OHIP card (Ontario health insurance).

What makes midwifery care special?

1) Continuity of Midwifery Care

The College of Midwives of Ontario states, *“Continuity of midwifery care is achieved when a relationship develops over time between a pregnant person and a small group of no more than four midwives”*.

During your care, you will regularly meet with the midwives who will assist at your birth. Your unique needs will be addressed as they arise during your prenatal visits. A strong relationship is developed during this time of your pregnancy, so you will know the midwives attending you during labour and birth. Midwives are available 24 hours a day, 7 days a week.

2) Informed Choice

Pregnant people are active decision-makers in the care they receive. Midwives give information to help you make informed decisions. It is expected that you will communicate with your midwives, ask questions, and share all expectations and information that is important to your care. The College of Midwives of Ontario states that *“Decisions about health are based on many factors including physical, emotional, social, spiritual and cultural considerations. Pregnant people must be free to make decisions regarding birth based on all of these factors”*.

3) Choice of Birthplace

Midwifery clients may choose to give birth at home or hospital. Homebirth is supported as a choice for carefully screened clients with low risk pregnancies. You may also choose to have your baby at Ross Memorial Hospital, where we maintain obstetric hospital privileges and work collaboratively with other health care practitioners. We support your decision about choice of birthplace and provide full midwifery care in both settings.

What does midwifery care look like?

1) Prenatal Care

Our care begins with an initial interview at our midwifery clinic or via a phone call, where we provide you with information about the model of midwifery care in Ontario and answer questions or concerns you may have. There will be no clinical activities during this initial visit. After discussion whether midwifery care is appropriate for you and based on our clinic capacity around your estimated due date a history taking visit may be scheduled to accept you into care; during this visit we'll obtain details about your medical and obstetric health history. We will perform a physical health assessment that may include laboratory tests and/or a PAP test. During this and subsequent regular clinic visits we will monitor blood pressure, measure

your baby's growth, heart rate and position, and assess the general health of you and your baby(ies).

Prenatal visits are scheduled between 4 to 5 weeks until 28 weeks gestation, then every 2- 3 weeks until 36 weeks gestation, then weekly until your due date.

2) Labour and Birth / Availability of Your Midwife

When you go into labour or in other urgent situations, you can page the midwife on call. Midwives are available through our pager number, 24 hours a day, 7 days a week. When you page your midwife, your call should be returned within 20 minutes.

Non-urgent questions should be left at our office number, (705) 324-4664 and will be returned within 48 hours.

When you think you are in labour, you will page the midwives. We will contact you on the phone and depending on the situation, may do an assessment at your home or hospital, if necessary. Once you are in active labour, we will attend to you either at home or hospital, depending on your choice of birth place. We will assess your labour progress and monitor the physical well-being of you and your baby throughout your labour. We will be with you when you give birth and for a few hours after your baby is born.

Currently the model of midwifery care in Ontario requires that two midwives be present at a birth; one for the birthing parent and one for the baby. The second midwife is called when the birth is close to taking place. In special circumstances when a second midwife is unavailable to attend a home or hospital delivery, births may be attended by a registered nurse who has the appropriate training per the College of Midwives of Ontario.

3) Postnatal Care

After your birth, your midwife will be with you to perform a newborn examination, assist with newborn feeding, and monitor vital signs. Midwives have been specially trained to help parents establish and maintain successful lactation/breast/chestfeeding. We also offer referrals with a lactation consultant, Susan Howlett, who is covered by OHIP or fee for service for non-insured clients.

If you give birth in hospital and you and your baby are well, you have the choice of an early discharge home (3-4 hours postpartum) or may choose a hospital stay of up to 3 days. You will be assessed at home/hospital the day after your birth, Day 3 or 4 and between day 7 to 10. Postpartum visits will continue at the midwifery clinic at 2, 4, and 6 weeks postpartum. More visits will be arranged if a need arises. At the 6 week postpartum visit, both parent and baby are discharged from midwifery care, to the care of a family physician or nurse practitioner and your records will be sent to the provider you indicate.

4) Teaching Practice and Students

Training new midwives is a very important aspect of our midwifery practice. Having a student as part of your care is a wonderful way to impart your knowledge and assist in educating new midwives to provide excellent client care. We train midwives who are enrolled in the Midwifery Education Program from McMaster University, the Metropolitan Toronto University (formerly Ryerson) and internationally experienced midwives through the International Midwifery Pre-Registration Program. Students come at various times in their training with different levels of experience. We will provide you with a biography of their experience and background. Having a student as part of your midwifery team is optional, but we are very grateful if you consider having them.

5) Mutual Expectations

To ensure the best possible care throughout your pregnancy and post partum, it is essential that you attend your scheduled appointments. If it is necessary to cancel your appointment, call the office in advance to reschedule. Because we schedule 3/4 hr. appointments it is very difficult to reschedule on short notice. Punctuality is also necessary as arriving late for your appointment will result in a shortened clinic visit.

6) Client Confidentiality and Records

We respect your right to confidentiality. Nothing you say and no information about you will be discussed outside of our practice without consent. Your records are confidential and will only be seen by midwives and students involved directly in your care, and by other health care providers in your care if a consultation or transfer of care is required.

The limitations to this are:

- According to the Child and Family Services Act, if a midwife suspects a child is or may be abused or neglected she must under the law report it to the Children's Aid Society. This law also requires the midwife to report domestic/spousal abuse when there is a child in the family. The CAS can request parts of your records for investigation.
- According to the law, if you tell us that you may harm yourself or someone else, we must report this to your physician, the police, or to another appropriate professional.

You have access to your records at any time. We retain the originals in your files, but you may request copies to keep after your last postpartum visit or copies to carry with you if you are travelling out of town.