Midwifery Care with Stratford Midwives

What is a Midwife?

"A midwife is a registered health care professional who provides primary care to women during pregnancy, labour and birth, including conducting normal vaginal deliveries, and providing care to mothers and babies during the first 6 weeks postpartum." (College of Midwives of Ontario)

Women in midwifery care normally do not see a physician during their pregnancy, labour, birth or the first six weeks after the baby is born. However if medical problems arise, midwives consult with the woman's family physician, nurse practitioner or the appropriate specialist to determine a plan of care. Following your initial visit, we send a letter to your doctor to inform her/him that you have chosen midwifery care. We will also communicate birth details to your family doctor and send a discharge summary following your final postpartum visit.

Legal Status

Ontario regulated and funded Midwifery in 1994, becoming the first Canadian province to do so. The practice of midwifery is legislated under the Regulated Health Professions Act in Ontario. Under this act (law), midwives are designated as primary health care providers. Midwives are registered and governed by the College of Midwives of Ontario. The mandate of the college is to protect the public and to address relevant concerns. We follow the regulations and limitations placed on midwives by this governing body. (See: Indications for Mandatory Discussion, Consultation and Transfer of Care).

As part of the quality assurance program of the College of Midwives of Ontario, we engage in regular peer review with other midwives. We maintain current certification in adult CPR, neonatal resuscitation (NRP) and obstetrical Emergency Skills as required by our College. As members of the Association of Ontario Midwives, we carry malpractice insurance. We have admitting privileges at Stratford General Hospital for clients choosing or requiring a hospital birth.

Two midwives will attend your birth. In certain circumstances, a senior midwifery student may attend your birth as the 2nd midwife.

Funding

Midwifery services are fully funded by the Ontario Ministry of Health and Long-Term Care. This means that clients are assured of a midwife's training and competency and that they can access a midwife at no cost to themselves.

Model of Midwifery Care

In Ontario, the practice of midwifery is founded on respect for normal pregnancy and birth as healthy processes and profound events in a woman's life. Midwifery care is based on the principles of:

- continuity of care provided by a small group of midwives
- informed choice for decision-making
- choice of birthplace (including home and hospital)

Throughout pregnancy, labour and birth and the first 6 weeks after the birth, clients have access to a small, known group of midwives 24 hours a day. Midwives provide safe, personalized, research-based care and women are active decision-makers in the care they receive.

There are two midwives present for births, whether you choose to be at home or in the hospital. The primary midwife will be the midwife (or one of the midwives) with whom you have developed a relationship. The second midwife, who you may not have met, will come once you are ready to deliver, to assist you and your midwife. We are always happy to introduce the other midwives during clinic days.

Your midwife will support your choice of birthplace: home or hospital. There are distinct benefits and risks to each place of birth and your midwife will discuss the current research on these options during your pregnancy.

Shared call model is a team-based care model. A team (usually two) midwives share the care of clients and are equally responsible for you. In this model you will be invited to alternate your clinic visits and build relationships with your

team of midwives, one of whom will be on call when you go into labour, and be present for the birth.

Primary call model clients have an individual midwife who is responsible for your care, and who will be on call and present for the birth. Most of your clinic visits will be with your midwife, with opportunity to meet other midwives in clinic when your midwife is on holidays.

In exceptional circumstances, and despite our strong commitment to continuity of care, you may meet another midwife in clinic or in labour if your midwife is not available.

Prenatal Care
Adequate prenatal care is the most important factor in detecting and avoiding possible complications. Midwives are qualified to provide prenatal care beginning from conception onward, and your initial visit will include a complete health history and an introduction to midwifery care. Midwives can order tests such as routine blood work and ultrasound when required or requested.

Midwifery visits follow the standard prenatal schedule, with visits every 4 weeks until approximately 28 weeks of pregnancy, then every 2 weeks until 36 weeks of pregnancy and weekly thereafter until you give birth. This gives your midwives the opportunity to discuss a variety of issues such as nutrition, exercise and parenting, and to develop a birth plan with you. In addition to the physical assessment, your prenatal visits will include discussions about any questions and concerns you may have.

Your family and friends are welcome to attend your prenatal appointments, as are your children. One prenatal home visit will be offered if you are planning a home birth. If your circumstances necessitate alternate arrangements, please feel free to discuss this with your midwife.

Intrapartum Care (Labour & Delivery)
Our care includes monitoring the progress of labour and the well-being of you and your baby. We will provide early labour assessments and labour support and guidance during active labour and birth. As labour goes on, there is sometimes a need to rethink choices or make new decisions. It is our responsibility to provide you with the best information possible to make your choices and decisions for a safe, healthy outcome. If a transfer of care to a physician becomes necessary, your midwife will remain with you in the role of a support person.

Postpartum Care
Following the birth, we monitor the well-being of both you and your baby, and conduct a complete physical examination of your newborn. We remain with you after the delivery until we are sure all is well with both mother and baby. We will provide 3 postpartum visits in the first week, either at your home or in the hospital. We then ask you to come in to the clinic at approximately 2 and 4 weeks postpartum for the baby's weight to be checked. At your final visit (generally at 6 weeks postpartum) we will conduct a physical examination of you and your baby and send a summary letter to your family doctor upon discharging you and your baby from our care. If you have problems in the post-partum period, we may see you more often.

Appointment Scheduling
Our office administrator will schedule your initial appointment after asking you a few questions about yourself and your pregnancy and sharing this information with the midwives. Once you have been accepted into care, a midwife will be available to you 24 hours a day by pager for urgent concerns (i.e. those which require immediate clinical assessment) and labour. If you have non-urgent questions or need to change an appointment, please leave a message on the clinic answering machine or with our administrator. These messages are checked frequently.

Occasionally we are at births on clinic days, and need to reschedule appointments. Although we try to call ahead, we may not get in touch with everyone in time to cancel or postpone appointments. We appreciate your understanding in this matter. If you are coming from a distance, you may wish to call ahead.

Student Midwives

We are committed to helping train new midwives in Ontario and we work with students from the Midwifery Education Program. Student midwives must learn all the clinical skills a Registered Midwife can perform, in various settings throughout the province. We are committed to ensuring that the quality of care we provide is improved by their presence. You will be introduced to them and we will ask for your acceptance of any student who shares in your care. Students are always supervised. If you have any concerns about a student, please do not hesitate to speak to your midwife.

Client Records and Confidentiality

We respect each client's right to complete confidentiality. We ask your permission before sending any of your records to another caregiver. At your 6-week follow-up visit we also will give to you a copy of your records and retain the originals for our files.

Practice Protocols

A set of practice protocols has been developed to assist the midwives in providing clinical care. These practice protocols describe the way in which the midwives in this practice will provide care in particular clinical situations. If you are interested in seeing these protocols, our administrator will be happy to let you look through the binder, however it must stay in the office.

The Role and Responsibilities of Clients

The model of midwifery care in Ontario recognizes the woman as the primary decision maker. We believe that you and your family will make the best decisions for your care and the care of your baby. The role of your midwife is to ensure that you have the relevant information and access to educational resources to assist you with this process and to support the choices that you make. We encourage you to take responsibility for your health during your pregnancy by ensuring you get appropriate nutrition, exercise, rest and prenatal care. Becoming informed about your pregnancy, the birth process and parenting will enhance your experience. You may wish to take prenatal classes, borrow books or other materials to assist you in this time of learning.

Client Satisfaction

Client feedback is an important part of midwifery care. To help us provide individualized care, we hope that you will make us aware of your expectations and inform us of any concerns or situations that may impact your experience. We also encourage you to complete an evaluation that we will give you at your final visit. Should issues arise during your course of care, we encourage you to speak directly with your midwife or midwives. However, if you do not feel comfortable speaking directly to your midwife or feel that the response has not been satisfactory, please speak to our administrator. Your concern will be forwarded to a designated midwife (other than your midwife) who will contact you to discuss your concerns.

Stratford Midwives Privacy Statement

This Midwifery Practice Group is bound by law and professional ethics to safeguard your privacy and the confidentiality of your personal information.

This includes:

- Collecting only the information that may be necessary for your care;
- Keeping accurate and up-to-date records;
- Safeguarding the medical records in our possession;
- Sharing information with other health-care providers and organizations on a "need-to-know" basis where required for your health care;
- Disclosing information to third parties only with your express consent, or as permitted or required by law; and
- Retaining/destroying records in accordance with the law.

You will be asked to sign a consent form that gives your consent for our collection, use, and disclosure of your personal information for purposes related to your care.

You have the right to see your records. You may also obtain copies of your records. Please speak to your midwife if you have any concerns about the accuracy of your records.

If you would like to discuss our privacy policy in more detail, or you have specific questions or complaints about how your information is handled, please speak to your midwife.

For additional information, you may obtain a copy of our Privacy Policy from our staff.

Meet the Midwives

Beth Lynes, RM

Many life experiences have led me to this career path as a midwife. After completing an honours degree in philosophy and psychology at the University of Toronto, I worked for several years in the social service field including two years in France. Eventually my work in community mental health became focused in the area of women's health care. The births of my own children however, fueled my interest in midwifery and led me into the world of childbearing, birthing and parenthood. Following my daughter's birth, I began exploring birthing options for women and families and became committed to educating myself on the subject of childbirth and midwifery. The first-hand experience of midwifery care during the subsequent births of my sons profoundly affected my commitment to midwifery and strengthened my resolve to promote this birthing option.

My involvement with midwifery in this area began in 1989 when I joined the local Midwifery Task Force which involved advocating for the fully funded, regulated, and client centered model of care that midwifery is today. Prior to entering the degree program in midwifery, I trained in the area of labour support and breastfeeding, and co-founded the 'Stratford Doula Group' and a breastfeeding support network.

My formal midwifery education consists of a four-year Bachelor of Health Sciences degree in Midwifery acquired through the Ontario Midwifery Education Program. During the clinical placements in the program, I had the opportunity to learn from the clients and midwives at practices in London and St. Jacobs and enjoyed working in both rural and urban settings. During my community placements, I was provided with excellent clinical training and experience with the Stratford obstetricians and a family physician. I also received training with nurses in the maternal child unit at Stratford hospital as well as the IV team and neonatal intensive care unit at St. Joe's hospital in London. I am currently an instructor of Emergency Skills for the Association of Ontario Midwives and teach midwifery skills as a preceptor for midwifery students.

I am very happy for the opportunity to practice midwifery in my home community. The enjoyment I receive from working with birthing women and their families through the amazing process of childbearing has never wavered and I feel very fortunate to be doing work that I love.

Rebekah Bradshaw, RM

I first became interested in midwifery during the time when my aunt was having children. She chose the care of a midwife and introduced me to midwifery care in Ontario. I was instantly attracted to this model of care because it aligned so closely with my own philosophies about women's health care. My interest in midwifery continued to grow as I completed my Bachelor of Science degree from McMaster University. During this time I explored midwifery in Ontario and became better acquainted with this choice for pregnant women and their families.

After completing my first degree, I took a year off from my formal education and traveled to the south of Thailand where I volunteered as an English teacher in a small school. This was an incredible experience of growth and learning which solidified my desire to become a midwife. I returned from Thailand and entered the Midwifery Education Program at McMaster University.

I am originally from Elmira, and after I married I moved to Guelph. However, during my clinical placements in Stratford, both my husband and I fell in love with the city. I also grew very fond of this community and the midwifery practice, with its diverse group of clients. And so, my husband and I moved to Stratford in 2002. I graduated from the Midwifery Education Program and began working with Stratford Midwives in 2003. I took 2 ½ years off of work from 2011 to 2013 during which time we welcomed our 2 daughters into our family (both born at home into the hands of midwives). I look forward to continuing to do the work I love in this community; sharing in the lives of women and their families as they experience their pregnancy and birth.

Charlotte Baici, RM
I became a mother when I was 21 years old. I sought care that matched how I felt about pregnancy and birth, that it is healthy and normal. I craved personal care and wanted to be responsible for decisions. I found that care with a local midwife who taught me not just about pregnancy and birth but about parenting.

I prepared to become a midwife by finishing my education and by volunteering as pregnancy, labour and early parenting support with young women in my community. I also provided breastfeeding support through Public Health. I was pleased to spend much time as a midwifery student learning from women of many different backgrounds. During clinical placements in the Midwifery Education P rogram at Ryerson Polytechnic University I had opportunity to learn about women's health, about newborn illness and labour and delivery in high risk situations. I graduated the programme with honours in June 2004 and was hired to tutor midwifery students through the science classes.

Stratford offers my family the same strong sense of community that we created in Toronto with our neighbourhood pet food shop and we are very excited to be living in such a beautiful part of Ontario. I especially look forward to continue working with women and their families, creating relationships and participating in our new community.

Natalie Espinet, RM
I am originally from a small town, Dunnville Ontario, just outside Hamilton. I moved to Toronto and worked as a nanny before attending Sir Sandford Fleming College in Peterborough where I became a massage therapist. I returned to Toronto to practice massage therapy and continued to nanny. My passion for holistic healthcare and women's health led me naturally to midwifery, and the more I learned about it the more I needed to be a part of this profession. I graduated from Ryerson University Midwifery Education Program in 2009. During my training I have worked in the Niagara Region, Stratford and Peel region. In addition to working with midwives I have also gained experience in a lactation clinic, neonatal intensive care unit and on labour and delivery in a busy tertiary care hospital. I returned to Stratford and was happy to join Stratford Midwives in November 2009 as a Registered Midwife!

Caitlin Keelan, RM
I am a graduate of the Midwifery Education Program at Ryerson University. Prior to beginning midwifery studies I completed a B.A. in Spanish, worked in services for students with disabilities and then taught English in Japan for several years. After the birth of my son I began to consider a career as a midwife, something I had dreamed of since the profession became legislated in Ontario in 1993.

We returned to Canada in 2007 so that I could begin the Midwifery Education Program. During the program I completed placements at various hospitals and clinics in the Greater Toronto Area. Having spent my childhood years in Perth County, I am very happy to have relocated away from the big city and closer to my family in Stratford.

To me, midwifery is a vocation that allows me to use my head, my heart and my hands. I believe strongly in the principle of informed choice in healthcare and in the transformative power of birth and parenthood. I very much look forward to meeting you and sharing your family's journey.

Evelyn Kobayashi, RM
My long journey began far away in Manila, with stops in Singapore and Toronto. I have finally reached my destination - Stratford - this beautiful and vibrant city that has captivated me completely.

I was a Midwife/Nurse in the Philippines and Singapore for fourteen years. In Toronto, I was a caregiver to a newborn, and a Personal Support Worker in a nursing home. I obtained both Midwifery and Nursing degrees in Manila and in Singapore. I also earned a PSW (Personal Support Worker) Certificate at Medlink Academy of Canada, and successfully completed the IMPP (International Midwifery Pre-registration Program) at Ryerson University in Toronto.

As a mother, I have exercised utmost patience and care as well as sympathy and understanding. These traits will always be the hallmark of my midwifery practice. I am extremely proud to be a member of the Stratford Midwives.

Justine Wilson, RM
I was born and raised in London, Ontario. It was not until my second year at McMaster University, while I was completing my Bachelor of Sciences degree, that I was introduced to Midwifery. I always knew that I wanted to be involved in pregnancy and birth and as I learned more and more about the midwifery profession, I realized how much my personal philosophies aligned with the midwifery model of care. I felt that midwives were healthcare providers who empowered women and valued informed choice and I wanted to be a part of that.

I finished my degree at McMaster and took a year off from post-secondary education, during which I volunteered at London's Sexual Assault Centre and worked part time at a midwifery practice in London in an administrative role. In 2011, I was accepted into Laurentian University's midwifery program. There, I spent 4 years learning how beautiful normal birth can be and how much of a privilege it is to be a part of a women's birth experience. I was fortunate enough to spend 4 months of my training with Stratford Midwives and in my final year, nine months with Guelph Midwives. In addition, I attended one-month placements with an Obstetrician, Neonatal Intensive Care unit Nurse Practitioner, Lactation Consultant, Perinatal Naturopath and a Labor and Delivery Nurse. These placements taught me the importance of interprofessional relationships and collaborative care.

I am so thrilled to be back in Stratford and a part of the Stratford Midwives team. I look forward to being a part of your pregnancy, birth and postpartum journey here at Stratford Midwives.

Ashely Flello, RM
I am a graduate of the Midwifery Education Program at Laurentian University. I am deeply grateful for the families I have worked with in both Collingwood and North Bay during my placements. Before starting midwifery school, I graduated in 2010 with a Bachelor of Science in Nursing. I have worked as a Registered Nurse both in and out of hospital, focusing on disease management in a home care setting. After the birth of my wee one (caught by midwives, of course!) I decided to follow my longstanding goal of pursuing midwifery.

I was born and raised in Vancouver, BC, and moved to Thunder Bay, ON in 2002. When I'm not catching babies or trying to keep up with my busy toddler, I enjoy reading, cooking, and spending time with my partner as well as my unflappable cat, Peaches.

Pregnancy and birth is a transformative time, and I am looking forward to supporting you and your growing family during the many changes that are to come.

CONSULTATION AND TRANSFER OF CARE

According to the midwifery model of care, the midwife works in partnership with the client. As a provider of primary healthcare, the midwife is fully responsible for the clinical assessment, planning and delivery of care for each client. The client remains the primary decision-maker regarding her own care, and that of her newborn.

Throughout the prenatal, intrapartum and postpartum periods, clinical situations may arise in which the midwife will need to initiate involvement of other health care providers in the care of a client or her newborn. According to the requirements of the College of Midwives of Ontario, she will:

1. ***Consult*** with a physician, or the most appropriate available health care provider, or
2. ***Transfer responsibility for primary care*** to a physician

DEFINITIONS

Consultation with a Physician, or other appropriate health care provider

Consultation is an explicit request from a midwife of a physician, or other appropriate health care provider, to give advice on a plan of care and participate in the care as appropriate. It is the midwife's responsibility to decide when and with whom to consult and to initiate consultations.

Consultation may result in the physician, or other health care provider, giving advice, information and/or therapy to the woman/newborn directly or recommending a plan of care and/or therapy to be carried out by the midwife.

After consultation with a physician, the role of most responsible provider either remains with the midwife or is transferred to the consulting physician.

Consultation may be initiated at the client's request.

Transfer of Care to a Physician

Transfer of care occurs when the primary care responsibilities required for the appropriate care of the client fall outside of the midwife's scope of practice.

A transfer of care may be permanent or temporary.

When primary care is transferred from the midwife to a physician, the physician assumes full responsibility for the subsequent planning and delivery of care to the client.

The client remains the primary decision-maker regarding her care and the care of her newborn.

After a transfer of care has taken place the midwife shall remain involved as a member of the health care team and provide supportive care to the client within the scope of midwifery.

If the condition for which the transfer of care was initiated is resolved, the midwife may resume primary responsibility for the care of the mother and/or newborn.

INITIAL HISTORY AND PHYSICAL EXAM

CONSULTATION

- Significant current medical conditions that may affect pregnancy or are exacerbated due to pregnancy
- Significant use of drugs, alcohol or other substances with known or suspected teratogenicity or risk of associated complications
- Previous uterine surgery other than one documented low-segment cesarean section
- History of cervical cerclage
- History of more than one second-trimester spontaneous abortion
- History of three or more consecutive first-trimester spontaneous abortions
- History of more than one preterm birth, or preterm birth less than 34+ 0 weeks in most recent pregnancy
- History of more than one small for gestational age infant
- History of severe hypertension or pre-eclampsia, eclampsia or HELLP syndrome
- Previous neonatal mortality or stillbirth which likely impacts current pregnancy

TRANSFER OF CARE

- Cardiac disease
- Renal disease
- Insulin-dependent diabetes mellitus
- HIV positive status

PRENATAL CARE

CONSULTATION

- Significant mental health concerns presenting or worsening during pregnancy
- Persistent or severe anemia unresponsive to therapy
- Severe hyperemesis unresponsive to pharmacologic therapy
- Abnormal cervical cytology requiring further evaluation
- Significant non-obstetrical or obstetrical medical conditions arising during pregnancy
- Sexually transmitted infection requiring treatment
- Gestational diabetes unresponsive to dietary treatment
- Urinary tract infection unresponsive to pharmacologic therapy
- Persistent vaginal bleeding other than uncomplicated spontaneous abortion less than 14+0 weeks
- Fetal anomaly that may require immediate postpartum management
- Evidence of intrauterine growth restriction
- Oligohydramnios or polyhydramnios
- Twin pregnancy
- Isoimmunization
- Persistent thrombocytopenia
- Thrombophlebitis or suspected thromboembolism
- Gestational hypertension
- Vasa previa
- Asymptomatic placenta previa persistent into third trimester
- Presentation other than cephalic, unresponsive to therapy, at or near 38+0 weeks
- Intrauterine fetal demise
- Evidence of uteroplacental insufficiency
- Uterine malformation or significant fibroids with potential impact on pregnancy

TRANSFER OF CARE

- Molar pregnancy
- Multiple pregnancy (other than twins)
- Severe hypertension or pre-eclampsia, eclampsia or HELLP syndrome
- Placental abruption or symptomatic previa
- Cardiac or renal disease
- Gestational diabetes requiring pharmacologic treatment

LABOUR, BIRTH AND IMMEDIATE POST PARTUM

CONSULTATION

- Preterm prelabour rupture of membranes (PPROM) between 34 +0 and 36 +6 weeks
- Twin pregnancy
- Breech or other malpresentation with potential to be delivered vaginally
- Hypertension presenting during the course of labour
- Abnormal fetal heart rate pattern
- Suspected intraamniotic infection
- Labour dystocia unresponsive to therapy
- Intrauterine fetal demise
- Retained placenta
- Third or fourth degree laceration
- Periurethral laceration requiring repair

TRANSFER OF CARE

- Active genital herpes at time of labour or rupture of membranes
- HIV positive status
- Preterm labour or PPROM less than 34 +0 weeks
- Fetal presentation that cannot be delivered vaginally
- Multiple pregnancy (other than twins)
- Prolapsed or presenting cord
- Placental abruption, placenta previa or vasa previa
- Severe hypertension or pre-eclampsia, eclampsia or HELLP syndrome
- Suspected embolus
- Uterine rupture
- Uterine inversion
- Hemorrhage unresponsive to therapy

POSTPARTUM - MATERNAL

CONSULTATION

- Breast or urinary tract infection unresponsive to pharmacologic therapy
- Suspected endometritis
- Abdominal or perineal wound infection unresponsive to non-pharmacologic treatment
- Persistent or new onset hypertension
- Significant post-anesthesia complication
- Thrombophlebitis or suspected thromboembolism
- Significant mental health concerns including postpartum depression and signs or symptoms of postpartum psychosis
- Persistent bladder or rectal dysfunction
- Secondary postpartum hemorrhage
- Uterine prolapse
- Abnormal cervical cytology requiring treatment

TRANSFER OF CARE

- Postpartum eclampsia
- Postpartum psychosis

POSTPARTUM – INFANT

CONSULTATION

- 34 +0 to 36 +6 weeks gestational age
- Suspected neonatal infection
- In utero exposure to significant drugs, alcohol, or other substances with known or suspected teratogenicity or other associated complications
- Findings on prenatal ultrasound that warrant postpartum follow up
- Prolonged PPV or significant resuscitation
- Failure to pass urine or meconium within 36 hours of birth
- Suspected clinical dehydration
- Feeding difficulties not resolved with usual midwifery care
- Significant weight loss unresponsive to interventions or adaptation in feeding plan
- Failure to regain birth weight by three weeks of age
- Infant at or less than 5th percentile in weight for gestational age
- Single umbilical artery not consulted for prenatally
- Congenital anomalies or suspected syndromes
- Worsening cephalhematoma
- Excessive bruising, abrasions, unusual pigmentation and/or lesions
- Significant birth trauma
- Abnormal heart rate, pattern or significant murmur
- Hypoglycemia unresponsive to initial treatment
- Hyperglycemia
- Suspected neurological abnormality
- Persistent respiratory distress
- Persistent cyanosis or pallor
- Fever, hypothermia or temperature instability
- Vomiting or diarrhea
- Evidence of localized or systemic infection
- Hyperbilirubinemia requiring medical treatment or any jaundice within the first 24 hours
- Suspected seizure activity

TRANSFER OF CARE

- Major congenital anomaly requiring immediate intervention