Midwives of Windsor

INFORMATION BOOKLET

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WELCOME TO MIDWIVES OF WINDSOR

We hope that you will find this package helpful. It was prepared with your needs in mind and includes valuable information that is relevant to your care. If you are interested in resources, please visit the Midwives of Windsor web site, or talk to your midwife. It is not necessary to bring this booklet to appointments but keep it handy for reference throughout your pregnancy.

PHILOSOPHY OF MIDWIFERY CARE IN ONTARIO

Midwifery care is based on a respect for pregnancy as a state of health, and childbirth as a normal, physiologic process. Midwifery care embraces the diversity of client's needs. Midwifery also supports the variety of personal and cultural meanings attributed to the pregnancy, birth, and early parenting experience by clients, families, and communities.

The maintenance and promotion of health throughout the childbearing cycle are central to midwifery care. Midwives focus on preventative care and the appropriate use of technology.

Care is continuous, personalized, and non-authoritarian. It responds to a client's social, emotional, cultural, and physical needs. Midwives encourage each client to actively participate in their care throughout pregnancy, birth, and postpartum, and to make choices about the way their care is provided.

Midwives respect a client's right to choice of caregiver and place of birth, in accordance with the Standards of Practice of the College of Midwives of Ontario. Midwives attend birth in a variety of settings, including birth at home.

Midwifery promotes decision-making as a shared responsibility between the client, their family (as defined by the client) and their caregivers. The client is recognized as the primary decision-maker. Midwifery care includes education and counselling, enabling a client to make informed choices. Fundamental to midwifery care is the understanding that a client's caregivers respect and support them (and their decisions) so that they may give birth safely and with power and dignity.

WHAT YOU CAN EXPECT FROM YOUR MIDWIFE

Your midwife will:

- Be registered with the College of Midwives of Ontario and show evidence on request.
- Meet all standards of practice of the profession and stay current on best practices in pregnancy and newborn care. The Professional Standards for Midwives can be found on the College of Ontario Midwives website (or see the QR codes at the end of this document.)

- Ensure you receive all tests, examinations, check-ups, and referrals you require and accept. Your midwife will consult with a physician if it becomes necessary.
- Inform you about your choices and respect your decisions about your care.
- Answer your questions and listen to your concerns.
- Continue to care for you your newborn for six weeks after your baby is born.

Midwives of Windsor

Privacy Notice Client Handout

We are committed to promoting privacy and protecting the confidentiality of the health information we hold about you.

Your Health Record

Your health record includes information relevant to your health including your date of birth, contact information, health history, family health history, birth plan, details of your physical and mental health, record of your visits, the care and support you received during those visits, results from tests and procedures, and information from other health care providers.

Your record at our Midwives of Windsor is our property, but the information in your file belongs to you.

With limited exceptions, you have the right to access the health information we hold about you, whether in the health record or elsewhere. If you wish to view the original record, one of our staff members must be present. If you need a copy of your health record, please contact us in writing at: info@midwivesofwindsor.com, or ask your midwife who will explain the process. If you request a copy of your record, one will be provided to you. In rare situations, you may be denied access to some or all your records (with any such denial being in accordance with applicable law).

We try to keep your records accurate and up to date. Please tell us if you disagree with what is recorded, and in most cases, we will be able to make the change or otherwise we will ask you to write a statement of disagreement and attach it to your record.

Confidentiality

Everyone at Midwives of Windsor is bound by confidentiality. We must protect your information from loss or theft and make sure no one looks at it or does something with it if they are not involved with your care or allowed as part of their job. If there is a privacy breach, we will tell you (and we are required by law to do so).

Our Practices

We collect, use, and disclose (meaning share) your health information to:

- Treat and care for you
- Provide appointment or preventative care reminders to you and/or send client surveys to you
- Update you of upcoming events, activities, and programs
- Coordinate your care with your other health care providers including through shared electronic health information systems such as Connecting Ontario, Ontario Laboratory Information Systems (OLIS), eConsult, ClinicalConnect, and local, regional, and provincial programs.
- Deliver and evaluate our programs
- Plan, administer and manage our internal operations
- Be paid or process, monitor, verify or reimburse claims for payment
- Conduct risk management, error management and quality improvement activities
- Educate our staff and students
- Dispose of your information
- Seek your permission (or permission of a substitute decision maker) where appropriate
- Respond to or initiate proceedings
- Conduct research (subject to certain rules)
- Compile statistics
- Allow for the analysis, administration, and management of the health system
- Comply with legal and regulatory requirements
- Fulfill other purposes permitted or required by law

Our collection, use and disclosure (sharing) of your personal health information is done in accordance with Ontario law.

Your Choices and Who Decides

You have a right to make choices and control how your health information is collected, used, and disclosed, subject to some limits.

You may make your own decisions regarding your health information if you are deemed to be “capable” to do so. Your midwife or other care provider will decide if you are capable based on a test the law sets out. You may be capable of making some decisions and not others. If you are not capable – you will have a substitute decision-maker who will make your information decisions for you. Who can act as a substitute decision-maker and what they must do is also set out in law.

There is no magic age when you can make your own decisions about your health information. If you are under the age of 16, there are some additional rules to know. If you can make your own information decisions, your parent(s) or guardian can also make some decisions about your health record. But they won’t be able to make decisions about any records of treatment or counseling where we asked for your

permission alone. We encourage you to share information with your family to have the support you need. And we also encourage you to ask your midwife questions to find out more about privacy and your family.

We assume that when you come to have health care from us, you have given us your permission (your consent) to use your information, unless you tell us otherwise. We may also collect, use, and share your health information to talk with other health care providers about your care unless you tell us you do not want us to.

You have the right to ask that we not share some or all of your health records with one or more of our Practice Group Members or ask us not to share your health record with one or more of your external health care providers (such as a specialist). This is known as asking for a "lockbox". If you would like to know more, please ask us for a copy of our "Client Lockbox Information Brochure: How to Restrict Access to your Health Record". You should be aware that our ability to provide you with the best care may be affected if we do not have access to your relevant personal health information.

There are other cases where we are not allowed to assume we have your permission to share information. We may need permission to communicate with any family members or friends with whom you would like us to share information about your health (unless someone is your substitute decision-maker). For example, we will need your permission to give your health information to your boss or to an insurance company. If you have questions, we can explain this to you.

When we require and ask for your permission, you may choose to say no. If you say yes, you may change your mind at any time. Once you say no, we will no longer share your information unless you say so. Your choice to say no may be subject to some limits.

But there are cases where we may collect, use, or share your health information without your permission, as permitted or required by law. For example, we do not require your permission to use your information for billing, risk management or error management, quality improvement purposes. We also do not need your permission to share your health information to keep you or someone else safe (it's called to eliminate or reduce a significant risk of serious bodily harm); or to meet reporting obligations under other laws such as for child protection.

For More Information or Complaints

If you would like a copy of our Privacy Policy, please ask us for a copy.

We encourage you to contact us with any questions or concerns you might have about our privacy practices. You can reach our Privacy Officer at:

Midwives of Windsor
3-3357 Walker Rd
Windsor, ON
T: 519-252-4784
Email: info@midwivesofwindsor.com

UNDERSTANDING YOUR CARE

Responsibility for wellbeing rests with both those who offer health care and each individual seeking health care. Better care is attained when individuals make informed decisions regarding their care. This information is being provided to assist you in your choice of care model.

THE ROLE OF A MIDWIFE:

Midwives see most pregnancies and births as normal states for healthy clients. Midwives believe that unnecessary intervention is an interruption of a healthy process. Midwives are skilled practitioners who provide primary care to low-risk clients and their newborns. They provide care for the full duration of pregnancy, birth, and six weeks postpartum. Midwives consult with (and refer to) specialists when necessary. Midwives use emergency measures within our scope of practice if the need arises.

All midwives are registered with the College of Midwives of Ontario. Please visit our website: www.midwivesofwindsor.com to read our midwives' biographies.

PHILOSOPHY OF CARE:

Midwives of Windsor philosophy of care is based on a respect for the birth process and for a client's ability to give birth. We are guided by the principles of continuity of care, choice of birthplace, informed choice, clients as the primary decision-makers, non-authoritarian relationships, and the appropriate use of technology.

CHOICE OF BIRTHPLACE:

The evidence is overwhelming that for low-risk, healthy clients, a planned home birth with a midwife in attendance is a safe option. Homebirth outcomes are just as good as hospital birth outcomes, and clients who give birth at home see a significant reduction in interventions, less infection, and higher satisfaction outcomes.

There are risks and benefits to any birth setting. Birth is a normal process that can sometimes become a medical process. While birth is – for most people – uncomplicated, complications or emergencies can arise. Although approximately 80% of complications can be detected prenatally, some will arise spontaneously and unpredictably during labour and delivery. Should complications arise during a planned homebirth, transport to a hospital takes place in either the client's car or an ambulance and is usually straightforward. It is important to remember that there are rare and serious emergencies that can arise in any birth setting; in these situations, sometimes the technology available only in a hospital setting will be required and could make a difference in the well-being of the newborn or client. It is also true that even with assistance of technology, a good outcome cannot be guaranteed when these rare emergencies arise in any birth setting.

OUR SERVICES:

During your pregnancy, you will be seen every four to six weeks until the twenty-eighth week, every two to three weeks until the thirty-sixth week and then weekly until the birth of your baby. We will be present during your active labour and birth and will stay with you until both you and your baby are stable, and breastfeeding is established, which is usually about 2 – 3 hours postpartum. During the first week after your birth, all your postpartum visits are done in the hospital or at your home. We routinely see you for 5-6 postpartum visits, and more appointments can be arranged as needed. These appointments are usually on day 1, day 3, day 5-7, day 10-14, and at 4 weeks. The final visit is at approximately 6 weeks, and is a follow-up visit for well client/well baby care.

Midwives are on-call 24 hours a day, 7 days a week for clients with urgent concerns or emergencies. Midwives are primary caregivers who order pregnancy-related laboratory work and tests (including ultrasounds) and provide safe care during normal pregnancies. Midwives consult and/or refer to appropriate medical specialists when risk factors arise during the pregnancy, labour, birth, or the postpartum period.

As registered midwives, we follow the College of Midwives of Ontario protocols. If your care should need to be transferred to an obstetrician, we would remain available to you in a supportive care role (for example, providing labour support, answering your questions, or acting as an advocate on your behalf) until care is transferred back to your midwife.

CLIENT'S RESPONSIBILITIES:

You are responsible for your health and childbirth experience. This includes eating a healthy diet and getting adequate physical activity and rest. It is beneficial to educate yourself about the processes of labour and birth.

We need to be informed of any relevant information or event that might affect your pregnancy or birth, including any pertinent medical information.

Your active participation in decision-making with your caregivers is expected throughout your care. We request that you refrain from the use of restricted substances for the benefit of you and your baby. Please tell us about any substances that you may be taking including prescription, herbal, homeopathic, and over the counter medications, illicit/recreational drugs, cigarettes, and alcohol.

We ask that those planning a home birth have an adequately clean place for the birth. All pets need to be secured and away from the midwives, birth equipment, and birthing area. You will be provided with a list of a few items you will need to provide for the home birth. Reasons to transfer into the hospital will be discussed with you during a prenatal visit. We will discuss the need to

transfer to the hospital if complications or emergencies arise during your labour or birth. You are asked to be responsible about accepting transport at such time.

If you are planning sibling participation at your birth, you will need someone that you and your child (or children) trust to be present and in charge of caring for the child (or children) for the duration of your labour and birth. This person should feel comfortable being present at the birth but should also be ok with not seeing the birth, so that your child (or children)'s needs can be met.

TEACHING PRACTICE:

Midwives of Windsor is a preceptor site for student midwives. Students always work under the supervision of a midwife. You may be asked if a student can be involved in your care. You play a vital role in teaching future midwives sensitive, client-centered care. Your feedback to them, and to us, is an essential part of their experience.

We also teach students from other healthcare fields, including nursing and medicine. Students are involved to the level of their ability and per the guidelines of their specific academic program. Your care is always supervised by a midwife when a student is involved. We appreciate clients' willingness to participate in and support hands-on clinical learning.

CLINIC APPOINTMENTS:

We make every effort not to rearrange prescheduled appointments. However, at times, because the process of labour and birth is unpredictable, we may need to do so. This will happen when a client goes into labour and needs us during clinic hours. Should this be the case, we try to notify you as soon as possible. Thank you for your patience and understanding regarding this situation and remember your turn will come. Please always check your phone for messages before heading to your appointment in case we have left you a message about rescheduling.

OTHER CONCERNS AND CONFLICT RESOLUTION:

If at any time you have concerns regarding your care, please share them with us. We want to provide midwifery care that is responsive to everyone. If further steps are needed, please contact Crystal Hall at the clinic.

YOUR PREGNANCY
THE FIRST TRIMESTER HOW TO CARE FOR YOURSELF

EXERCISE:

We encourage an active lifestyle and exercise during pregnancy. Being in good physical health will help you meet the demands of pregnancy and labour. It is also an excellent way to reduce stress. Swimming, walking, bicycling, and prenatal yoga are effective ways to exercise during pregnancy. Some worry about overexertion – when exercising, you should be able to carry on a conversation (the "talk test"). We discourage you from lying flat on your back to do abdominal exercises after the first trimester, particularly if this makes you feel dizzy, light-headed, or nauseous. If you have more specific questions, talk to your midwife.

NUTRITION:

Eating well when you are pregnant is crucial. We encourage you to eat when you are hungry. We suggest that you eat several small healthy meals throughout the day to ensure that the baby receives a steady supply of nutrients. Pregnancy requires an extra 300 calories in addition to your non-pregnant diet, which is only one extra snack per day. Trying to avoid refined sugars found in white bread, pasta, and sweets (including pop and juice) is recommended. Your baby will receive more nutrients from whole foods. Plenty of fluids are essential for hydration. Limit the amount of coffee, tea, and juice you drink, and aim for 8 glasses or 1500mls of water a day. Do not exceed two of coffee per day. A prenatal vitamin is not necessary for all clients. However, pregnant clients need adequate calcium, Vitamin D, iron, magnesium, and protein. If you have concerns that your diet is lacking in any of these, talk to your midwife for more detailed information.

IRON:

Iron is the most common nutrient deficiency in pregnancy. Iron is necessary for increasing the quantity of red blood cells, which carry oxygen. The amount of iron needed doubles during pregnancy to meet the needs of your placenta and growing baby. Signs of iron deficiency include fatigue, shortness of breath, pale skin, increased susceptibility to infections, brittle nails, heart palpitations, and dizziness. Your midwife will check your iron levels in the first and third trimester. For some clients, increasing their dietary iron is adequate to maintain their levels. Iron is available in meat and non-meat sources. Meat sources have the most iron and it is in a form that is easily absorbed. A supplement is more beneficial for clients who eat minimal or no meat. The best sources of iron (because they are most easily absorbed) are found in meat such as beef, chicken, lamb, pork and veal. Other useful sources included beans, eggs, tuna, lentils, pumpkin seeds, sunflower seeds, sesame seeds, nettle tea, quinoa grain, dried fruits, cooked oatmeal, pistachios,

prune juice, cooked oysters, molasses, whole grain breads, leafy greens, iron-fortified cereals, and bran muffins.

After reviewing your blood work, your midwife may recommend that you take an iron supplement, there are several forms of iron supplementation, including heme iron, iron salts, and chelated iron. Iron can also be taken in capsule, tablet, or liquid form. Your midwife will discuss your options with you and may make a specific recommendation based on your unique needs. Like all medications, they should be stored in a safe place as it is toxic if ingested in high doses, especially in young children.

Taking an iron supplement may cause nausea, bloating, constipation, or diarrhea, and may make your stools turn black. These side effects will often decrease as your body adjusts to the iron. Increasing your fluids and fiber and avoiding taking iron in the morning when your blood sugars are low, will help minimize these side effects. Iron is best absorbed on an empty stomach; however, if this causes nausea, try taking it with a meal. For best absorption, iron should be taken with a source of Vitamin C, like orange juice or a Vitamin C supplement of 250 to 500 mg. Tea, coffee, or caffeinated sodas should be avoided a few hours before taking the supplement. If you take thyroid medication, it should be taken at a different time, as it will bind to the iron and inhibit absorption. Avoid taking calcium supplements, calcium-containing medications (such as antacids like Tums or Rolaids, or your prenatal vitamin), or calcium-containing foods with your iron supplement, as these will also inhibit iron absorption.

CALCIUM:

Another important mineral during pregnancy is calcium. Calcium is necessary for healthy bones, teeth, and the development of your baby's skeletal system. Calcium also plays a role in regulating blood pressure. Adequate calcium levels decrease leg cramps, though excessive calcium can cause leg cramps. Having insufficient calcium intake in your diet or supplements, calcium will be taken from maternal bones. Fortunately, during pregnancy the body is twice as efficient at absorbing calcium as when you are not pregnant.

Pregnant clients need 1000 to 1200 milligrams of calcium per day. If dairy is a normal part of your diet, three dairy servings per day will meet your needs. Dairy sources include milk, cheese (especially Swiss) and plain yogurt. Non-dairy sources of calcium include tofu, soy milk, sesame seeds, sardines, canned salmon, broccoli, oranges, legumes, almonds, kale, oysters and bok choy. In general, vegetable sources have less calcium and are not absorbed as well, especially when cooked. Where possible, try to eat vegetables raw.

For clients with lactose sensitivity or those who do not regularly eat dairy, a supplement may be necessary. We recommend a Calcium Citrate preparation with Vitamin D and Magnesium added

to increase absorption. This preparation also causes less constipation and bloating. If you are also taking a prenatal vitamin with iron or an iron supplement, avoid taking it within two hours of taking your calcium supplement, which will improve absorption of both minerals. Also avoid taking more than 500 milligrams of calcium at one time, as absorption will be decreased. Finally, like any supplement, too much is not good. High doses of calcium (i.e. more than 2500 mg) can increase the risk of urinary tract infections and kidney stones.

THE SECOND TRIMESTER

PRETERM LABOUR

Preterm labour starts before 37 weeks. It is rare but can happen to anyone. The reasons it happens are not well understood, but you may be more at risk if you have had a preterm baby before, smoke, are underweight, are not getting enough healthy food, have lots of stress, or have had several miscarriages.

Preterm babies may:

- Have trouble breathing
- Have trouble feeding
- Have trouble keeping warm (temperature instability)
- Have an increased risk of getting an infection
- Need special care in the hospital NICU, including prolonged hospitalization

Some preterm babies are very small and may not be strong enough to live. The earlier in the pregnancy the baby is born, the more fragile the baby.

WHEN TO WORRY

- Cramps, contractions, or pains that come at regular intervals (i.e., that are getting longer, stronger, and closer together)
- Lower back pain or dull aching that comes in waves
- Pressure as if the baby is pushing down
- Bleeding from the vagina
- A trickle or gush of fluid from the vagina
- A feeling that something is not right
  Page your midwife if you are less than 37 weeks and think that you may be in preterm labour.

GESTATIONAL HYPERTENSION

Gestational hypertension (GHTN), also known as Pregnancy Induced Hypertension (PIH), is a serious condition that happens in 1 out of every 10-20 pregnancies. It is more common in first time clients and clients with a new partner. It usually happens at the end of pregnancy. Having regular prenatal visits is important. We see you more frequently at the end of your pregnancy to check your blood pressure and ensure your wellness. Stress may play a role in hypertension. Know how to manage yours with exercise, support, and a healthy diet.

CONCERNS OF GESTATIONAL HYPERTENSION

Gestational hypertension may lead to preterm birth, stillbirth, or growth restriction in the baby.

WHEN TO WORRY

Possible signs of gestational hypertension include:

- Elevated blood pressure
- Protein in your urine
- Rapid weight gain (four or more pounds in a week)
- Sudden, obvious swelling in your hands of face
- Severe abdominal pain under your right breast or ribs (liver pain)
- Severe headache (usually frontal) that does not resolve with the usual remedies
- Blurry vision
- Seeing shiny or black spots
- Severe, sudden nausea and vomiting

If you develop these symptoms, please page your midwife.

THE THIRD TRIMESTER

FETAL MOVEMENT COUNTING

Over time you will become an expert on your baby's movements. Often babies have predictable times when they are more active (e.g., after you eat, or during a certain time every night). As you approach the end of pregnancy, the baby may change their movements as there becomes less room for big kicks. This change in the quality (type or strength) of movements is normal, but there should not be a change in the quantity (number) of movements.

WHEN TO WORRY

- If you become concerned that your baby has not been as active as usual, we suggest that you do a fetal movement count as detailed below.
- Please note that this criterion applies after 26 weeks gestation.
- Have a drink and then lie on your left side with your hands on your abdomen. Avoid all other distractions such as the TV or a conversation. Count your baby's movements (i.e. kicks, jabs, punches, twists and turns.) You should feel at least six movements in two hours.

Page your midwife if you felt no movement in one hour or if you counted less than six movements in two hours.

NEWBORN MEDICATIONS:

In the first hours after birth, the following medications are routinely given to all newborns. It is your choice if your baby will receive Vitamin K.

ERYTHOMYCIN **(This medication is no longer given routinely)**

This clear antibiotic ointment is administered into each eye. This ointment does not sting, but it may cloud the baby's vision for a brief time. Erythromycin effectively destroys gonorrhea and is effective against chlamydia and other types of bacteria. These bacteria may be present in your baby's eyes after passage through the birth canal and could lead to blindness if symptoms of an eye infection are ignored and the baby did not receive the eye ointment.

Your midwife will offer a test to see if you have infections called chlamydia or gonorrhea then if you do you will be treated for these concerns. If we do not have these results on your file, we recommend the administration of erythromycin to your baby.

VITAMIN K

In humans, Vitamin K is produced primarily by bacteria in the bowel. Babies are born naturally deficient in Vitamin K as only a small amount is transferred across the placenta in utero, and the bowel is sterile at birth.

There are only tiny amounts of Vitamin K in breast milk. Cow's milk is high in Vitamin K. Vitamin K is essential in blood clotting.

Vitamin K is administered by intramuscular injection (IM) to the thigh of newborns. It is effective in preventing a rare condition called Vitamin K deficiency bleeding (VKDB), formerly known as hemorrhagic disease of the newborn (HDN).

The incidence of VKDB in breastfed babies who do not receive Vitamin K after birth is about 1 in 50 to 1 in 250. The benefit of administering Vitamin K after birth is that the occurrence of VKDB is virtually eliminated.

Risks of Vitamin K IM injection include pain, bleeding, and infection at the injection site. Skin-to-skin and/or breastfeeding during Vitamin K administration may help to reduce the pain of the injection.

Over thirty years of experience in administering IM Vitamin K in the early hours of life has not identified adverse effects related to this medication

GBS (GROUP B STREPTOCOCCUS):

This GBS information will help you decide if you would like to have a vaginal/rectal swab for GBS, usually done at thirty-five to thirty-seven weeks of pregnancy. This is a simple test you do yourself with guidance.

- GBS is a type of bacteria that normally lives in the bowels and is found in the vagina in ten to thirty-five percent of pregnant clients. In healthy adults, GBS does not typically cause problems.
- If a pregnant client has GBS and is not treated, it may be transmitted to the baby during the birth, as bacteria can travel upward from the client's vagina into the uterus. 40-50% of infants born to people who are GBS positive will be positive for GBS themselves (i.e. will be colonized with GBS) if you are not treated.
- Fortunately, most babies who acquire GBS from you do not get sick; however, 1-2% of babies who become colonized with GBS will go on to develop GBS infection/disease, or about 1 in 200 babies.
- Infant GBS infection is treated with admission to the neonatal intensive care for seven to ten days (though it can be longer) where babies are given antibiotics through an IV.
- For babies thirty-seven weeks gestation or older (term babies), the prognosis is particularly good, with approximately ninety percent of infected babies responding to treatment.

DO I HAVE GBS?

- During your pregnancy, we will offer you a vaginal/rectal swab at thirty-five to thirty-seven weeks gestation, to determine whether you carry GBS. It is your choice whether to have the swab or to decline it.
- Family physicians, obstetricians, and recent research from the Centre for Disease Control and the Society of Obstetricians and Gynecologists, support routine swabbing of all pregnant clients.

WHAT HAPPENS IF I AM POSITIVE FOR GBS?

- Clients who swab positive for GBS are offered treatment with antibiotics through an IV during labour (usually penicillin unless the client is allergic). As previously stated, if a client is GBS positive, the chances of their baby developing GBS infection is approximately 1 in 200. This risk decreases to approximately 1 in 2000 if the client receives IV antibiotics at least four hours prior to delivery. Taking antibiotics by mouth during or before labour does not prevent GBS infection in the newborn.
- It is recommended that newborns of GBS positive clients who are untreated or partially treated remain in the hospital for twenty-four hours after the birth to be monitored for signs of infection, and so the baby can receive a blood test to rule out any infection. If you choose to go home before twenty-four hours, your midwife will educate you on the signs and symptoms of an infection.

If I am positive for GBS do I need antibiotics?

As midwives, we provide information and offer treatment options. It is your decision to accept or decline treatment.

If you have GBS and no antibiotic treatment, there is a 1 in 200 chance that your baby will develop an infection. If you have GBS and antibiotic treatment, there is a 1 in 2000 chance that your baby will develop the infection. The risk of GBS infection increases when other risk factors are present. These risk factors are:

- Preterm delivery (delivery at less than thirty-seven weeks)
- Fever during labour (greater than or equal to thirty-eight degrees Celsius)
- If your waters have been broken for eighteen hours or more before the birth
- Having had a previous baby with GBS disease/infection
- Having GBS bacteria found in your urine during the pregnancy

Some clients choose to treat with antibiotics only if a risk factor comes up during their labour.

Side effects/risks of treating with antibiotics include:

- Allergic reaction (i.e. anaphylaxis) – very rare
- Yeast infections or thrush in you and/or baby

What if I do not swab?

If we do not know whether you have GBS, antibiotics would be recommended and offered in labour if you develop a risk factor (as listed above).

Waters Breaking and GBS Positive Test

Once the amniotic sac is broken, bacteria can ascend the vagina and to the baby.

If you are GBS positive, the community standard is to induce labour soon after the waters are broken and to begin antibiotics at that time. However, other options are also possible – such as treating with antibiotics while waiting for labour to start on its own or declining antibiotics and waiting for labour to start on its own. Your midwife can discuss these options (and the associated risks and benefits) with you in more detail. Research shows it is safe to wait up to 18 hours before choosing to start antibiotics and/or an induction.

If you do not have GBS, you do not require antibiotics. You may choose to have labour induced or wait for labour to start on its own.

If your GBS status is unknown, usually you only receive antibiotics and an induction if a risk factor develops (i.e. if your waters have been broken for more than eighteen hours, if you develop a fever in labour, or if you are preterm). However, other options are also available, such as treating with antibiotics and undergoing induction of labour within 6-12 hours of your waters breaking (if a client were GBS positive). The community standard if you are GBS unknown is to induce labour and give IV antibiotics.

PRE-LABOUR AND EARLY LABOUR

In the textbooks, labour is described in three stages. During the first stage of labour, the cervix is effacing (softening and thinning) and dilating (opening). Second stage is the pushing stage, and the third stage is the delivery of the placenta (afterbirth).

This information is going to discuss the more specific details of pre-labour and early labour. As you can see from the chart below, labour can be described in terms of pre-labour (also known as false labour), early labour, and active labour. These are all part of the first stage of labour.

PRE-LABOUR

During bouts of pre-labour (and there may be more than one bout), contractions are usually IRREGULAR or have NO PATTERN. Sometimes pre-labour contractions will be regular (i.e. every five minutes) but they DO NOT PROGRESS. They do not get longer, stronger, or closer together.

They are uncomfortable enough to make you wonder if you are in labour, but not so uncomfortable that you have a lot of trouble coping with them. While they are preparing your uterus, they are not changing your cervix, and they may lead to exhaustion. There are a few remedies to help alleviate pre-labour:

- A hot bath – this is not just a warm and comforting thing to do; it has true physiological effects. A hot bath can decrease contractions and allow you to get the sleep you will need for true labour when it happens.
- Increase your fluid intake. You need to stay hydrated, and the increased fluids will also assist in the dilution of oxytocin (the hormone causing your contractions).
- A gentle walk outside if weather permits, as ambulation may help slow pre-labour, and it will help to distract you.
- Sometimes pre-labour is working to get your baby lower in the pelvis or into a better position for labour. If the above suggestions do not help, try position changes to aid your baby's movement deeper into the pelvis. Often the most uncomfortable position is the one that works to shift the baby's position.

EARLY LABOUR

Early labour can take twenty-four hours or longer. Rest (or sleep) is essential to promote a normal process. During early labour, the contractions cause your cervix to get softer and thinner (effacement) and to dilate to four centimetres.

Early labour may begin with menstrual-like cramps and increase in intensity slowly. Contractions may begin with an irregular length or frequency. For some client's, their early labour begins as intense labour and becomes stronger from there.

Early labour will continue at its own pace even if you attempt to speed it up. Walking often makes the contractions come more frequently, but they are often milder – so walk for comfort or pleasure, but do not exhaust yourself trying to speed things up.

Early labour may be preceded or start with the passing of your mucous plug. It may be clear, or blood tinged. The mucous plug has been providing extra protection to your cervix, much like a seal. The mucous plug may be passed hours or days prior to the onset of labour.

As early labour can last many hours, it is important to focus as much as possible on getting enough rest. Clients who are unable to get enough rest in the days and nights preceding true labour risk being exhausted before active labour begins. We recommend in early labour to live your life as normally as possible. This means that if it is the middle of the night, try to go back to sleep. If contractions wake you, take Gravol (50-100mg) and Tylenol (500-1000mg) and a warm bath, then go back to bed. Remember that the better rested you are, the better you will cope and work with your labour once it becomes active.

If it is daytime, try to distract yourself. Go for a walk, watch some television or a movie, listen to music – anything that will keep you feeling relaxed and positive. If you are tired, have a nap. Make sure to eat lightly and to drink adequate fluids. We suggest 1-2 cups of fluid (alternate between water and juice if you wish) each hour. If you want to time contractions, time a few every hour, but if they are more than 5 minutes apart and not lasting at least 50-60 seconds consistently, then stop. This will only increase the focus on contractions and will drain you.

WHEN TO CALL YOUR MIDWIFE:

- When contractions are 5 minutes apart or less, lasting 60 seconds, and this has gone on for more than 1 hour, you may wish to page your midwife (the 5-1-1 rule).
- If you are coping well, it is not necessary to call your midwife. 5 minutes apart contractions can last for many hours and the contractions typically become closer together (i.e. 3 minutes apart, lasting 60 secs) and stronger as the labour gets more active.
- Be sure you are timing contractions correctly – they are timed from the beginning of one contraction to the beginning of the next. It is important to pay attention to the intensity of the contractions as well as the timing.

IF THIS IS YOUR FIRST BABY:

- Contractions that are 5 minutes apart and are not getting closer, not getting stronger, and not getting longer, you are still early labour.
- If you are coping well with 5 minutes apart contractions, it is not necessary to page your midwife - wait for the contractions to get stronger and closer together.
- You can page your midwife if you are having a hard time coping with contractions, regardless of the pattern.

IF YOU HAVE HAD A BABY BEFORE:

- You may cope well, even with very intense 5 minutes apart contractions.
- You should page your midwife after 1 hour of regular, intense contractions that are 5 minutes apart and last 50-60 seconds.
- Page right away if contractions are consistently intense and less than 5 minutes apart.
- You should page your midwife if you are having a tough time coping with contractions, regardless of the pattern.

PRE-LABOUR, EARLY LABOUR AND ACTIVE LABOUR

Findings	Pre-labour/ False Labour	True/Early Labour	Active Labour
Emotions	Excited, eager	Apprehensive, may be anxious	Focused, very intense
Uterine Contractions	Irregular, usually no pattern If pattern is present, it does not progress (see notes below)	Regular PATTERN begins to develop ↑ frequency (every 5 – 60 min) ↑ length (x 20 – 60 sec) AND ↑ intensity (mild then moderate)	Regular PATTERN ↑↑ frequency (every 3 – 5 min) ↑↑ length (x50 –60+ sec) ↑↑ intensity (strong)
Bath/ Sleep	Both will usually stop or decrease the contractions	Will NOT stop the contractions, but may help relax you, allowing you to rest before active labour, or change the pattern of contractions	Will NOT stop or change the pattern of contractions. Cannot sleep or rest
Suggestions	-Time contractions only for ½ hour; if in early labour, stop timing contractions until you feel a change in pattern strength -Hot bath x 45 min -Drink lots of water, as dehydration can increase symptoms and discomfort -Try to sleep or rest if it is nighttime or you are tired (do not exhaust yourself)	-Time contractions only for ½ hour; if in early labour then stop timing! -it is time for rest and being busy -Go about your normal activities (rest at night, usual events in day); -Tylenol and Gravol can help you get much needed rest for the upcoming work of active labour -Eat if you are hungry and drink lots of water; if not eating, have occasional sweet drinks or snacks -Walking or position changes -Start timing contraction again when you feel a change in pattern and/or strength -See pre-labour and early labour narrative for information on when to call your midwife	-Your midwife will be in attendance and will give you suggestions -Soaking in the tub or a shower can significantly increase your ability to cope with the pain -Dink 1-2 cups of fluid every hour -Empty your bladder at least once every 1-2 hours - Have something sweet to eat or drink every hour or so
Notes	Some clients have several bouts of pre-labour and contractions may be regular, but they DO NOT PROGRESS (they do not get longer, stronger, or closer together over time). In this situation, you may have some cervical change, which will mean there is less work to do in early labour. Pre-labour may promote descent or help baby get into a better position for labour.	Early labour can be difficult to distinguish from pre-labour, but you will know it is early labour if the contractions get longer, stronger, and closer together. Early labour can take 24 hours or longer, we cannot stress enough the IMPORTANCE OF GETTING REST.	Dilation from 4 to 10 cm can take approximately 12 hours for a first baby or 6 hours if you have had a baby before, but timing varies for each client. Some clients have a very fast labour even with a first baby; typically, in these situations there is no early labour, and contractions are frequent and very intense right from the beginning.

SUPPLIES FOR A HOSPITAL BIRTH:

Regardless of where you plan to have your baby, it is a good to have a hospital bag packed. Your hospital bag should contain:

- Your photocopied chart with your prenatal records (we give you this around 36-37wks)
- Health card
- Money for parking and vending machines
- Food and drink for yourself and your partner (during labour and postpartum)
- Extra pillow, slippers, and pajamas,
- Toiletries – toothbrush, toothpaste, shampoo, soap, body lotion, ChapStick
- Clothes: and outfit for baby to come home in and one for you
- Infant car seat

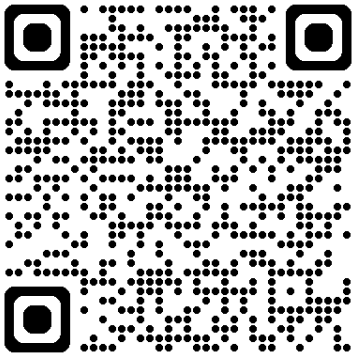
SUPPLIES FOR HOMEBIRTH:

Please have the following supplies gathered in one place by 37 weeks' gestation. This ensures that if labour is active when we arrive, you will not have to spend time gathering supplies

- Your envelope with your prenatal records
- Baby's first clothes for after the birth, freshly laundered: diaper, undershirt, sleeper, socks, two hats (that you do not mind getting soiled or stained) and 2+ receiving blankets
- 4+ towels (for first receiving baby) and at least 4-5 face cloths (for perineal compresses – you can make these by cutting up an old towel) which you do not mind soiling and staining
- Multiple clean towels for you – especially if it is a water birth or if you are labouring in the tub (need 6-8+ extra towels if planning a water birth) Two large receptacles (lined with garbage bags) where the birth will take place – one for laundry, one for garbage (e.g. large laundry basket)
- 2-4 fleece-lined tablecloths or other suitable floor & bed coverings
- One fitted sheet and one blanket for bed that you do not mind soiling and staining
- Garbage bags for pillow protection (optional)
- Pot for water and compresses
- One litre disposable container (or ziplock bag) for storage of the placenta
- Snacks and drinks available for nourishment during labour and after birth – juice, fruit, honey, granola bars, etc.
- Depends diapers or large pads for you (for after the water has broken)
- Telephone or phone service in room where birth will take place

When labour starts, have the bed made up double sheeted with older sheets (that you do not mind soiling) on top and a vinyl mattress protector/plastic sheet between the two sets of sheets, with good sheets on the very bottom.

HOMEBIRTH PLANNING INFORMATION



POSTPARTUM SUPPLIES FOR HOME AND HOSPITAL BIRTH

It is useful to have the below supplies available prior to the birth to avoid having to go out to buy them in the early postpartum period:

- Empty clean squeeze bottle for perineal care (i.e. empty dish detergent bottle)
- Large sanitary pads or Depends adult diapers
- Digital under-arm thermometer for the baby
- Ibuprofen (Advil or Motrin) and acetaminophen (Tylenol)
- Diaper cream, ointment, or petroleum jelly
- Olive oil or coconut oil (for baby's skin)
- Disposable diapers (at least for the first few days of meconium stools)
- Epsom Salts and the HERBAL BATH see recipe -for postpartum baths that help with healing
- Tucks pads, Preparation H, Anusol or Witch Hazel (for haemorrhoids)
- You can make ice packs by soaking a few sanitary pads with ¼- ½ cups of water (and a few drops of witch hazel if desired) and placing them in the freezer - make sure you place them with the pad open, not folded; alternatively, you can make an ice pack by folding an adult washcloth in half and rolling it. Soak in water and cover it in Saran Wrap. (these can be used to reduce perineal swelling and pain.

POSTPARTUM OR AFTER THE BIRTH CARE

YOUR CARE FOR POSTPARTUM

VISITORS IN THE POSTPARTUM PERIOD

Sometimes people assume that they are invited to visit immediately after you have the baby, either in the hospital or at home. Think about when you will want visitors, for what length of time, how many at a time, etcetera. Remember this is the most momentous time for you to get to know your baby, establish breastfeeding and heal from giving birth. We strongly suggest that

you do not invite visitors for the first few hours postpartum so that you and baby can stay skin-to-skin, and that you limit visitors during the first week.

PLAN FOR HELP

Whether it is family or friends, you will get more rest if you have help with household chores. People should be able to see what needs doing and do it without a lot of direction. Consider hiring a cleaning service or postpartum doula if you are able.

ORGANIZE MEALS

Make a list of things your family likes to eat and post it on the refrigerator for all to see. This provides a quick answer for those asking to bring a meal. If you have some last trimester energy, freeze meals ahead of time and stock up on non-perishables.

LISTEN TO YOUR BODY

If it says sleep, then sleep. The best way to take care of your baby is to take care of yourself. We will spend time talking about realistic expectations for you and newborn.

CONSIDER SIBLINGS

They go through adjustment, too. Plan playtime for them at other homes. Wrap little goodies ahead of time for "I feel left out" moments. Consider taking ten minutes three times a day to read a book or play games (i.e. have designated time for older children).

REST AND FLUIDS

Spend the first twenty-four to forty-eight hours after the birth in bed with you baby, only getting up to use the bathroom. Take as much help from others as they will give, but you keep the baby with you. Keep visitors to a minimum in the first one to two weeks. Your partner can entertain while you and the baby get rest. Consider wearing pajamas during visits to remind people that you are recovering from giving birth. Short visits work well or asking all visitors to come over the same brief period on a certain day. Baby is there for good, let friends and relatives get to know them when you are all well-rested.

NORMAL NEWBORN BEHAVOUR

Midwives of Windsor

3357 Walker Road – Unit #3
Windsor ON N8W 3R9

KEEP THIS INFORMATION ON HOW TO REACH US

OUR OFFICE NUMBER: 519-252-4784
EMERGENCY SERVICE NUMBER or PAGER: 226-455-5600

Please leave us a message if you have any non-urgent questions, or to cancel or change appointments; your call will be returned within 1 - 2 business days. Our clinic hours are on Tuesdays, Wednesdays, and Thursdays in the above listed space.
The emergency service number or pager is for midwifery client emergencies. When you call the pager number you will be prompted chose your midwife and to speak a message, please speak clearly. The service will send out the page to the appropriate midwife.

- PLEASE STAY OFF THE PHONE
- ENSURE YOUR PHONE RINGER IS TURNED ON
- YOU ARE NEAR THE PHONE WE ARE GOING TO CALL YOU AT
- YOUR PHONE CAN ACCEPT PRIVATE NUMBER CALLS

Your midwife will call you back within 15-20 minutes; if your midwife has not called you back, then call the pager again. For non-pregnancy related concerns please contact your doctor or nurse practitioner.

If you have a problem which must be handled immediately, page your midwife, regardless of the time of day. Below is a list of examples of when to page us, but use your own judgement, and page with any urgent concerns or emergencies. If you need to call an ambulance for emergencies again follow your discretion. We can only meet you at the hospital if we are aware of your transport.

CONTACT US IMMEDIATELY IF YOU EXPERIENCE THE FOLLOWING:

- Any vaginal bleeding which is bright red or dark
- Severe abdominal or upper gastric pain
- Severe, unusual headaches and blurred vision
- Illness with vomiting, or fever for over 24 hours
- Any leaking of amniotic fluid, whether a gush or trickle, unless otherwise discussed with your midwife
- A noticeable decrease in fetal movement
- Regular contractions prior to 37 weeks
- Active labour at term (contractions 5 mins apart or less, lasting 50-60 secs for at least 1hour)
- If you have a car accident, please inform us as soon as possible

Midwives of Windsor

FRIENDLY REMINDER / REQUEST

As you all know, the staff of Midwives of Windsor work toward making your visits as pleasant as possible and try to maintain a friendly family atmosphere where you and your family can learn and receive our care. But, like most families, we occasionally need to remind everyone of a few things:

WET SHOES AND BOOTS:

The children just love our little play area, and they play on the floor we all walk on. To make their visits happier, please remove your wet boots and shoes when you come in. We suggest you bring slippers for you and your children to keep everyone's feet warm and dry.

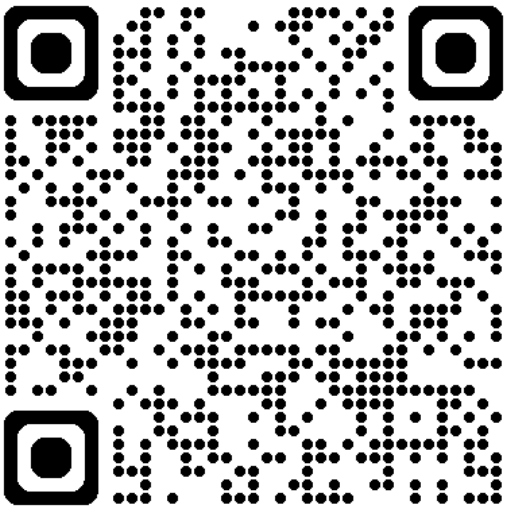
TOYS:

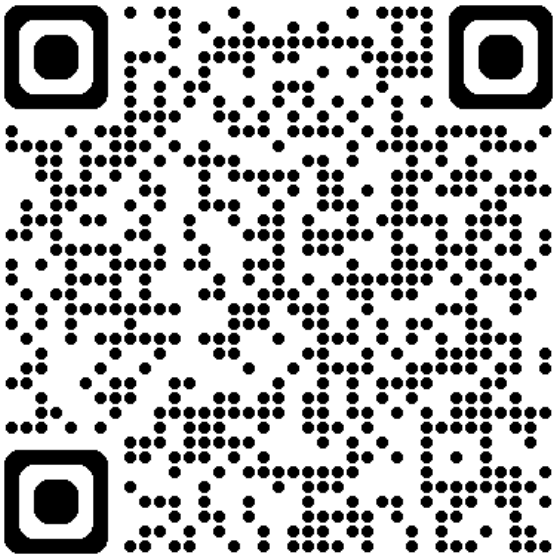
Since the little ones enjoy the toys so much, sometimes they forget to put them away when they leave. Would you please remind them to keep the toys neat for the next children who come in after them. Please especially try to keep the path to the office toy-free to prevent tripping and falling.

THANK YOU IN ADVANCE FOR MAKING THE MIDWIVES OF WINDSOR OFFICE A PLEASANT MEETING PLACE.

MIDWIVES SCOPE OF PRACTICE

FROM THE COLLEGE OF MIDWIVES OF ONTARIO





The Herbal Bath

The herbal bath is highly recommended for every client following childbirth, to help prevent infection and aid in healing. Below is a list of the ingredients if you would like to make your own.

1-ounce uva ursi

1 ounce (about 29.57 ml) comfrey

1 ounce (about 29.57 ml) shepherds' purse

2 large bulbs fresh garlic (optional)

2 cup fine sea salt

Place herbs (uva ursi, shepherds' purse, comfrey) in an old sock or nylon (this will aid in straining after cooking), then place the sock and water in a medium stock pot. Fill the pot to the top with water and bring to a boil. Allow the herbs to steep for at least two hours and keep the liquid solution. Place the liquid in a container and store in the freezer if you are not planning to use it immediately. Repeat the above process using the same herbs. You will now have enough for 2 baths. The remaining ingredients (garlic and sea salt) are put fresh into the bath the day you intend to use it. Use half the garlic and sea salt for each bath.

The garlic and sea salt help prevent infection. Uva Ursi helps heal and sooth reproductive organs. Shepherd's purse is excellent for preventing and controlling excessive bleeding. Comfrey helps heal and sooth raw tissue.

The baby should be put in the bath with you. The herbal bath will start the healing process of the cord stump and encourage it to fall off sooner. In the bath, your baby will become mellow and may even smile. The infant will enjoy the weightlessness and warmth of the water. It is wonderful to watch the baby's joy at finding something so familiar and enjoyable in this new world. Caress and speak softly to the baby. The infant will love this communication and will respond by total eye contact and facial expressions. When the infant is taken out of the bath, they should be patted dry, not rubbed. Then go skin to skin with your newborn.