SAGE MIDWIFERY BIRTH PLAN

Our philosophy of birth is to support you and your partner through the process of labour and birth in the most normal, physiological manner, minimizing the use of medical interventions, including them only as clinically necessary. We also wish to provide personalized care that honours any religious or personal beliefs you have and that you wish to be included in your birth experience.

We have put together a comprehensive outline of what you might expect our care to be during your labour and birth experience. We hope this will answer your questions and help you make your choices. Please carefully read through and let us know your preferences.

You will be attended by one of the Sage Midwives throughout your labour and birth. Sometimes the changeover in our call schedule means that another midwife will come in and continue care.

Early Labour

In early labour you will be in your own home. We encourage you to relax, rest, as much as possible and not pay too much attention to the early labour contractions. Once you have an active labour pattern (see **When to call the Midwife: Labour** in the handbook) you will page the midwife on call. Most often the midwife will make a home visit to make an assessment and determine labour progress.

- If she determines you are in early labour, she will help you get more comfortable and make arrangements to stay in touch.
- If you are in active labour, she will stay and support you at home as long as desired or arrange to meet you in the hospital as indicated.
- Sometimes we do an early labour assessment in the hospital (triage) and after addressing your needs will send you home until labour is well established.

Active labour

- A calm, supportive atmosphere is our goal. This may include low lighting, soft voices, quiet environment, privacy or an appropriate number of support people.

- We will encourage you to move, walk and change positions frequently to assist the progress of labour.

- We will encourage you to keep well hydrated; drinking water, juice or energy drinks

- We support you to eat easily digested foods as desired and tolerated, recognizing that as labour progresses you may feel nauseous and will likely not want to eat

- As needed, we generally give lots of verbal encouragement, however if you wish quiet during your contractions please say so.

- We will suggest supportive non-pharmocologic pain relief measures, such as the bathtub, showers, tens, and massage.

- Except in rare circumstances we do not offer you drugs. We know that for most women normal labour and birth is manageable, supported by non-pharmacological methods, movement and encouragement.

- You will be reminded to empty your bladder frequently

- We do not offer enemas; occasionally women who have persistent and uncomfortable constipation may request one.

- IV fluids will only be used for medical indications, such as severe dehydration, administration of oxytocin, or epidural use.

- If you are GBS positive and have opted to treat with antibiotics, we will set up your IV so that you are only attached to the IV set-up when antibiotics are being administered, usually about 20 minutes every four hours.

- We will wait for your bag of waters to break on its own unless a clinical reason indicates that artificial rupture of membranes (breaking the bag of waters) may be helpful or necessary.

Monitoring your baby's heart rate:

- We will listen to your baby's heart rate, usually with a handheld Doppler every 15-30 minutes once you are in established labour. During pushing, monitoring will increase to about every 5 minutes.

- If continuous monitoring is indicated or recommended, (oxytocin administration, epidural, vbac) and your baby is doing well, we will take you off the monitor and for 20 -30 minutes at a time. You can then get up, move around and go in the shower or tub as desired.

- If a cordless system is available, we will use it.

Birth in Hospital

- We encourage you to labour at home until labour is well progressed and the birth becomes more imminent, unless there is a clinical indication to go sooner. We factor in safety, comfort, distance to hospital, weather, labour progress in determining when to go to the hospital.

- Your midwife will phone the hospital to advise them of your labour status and our intention to come into the hospital. Very occasionally we are advised that there are no rooms or nursing staff available at your preferred hospital. This situation may be resolved by labouring at home for a few more hours or it may be necessary to go to another site if you need to be in the hospital sooner.

- At both SMH and PAH you will labour and birth in a private room. At SMH there are showers in every room and tubs in 3 out of the 36 rooms. At PAH there are tubs in 7 of the 8 rooms.

- On arrival a nurse will be assigned to our room. Our nurse provides supportive care and this will include taking your vital signs, listening to the fetal heart, assisting with position changes, verbal encouragement, massage etc. If the family birthing unit is busy our nurse may be involved with other duties until you are pushing at which time she is with us until after the birth.

- If complications arise and you have an epidural or oxytocin the nurse will monitor the epidural and oxytocin according to the unit protocols in conjunction with our management and/or the obstetrician as needed.

- You may wear your own clothes, a hospital gown or nothing as you wish.

- We make an effort to ensure your privacy is respected and will obtain your permission before non-essential personnel (student nurses, interns, residents etc.) are invited to be present.

- You may have whomever you deem to be your support team for labour and birth with you in the room, however we suggest you discuss your plans with your midwives ahead of the birth as sometimes it is necessary to reduce the number of people present so you can labour and birth without distraction.

Birth at Home

- If you are planning to use a birthing tub, you may wish to enter the tub when you are in well established, active labour. You may stay in the tub to birth the baby as you wish, assuming labour is normal.
- The second midwife will be called to attend once your labour has progressed and your midwife determines you are in or close to second stage.

Second Stage – Pushing

- We support spontaneous, instinctive, non-directed pushing unless it is deemed clinically necessary to provide direction to facilitate the birth.
- We may suggest frequent position changes, (e.g. hands and knees, squatting, side-lying), to ensure you are in the most effective position to push and give birth.
- We do not use stirrups.
- We may suggest the use of the squatting bar or birth stool if available.
- We do not perform an episiotomy unless it is clearly necessary to help the baby get born quickly. If forceps or a vacuum is used an episiotomy is sometimes done.
- You may wish to see the baby's head emerging with a mirror as you push.
- You may wish to touch the baby's head as it starts to emerge.

Birth

- You or your partner may wish to help lift the baby out as it is being born.
- The baby is usually lifted up onto your tummy and placed skin to skin.
- The baby will then be gently dried and covered with a warm towel.
- We do not routinely suction the baby's nose and mouth.
- The cord is usually clamped after about two minutes. We can wait until it has stopped pulsing if you wish.
- Your partner or a chosen support person may cut the cord if they wish,
- We can collect the cord blood for banking if you have prearranged it.
- Breastfeeding is encouraged as soon as the baby seems interested.

Third stage … the placenta

- We offer active management of the placenta which is an injection of oxytocin into your thigh right after the baby is born (please read third stage management handout). This assists the delivery of the placenta and reduces blood loss.

- If you wish physiological or expectant management please let us know.

- We usually offer to show you the placenta.

- If you wish to take home your placenta please bring a sealed container.

Immediate Postpartum

- Vital signs (BP, pulse, Temp, assessment of bleeding) will be done by the nurse every 15 mins for one hour.

- We usually delay the newborn exam for about an hour to enable bonding time and breastfeeding.

- Vitamin K and erythromycin eye ointment as per parent's wishes will be administered at this time. Sometimes the nurse will do it sooner with the parent's agreement.

In the event of complications…

- We make an effort to ensure any proposed procedures are explained and discussed with you and as much as possible we act as your advocate to ensure your choices are respected. In emergency situations, time for discussion may be limited and your permission to act in your and your baby's best interest is assumed. We will discuss and debrief with you and your partner following any emergency procedures.

- If the situation requires we transfer care to an obstetrician we will stay with you in a supportive role. If the baby's care is transferred to a pediatrician we will also continue supportive care until baby's care is transferred back to us which may be following discharge.

- If there is meconium (baby's first bowel movement) in the amniotic fluid a pediatrician may be called to be at the birth, depending on the situation.

- If a baby needs assistance to begin breathing the cord will be cut quickly and the baby taken to the warmer where oxygen, suction and radiant heat are available. Other nurses and physicians will often come to assist.

- If the baby needs to be taken to the nursery the partner can usually go with them and the mother will be taken to see the baby as soon as possible.

Induction and Augmentation… (stimulating contractions)

- There are a number of situations where induction maybe advised or offered. If any of these arise for you, we will discuss the risks and benefits of all options to help you make an informed decision as to how to proceed.

- If your labour needs to be induced we will discuss natural methods such as cervical stretch and sweeps, labour cocktail, acupuncture, massage, and homeopathics before we offer medical induction unless the situation dictates otherwise.

- If your labour needs to be augmented (i.e. your contractions need to be stimulated to become stronger and more frequent) we will suggest walking, breaking of the bag of waters, homeopathics, nipple stimulation if appropriate or oxytocin through an IV pump. Oxytocin administration will require the fetal heart to be monitored with an electronic fetal monitor and is frequently accompanied with an epidural so the mother can get some rest.

- In the case of induction or augmentation we consult with an obstetrician and in some cases care may be transferred, however we will stay with you until after the birth.

Birthing in the OR – Forceps or Caesarean

- If the birth happens in the OR one support person and your midwife can be with you.

- The support person will be invited to sit beside the mother's head after the regional anaesthetic is in place.

- If a general anaesthetic is required the support person is not allowed in the OR.

- The partner is generally invited to go and be with the baby after it is delivered, and being examined by the pediatrician, and will go to the recovery room with the baby before the mother is transferred from the OR.

- The baby is usually shown quickly to the mother after delivery, and brought to her for a cuddle before going to the recovery room.

- Skin to skin is encouraged as soon as possible, and partners are encouraged to do skin to skin if they wish until the mother is able to receive the baby.

Postpartum

- Following a normal birth Mothers and babies are encouraged to go home as soon as possible, 6-12 hours depending on the time of birth.

- Unless the baby is in the nursery we are the baby's caregiver and are responsible to discharge them.

- A midwife is available by pager 24/7 for any postpartum concerns not addressed by the handbook. You may page us from the hospital if you are having difficulties not addressed by the nursing staff.

- You will receive a home visit around 24 hours after a home birth, depending on the time of birth.

- If you need to remain in the hospital we will come and visit daily. You will usually receive a home visit the day after you go home from the hospital.

- We will do the newborn screening test (heel prick) after 24 hours unless it has been done in the hospital.

- Postpartum home visits are done around day1, day 3 and at 7-10 days postpartum. These visit schedules are not carved in stone, if we are at another birth and mother and baby are fine, the visit may be done the following day. If there are serious concerns we usually call in another midwife.

- Circumcision, if chosen, is not done in the hospital and will need to be arranged and paid for privately. Information is available at the clinic.

- We support exclusive breastfeeding and are committed to helping you establish breastfeeding and resolve any difficulties.

- We rarely supplement with formula, and the need is carefully evaluated.

- We will see you in clinic at around 3 weeks and we encourage you to come to a postpartum 3 week group which is lots of fun, sharing and support.

- Our last visit with you is at around six weeks and we can do a PAP if it is due.

- We will give you a copy of your records to take with you.