

Midwifery Client Handbook

Part One

Welcome to Semiahmoo Midwifery. We have enclosed some information that will be useful to you in your pregnancy. We will send you further parts of our handbook as your pregnancy progresses. A print copy of certain sections will be given to you at your first appointment.

Contents:

- Introduction
- How to use our pagers
- When to call the midwife
- Nutrition in pregnancy and lactation
- Weight gain in pregnancy
- Nausea and Vomiting in Pregnancy
- Medication use in pregnancy
- Commonly used household products
- Food safety in pregnancy
- Foods to avoid in pregnancy
- Prenatal genetic screening

Please review the sections provided prior to your first visit, especially the Prenatal Genetic Screening as we will be discussing this with you at that visit. We will be happy to answer any questions that arise. We suggest you write down your questions as you read the material.

At your first visit we will take a health history, order blood work and discuss your preferences for Prenatal Genetic Screening. We will take your blood pressure and weight and if time permits do a physical exam which includes listening to your heart and chest, palpating for your thyroid, a breast exam as well as examinations specific to your particular health history. We can do a PAP screen if one is due or this can be deferred to your six week postpartum visit. We often try to listen to the fetal heart beat if you are past 11 weeks however it is often hard to pick it up before 12+ weeks.

Congratulations and we look forward to seeing you.

Midwifery Client Handbook

Introduction

We are pleased to welcome you to our midwifery practice. Our sincere intent is to provide you with thorough, thoughtful care in which you and your family are treated with respect. This is part one of our handbook designed to prepare you for your first visit. We aim to give you an overview of our practice and provide important information you need to review before your appointment. The sections included are; Introduction and Overview of Semiahmoo Midwifery and Midwifery Practice, Paging Information, When to Call the Midwife, Semiahmoo Midwifery Birth Plan, and Prenatal Genetic Screening. Please review the Introduction and Prenatal Screening before your first visit.

Philosophy and focus

We are a group of professional, registered midwives who share a common philosophy of practice. Our philosophy of care is centered on our belief that birth is a normal physiological process as well as a significant social event in the life of a woman and her family. Midwifery care, therefore, addresses the physical, emotional, spiritual and cultural needs of the woman and her family. In our care we combine the art of midwifery including traditional knowledge and skills with the science of midwifery including modern medical techniques to safeguard normal childbirth. Midwifery care is individualized to each pregnant woman's personal needs. If complications arise, our experience and expertise is directed toward restoring health, or, depending on the situation the midwife will provide emergency treatment until additional medical assistance can be obtained.

Scope of Midwifery Practice

Midwives are primary caregivers for women and babies which means they function under their own responsibility. Midwives provide comprehensive care during all three trimesters of pregnancy, labour and birth and the first six weeks of the postpartum period. Midwives have admitting and discharge privileges at community hospitals and provide care in women's homes. You do not need a referral to come into care with a midwife and you do not need to see your family physician during your pregnancy other than for medical problems. Should you wish, the Medical Services Plan allows for one initial visit with your family physician during the 1st trimester. Midwives and Physician's contracts are structured so that clients need to choose which caregiver they wish to provide care. Occasionally, copies of laboratory reports will be sent to your family physician. Should your doctor contact you regarding any of these reports or for any other pregnancy related matters we would appreciate it if you would refer the doctor back to us and let us know of the contact. It is important that your care is coordinated and reflective of your informed choices. For further information on midwifery care in BC you can go to the Midwives Association or College of Midwives websites: www.bcmidwives.com or www.cmbc.bc.ca .

Shared Care

We work in a team of four to five midwives, all of whom you will get to know during your pregnancy. We have found a shared care approach ensures continuity of care during your childbearing experience and the feedback from our clients is that they have enjoyed having the support of a group of caring midwives. Your midwives maintain liaisons with physicians and other health care professionals and can access all other community resources available to childbearing families.

Reciprocal Responsibility

Midwifery practices usually only take a certain number of clients each month. This is partly because we wish to maintain the quality of care that is outlined in our model of care and philosophy of practice and partly because of how our billing contract is structured with the provincial government. Therefore it is important that you make an informed choice for midwifery care and that our approach will be compatible with your needs and wishes for your pregnancy and birth.

Collaborative Care

Midwives have collaborative professional relationships with other health care givers including obstetricians, pediatricians, and family physicians. Collaborative care involves co-operation and consultation and we often provide shared or supportive care with specialist physicians. Occasionally certain complications or procedures may involve a transfer of care for varied lengths of time.

Informed Choice

Midwives actively promote parent participation in health care choices by offering up to date information and education. We encourage women to make choices about the services they will receive and the manner in which they are provided. We will discuss the full scope and limitations of midwifery practice with you and will provide complete, relevant, objective information relating to your health care options. When difficult or unexpected situations occur, we offer support and expertise to assist families in making informed decisions. We believe your participation makes your pregnancy not only more enjoyable but also as healthy as it can be.

The Place of Birth

We support the right of women and families to choose the place of birth. The registered midwives at Semiahmoo Midwifery provide care for labour and birth in community hospitals where we have admitting privileges or in the woman's home. Current research addressing the safety of home birth has consistently concluded that a planned home birth attended by qualified caregivers is a safe alternative for healthy women. Your midwives are trained in emergency measures and always have emergency equipment at our disposal. Clients will receive detailed information about the benefits, risks and emergency procedures relating to home birth enabling them to make an informed choice.

For planned hospital births your midwife will attend and monitor your early labour in your home. She will then accompany you to the hospital and continue to provide care for the birth and immediate postpartum period.

Prenatal Care

Prenatal care is considered of primary importance in achieving good outcomes for mothers and babies. Adequate prenatal care is a safeguard for your health, offering you the opportunity to learn about changes your body undergoes as the pregnancy progresses. Most of our time together during your prenatal visits will be spent talking about the normal changes and common discomforts of pregnancy, nutritional needs, emotional needs, your work and family life. Screening and diagnostic tests, including ultrasound and bloodwork, monitoring of blood pressure, urinalysis, weight, and fetal growth and heart tones are included in our prenatal care. Specialized tests are ordered as required.

Prenatal visits are generally scheduled every 5 weeks to 28 weeks of pregnancy; every 3 weeks to 36-37 weeks and thereafter weekly until the birth, or according to individual circumstances. We also offer group prenatal care starting at 34 -35 weeks, where you will join other mothers that have due dates in the same month. These group sessions include a short visit with the midwife for a Mother/Baby check up – “a three minute belly check” and then we will discuss topics such as breastfeeding, preparation for labour, your preferences for your birth, the postpartum period and caring for your newborn. We show videos and share experiences. Partners often come to the groups. If you need to discuss anything privately with the midwife, she will make time after the group.

Labour and Birth Care

Two caregivers attend each home birth. Your primary midwife (the midwife on call) will attend you during labour, birth and 2 – 4 hours postpartum. The second midwife or a qualified second attendant will be present for the birth and immediate postpartum period. In a hospital birth you will have the support of one of your midwives and a nurse will be present for the delivery. If labour progresses slowly the attending midwife may be relieved by the next on-call midwife to ensure clients are receiving quality care at all times. On rare occasions, because two or more women are in labour at the same time we may have to call in a midwife from another practice to provide care.

Postpartum Care

Postpartum care encompasses the six weeks following the birth. We usually make 3 home visits in the first ten days and also check in with you by telephone. We then see you and your baby in the office for a follow-up visit at 2, 3 or 4 weeks and a final discharge visit at 6 weeks.

Most of our clients are usually discharged from the hospital within 12 hours following the birth. Many clients go home within 6 hours after a vaginal birth. We find mothers and newborns rest and recover best in the comfort of their own home. A midwife will make the first home visit

within 24 hours of the birth and there is a midwife available 24 hours on call for any concerns or problems you may encounter. Should you need to stay in hospital a midwife will visit you daily.

Please ensure that if the midwife on call leaves you a message to arrange a visit during this postpartum period that you call back as soon as possible. We often have a number of visits to schedule and we want to make sure that you are seen.

Records

The records kept during your care are available to you at any time. A copy of your antenatal records will be given to you to carry at about 37 weeks. You will bring this file to all subsequent visits and we will update it. We suggest you keep this file available so you have access to the most current information regarding your pregnancy if needed. We request you bring it with you to the hospital. A copy of your prenatal, labour and birth records will be given to you at your six week visit.

Intern Midwives

We feel it is important to preserve and promote the midwifery tradition by including students and other midwives in our practice. This means at some time you may have the pleasure of having an intern midwife involved in your care.

Resources

We use a variety of complementary therapies in our care. These are always presented within the context of informed choice. We may suggest vitamins, herbs, and homeopathic remedies for example. We often have these items available at the clinic and there is a separate charge for them.

We also have books and videos available to borrow. Please ensure that you return them promptly (you can drop them back to the clinic any day we are open) so they are available to other pregnant families.

Our handbook contains a variety of information and resources you may find helpful during your pregnancy and birth. It is not intended to be a complete guide, but rather a handy reference regarding most aspects of midwifery care. Please feel free to ask questions or give us feedback.

Again, welcome to Semiahmoo Midwifery. We are pleased to have the opportunity to share this special and memorable time in your life with you.

IMPORTANT

How to reach us using our Pagers:

- There is a midwife available on call 24 hours a day for midwifery service.
- To reach the midwife-on-call please call: **1-778-760-2886** and follow the directions.
- If you do not receive a call back within 10-15 minutes, please page again. If you do not receive a call back within 10 -15 minutes on the second page, please call your nearest hospital maternity unit.
- The phone numbers for Surrey Memorial Family Birthing Unit Triage are **604-585-5572** and for Peace Arch Hospital call **604-535-4500** and key in extension **757273#** (pound sign) or say clearly “Third floor maternity”. Please state you are a client of Semiahmoo Midwifery, what your urgent concern is and that you are trying to reach your midwife.
- Please use our paging service if you think you are in labour, or if you have any other urgent concerns that are related to your pregnancy, your postpartum period or your baby, (please refer to the handout : WHEN TO CALL THE MIDWIFE).
- **Please do not go to the hospital without paging us.**
- Urgent breastfeeding problems should be referred to the midwife on call. If you need to page us please be aware of the time. We would prefer you called us at 9pm rather than waiting till a concern becomes more urgent at 1am.
- If you are sick and it is not related to your pregnancy please call your family physician or go to a walk in clinic, for example a sore throat, or an injury. We would appreciate you letting us know at the next prenatal visit if this was necessary and any medications you may be taking. If you are unsure then call us at the clinic or use the pager.
- Please consider carefully if you need to use our pagers for information or answers to questions. Remember the midwife on call may be at a birth so answering pages for non-urgent matters can be quite distracting. For example, if you have a concern about an over-the-counter medication you can get reliable information from the office, the handbook or a pharmacist.
- You can also leave a message at our office, **778-571-2909**, Monday to Thursday for non-urgent inquiries; a midwife will generally call you back within 12 hours. If you leave a non-urgent message on Friday through the weekend it may take over 48 hours for a midwife to get back to you.

- Do not leave urgent messages on the clinic phone: please ensure you speak to a midwife.
- Please do not use our pagers to inquire about clinic appointment times or test results information unless it is urgent or by pre-arrangement with your midwife.
- When we call you postpartum to see how you and the baby are doing, **please return the call promptly** if we do not talk to you or your partner directly. We will be trying to prioritize and coordinate visits.
- If you have been told you will be receiving a postpartum home visit on a certain day if you do not hear from us by noon please page us: we may be at a birth and have not had a chance to make our calls.

We thank you for your consideration and cooperation.

WHEN TO CALL YOUR MIDWIFE PREGNANCY

To page the midwife on call: 1-778-760-2886

In Pregnancy: Situations requiring an immediate call to the midwife:

Persistent and excessive vomiting

Vaginal bleeding

Severe pelvic or abdominal pain that is unrelieved by rest or a warm bath

Episodes of dizziness, fainting or disorientation

Difficulty or burning pain with urinating

Persistent and severe mid-back pain

Swelling of hands and face

Severe headache

Blurred vision, persisting for several hours

Epigastric (mid-chest – between the ribs) pain

Initial outbreak of blisters in the perineal or anal area during first trimester

Rupture of membranes – gush or persistent leaking of clear fluid from the vagina

Regular progressively painful uterine contractions before 37 weeks

Fever: 38 degrees or more on two occasions 4 hours apart

Any other urgent situations of concern

Change in pattern of fetal movement

Contact the midwife if there is a **noticeable** change in your baby's pattern of movement. This could be a noticeable decrease; no movement over several hours or no response to stimulation. If you have concerns regarding fetal movements, have something to eat and drink, then rest and count fetal movements over a two hour period. **Six movements in a two hour period are considered normal.** Toward the end of pregnancy babies have longer sleep cycles and their movements often become slower and more rolling and stretching rather than rapid kicks.

NUTRITION DURING PREGNANCY AND LACTATION

A good diet is vital to health during pregnancy. It is essential to understand the importance of nutrients in the body. Eating nutritious foods is one of the most significant ways in which you can contribute to the health of your newborn baby, enjoy your pregnancy, and have an easier labour and birth. Whatever you take into your body has an effect on the fetus. These foods form the building blocks of growth and development; what you provide nutritionally for yourself you provide for your growing baby and what you lack your baby lacks also.

Eating a nutritious "well balanced diet" is easier said than done. One hundred years ago we may have been able to get all the nutrients we needed from our foods, but today with mineral depleted soils, the effects of the current "agribusiness" and highly processed foods, obtaining all we require from these foods is often difficult. A high quality diet is needed to maintain your own health and the best possible conditions for the baby to develop. Read labels, know what you are buying. If your diet could use some improvements, pregnancy is a good time for change and well worth the effort. Try not to give "convenience" foods a high priority even if you have a busy life. Remember you are not eating for two. Here are some basic guidelines:

- A natural whole foods diet is the best one to adequately meet your needs during pregnancy. Whenever you can, eating organic foods, fruits and vegetables is highly recommended because they contain higher vitamin and mineral contents.
- Eat a large variety of fruits and vegetables 4 - 5 servings per day
- Fluids are very important - drink at least 6 - 8 glasses of water each day. Do not drink large amounts of fruit juice, if you drink juice, dilute with water.
- Protein requirements: 2 - 3 servings per day. Sources are; beans, eggs, fish, low fat cheese, yogurt, organic poultry, lean organic meats, nuts, seeds.
- Whole grains and carbohydrates: 3 - 5 servings.
- Minimise sugar intake, especially ice cream, baked goods, milk chocolate.
- Ensure that iron rich foods are included in your diet. These include dark leafy green vegetables, beans, dried fruit, blackstrap molasses, whole wheat products, tofu, millet, parsley, nutritional yeast, beets, grapes, miso, dulse, fish, & poultry.
- Avoid foods with "empty calories i.e. without nutrients; refined carbohydrates, sugary treats, pop, "junk food", highly processed or convenience foods.
- Moderate your caffeine intake. One cup of coffee or tea per day is fine.
- Please avoid tobacco, alcohol, marijuana, aspirin, laxatives and most over the counter drugs. Please discuss concerns you may have with your midwife.
- A low fat diet is healthier - avoid fatty, fried foods.
- Dairy products in moderation are part of a healthy diet. You do not need to drink a lot of milk. Calcium requirements can be met with calcium rich foods and supplements. Calcium supplements should be taken in combination with magnesium; 2 parts calcium and 1 part magnesium.
- Eat regularly throughout the day. Smaller, more frequent meals are easier for your digestive system and will keep your blood sugar levels stable.

WEIGHT GAIN IN PREGNANCY

Pregnancy is a time to eat the healthiest diet possible. Pregnant women have increased nutritional needs for fetal, maternal and placental tissue growth and development. You will gain a certain amount of weight to support your body and to properly nourish your baby as it grows and develops inside of you. However, the old adage that “you are eating for two” is not true. Some women rationalize they can eat unlimited calories or “treats” as they are gaining weight anyway. This approach does not serve you in the long term.

Current recommendations regarding weight gain in pregnancy state that you do not need to gain more than 25-35 pounds over the course of your pregnancy. Women who are underweight at the beginning of pregnancy may need to gain up to 40 pounds, women who are overweight do not need to gain more than 15-20 pounds and women with a BMI of over 35 do not need to gain any weight during pregnancy to properly support their own health and the health of their babies.

Typical components of a pregnancy weight gain are:

Breasts.....	1-3 pounds
Placenta.....	1 ½ pounds
Amniotic fluid.....	2 pounds
Uterus.....	2-3 ½ pounds
Maternal Fluid Stores.....	3 pounds
Maternal Blood Supply.....	3 ½ pounds
Fetus.....	Depends!
Maternal Tissue Stores.....	8-10 pounds

A very general recommendation of how weight gain should be distributed during the pregnancy is about 3-6 pounds in the first trimester and 0.5 – 1.0 pounds per week until term. The amount of weight gained is not as important as adequate growth of the fetus and eating healthy food to obtain the appropriate amount of calories and nutrients needed to maintain a healthy pregnancy. This is a most important part or nurturing yourself and your baby. You will feel much better postpartum if you are not carrying a lot of unnecessary weight.

Be assured that the weight you gain in pregnancy is not permanent. Within your baby’s first week of life you can expect to lose about 12- 14 pounds or more. Many women, will however, need to exercise to lose the last ten pounds ! Remember to eat to appetite throughout your pregnancy and after your baby is born and be sure to eat a variety of healthy foods.

FLUID INTAKE

It is important to be adequately hydrated throughout your pregnancy. Do not wait until you are thirsty before having something to drink. Generally, fluid intake should be about 2 liters a day. Water is the best fluid for your body during pregnancy. Avoid nutrient depleting beverages such as soda, pop and moderate caffeine intake. If you drink fruit juice dilute it with water. It is better to eat the fruit than drink the juice. Drink fluid between meals to reduce the symptoms of reflux commonly experienced in pregnancy, especially as your belly grows.

NAUSEA AND VOMITING IN PREGNANCY

Introduction

Nausea and vomiting are often regarded as an unpleasant but normal part of early pregnancy. It is a very common complaint in the first trimester of pregnancy occurring in approximately 75 – 80% of pregnant women. Symptoms generally begin about week five gestation and are typically resolving by week twelve of pregnancy, however, up to 15% of pregnant women experience persistent symptoms until delivery. Although commonly known as "morning" sickness, only 17% of pregnant women experience nausea only in the morning; most have symptoms throughout the day.

Nausea and vomiting of pregnancy (NVP) is best thought of as a spectrum disorder with varying degrees of symptoms in different women. Symptoms can range from mild nausea to unbearable bouts of nausea and vomiting throughout the day. For most women, NVP is a self-limited condition during early pregnancy with no long-term negative impact on their health or the health of their babies. However, while NVP affects a woman's life, both personally and professionally and it is extremely unpleasant, NVP is associated with a healthy baby.

What causes NVP?

No one knows exactly what causes the nausea of pregnancy. Most researchers believe it's a combination of the many physical changes taking place in your body such as the higher levels of hormones during early pregnancy.

Will there be any effects on my pregnancy?

Most cases of nausea and vomiting in early pregnancy are not harmful to the mother and her unborn child. For most women, the feelings of nausea and the episodes of vomiting decrease at some point during the day so that they feel hungry again and can keep food down.

While short-term dietary deficiencies do not appear to have any harmful effects on pregnancy outcome, severe and persistent NVP symptoms can affect your health. Many women will have to change their daily schedule in some way in order to cope with their condition. If you are so sick that you are missing meals day after day, you will need to be assessed to ensure you and your baby are getting all the daily nutrients to grow as healthy as he or she can.

What can I do about NVP?

You may need to try a number of strategies to help you manage and these may change as the pregnancy progresses. There are lifestyle strategies, dietary strategies, alternative remedies and medication.

LIFESTYLE STRATEGIES

- Get plenty of rest since nausea tends to worsen when a woman is tired. Try napping during the day. Typically, a pregnant woman needs more sleep in the first three months of pregnancy.
- You may need to take some time off work.
- Enlist the support of family and friends for household chores and childcare.
- Get plenty of fresh air and avoid warm places as feeling hot can add to nausea.
- Keep active even if you don't feel like it, some exercise everyday is helpful.
- Avoid smells, tastes or textures that activate your nausea.
- Have someone else do the cooking for the time being.
- Arise slowly on waking and getting out of bed.
- Talk to someone, (midwife, spouse, friend) if you feel you really cannot manage.

DIETARY STRATEGIES

- Eat little and often, every 1-2 hours throughout the day, even if you don't feel like it. Try something. Eating small meals throughout the day will help keep your blood sugars stable. If blood sugar dips too low it can trigger nausea. Six small meals per day will be easier to keep down and digest.
- Eat what appeals to you, you can improve your nutritional content as the nausea decreases.
- Do not eat greasy, high fat or spicy foods
- Try eating a snack before you get out of bed or when you get up to the bathroom during the night. Suggestions are: crackers, dry cereal, toast, and almonds.
- Try digestive or stomach calming teas such as: fennel, peppermint, spearmint, chamomile, lemon balm or ginger.
- Drink adequate amounts, sip slowly throughout the day. Aim for 2 litres of fluid per day including water, herbal teas, diluted juices.
- Try drinking fluids between meals rather than with meals.
- Try smoothies (fruit and yogurt), vegetable juices, chicken broth or miso soup for some nutrition.
- If you cannot manage your prenatal vitamins just take the folic acid.

ALTERNATIVE REMEDIES

- Ginger may decrease the severity of nausea for some women. You can take it as a tea (cut up a 2 inch piece of fresh ginger into small pieces, add half a lemon cut into 4 pieces, bring to boil and simmer for 15 minutes and strain, then sweeten lightly or to taste) and sip slowly throughout the day; or take as capsules 250 mg four times a day or 500mg twice a day. In a pinch ginger ale may be helpful but it has a high amount of sugar and is carbonated which may not be helpful.

- Vitamin B6 (pyridoxine). Try taking 25mg capsules or tablets at intervals during the day up to a maximum of 150 mg.
- Vitamin K 5mg and Vitamin C 500mg taken together has been reported to be effective. It takes about 72 hours to take effect.
- Acupressure for 3-5 minutes to the “Pericardium 6” point which is located 2 thumb-widths up from the wrist crease on the inside of the wrist at the centre line on the side of the tendon closer to the thumb (check out pericardium 6 on You Tube). This can also be achieved wearing “seabands” which are designed to alleviate the nausea from motion sickness. These are available at pharmacies or health food stores.
- Homeopaths may help, check with a homeopathic physician.
- If heartburn is also a problem use Tums as directed on the package. If

MEDICATIONS

There are medications that can be used to help with severe NVP that is preventing women from managing their daily activities. The first medication usually prescribed for NVP is Diclectin; an anti-nauseant/anti-emetic, which consists of a combination of 10mg vitamin B6 (pyridoxine hydrochloride) and 10 mg of an antihistamine called doxylamine succinate in a delayed release formulation. This medication is the only medication approved in Canada for the treatment of nausea and vomiting in pregnancy. Its safety and effectiveness for the treatment of NVP is recognized by Health Canada. Its safety throughout pregnancy has been long established and studies have shown no evidence that harmful effects are experienced by babies. For more information go to: www.diclectin.com.

For exceptionally severe cases there are additional/ alternate medications that may be prescribed after referral to the Nausea and Vomiting Outpatient clinic at Surrey Memorial Hospital.

If you are unable to manage and need something immediately it is safe to take Gravol 50 mg orally, which is available over the counter at pharmacies.

What if I just can't keep anything down?

About 1% of pregnant women in Canada (some 4,000 women per year) will suffer from excessive vomiting in pregnancy called “hyperemesis gravidarum”. In such cases, if left untreated, the lack of food, fluids and nutrients may be harmful to their health and the well-being of their baby. If left untreated, severe cases of NVP can lead to dehydration.

Dehydration happens when the body does not have as much fluid as it should. This may be caused by losing too many fluids or not drinking enough. Severe cases of dehydration may require intravenous fluids and vitamin supplementation from the hospital. Call the midwife and seek medical attention if you suffer from signs of dehydration such as infrequent urination or dark yellow urine, very dry mouth and lips, weight loss over 3.5 kg (7-8lb), blood appearing in the vomit and extreme fatigue and /or weakness. Women experiencing any of these symptoms or severe NVP are referred to the NVP Clinic at Surrey Memorial Hospital.

I AM PREGNANT

What medicines are safe?

The medicines listed below are generally regarded as safe in pregnancy. Very few studies on medications have been conducted on pregnant women. However these medications are not known to cause any birth defects or have any adverse affects on a pregnancy. Sometimes the stress and discomfort experienced by a mother by not taking a medication when necessary can have a greater negative effect on maternal-fetal well being.

MEDICATIONS	HOW DOES IT AFFECT ME AND MY BABY?
Allergy Medications	Antihistamines that make you sleepy are generally safe i.e. ChlorTripolon (<i>chlropheniramine</i>), Benadryl (<i>diphenhydramine</i>)
Antibiotics	There are a number of antibiotics that are safe for use in pregnancy as prescribed by your midwife/physician. * See prescription medicines below
Anti-depressant medications	Anti-depressant medications and the risks versus the benefits should be carefully considered for use during pregnancy. See SSRI's below.
Anti-nausea Medications	* Check with your midwife before using Diclectin – a prescription drug containing Vitamin B6 and an antihistamine/antiemetic. It is approved for use by Health Canada. Dimenhydrinate (<i>Gravol</i>) can be used for “breakthrough” vomiting.
Asthma Medications	Most asthma medications are safe and should be used as directed by your midwife/physician.
Cold Medications	For nasal congestion try nasal sprays , i.e. saline solution Salinex, Otrivin, or oral decongestants i.e. Sudafed (<i>pseudoephedrine</i>) Cough suppressants i.e. Benylin DM (<i>Dextromethorphan</i>) and Expectorants Robitussin plain (<i>guaifenesin</i>) are generally safe products to use short term. Hot “Lemon Drinks” i.e. Neocitran are a combination of acetaminophen (<i>Tylenol</i>), NSAID's i.e. ibuprofen, acetylsalicylic acid, (<i>Advil, Aspirin</i>), cough suppressants, decongestants, & antihistamines, all of which appear to have no increased risk in the 1st and 2nd trimesters with short term use. Do not use products containing NSAID's i.e. ibuprofen, acetylsalicylic acid, in the 3rd trimester . SUMMARY: Pregnant women suffering from the common cold can be reassured about the safety of short-term use of OTC cold medications. These drugs, however, should not be used indiscriminately or for extended periods of time. In addition, use should be confined to only those products that are appropriate for the symptoms. It is important to read labels carefully.
Heartburn Medications	* Use products that say “No sodium” or “Sodium Free” Calcium carbonate (<i>Tums, Rolaids</i>) Aluminum hydroxide and Magnesium hydroxide (<i>Maalox</i>) and Alginic compound, (<i>Gaviscon</i>) are safe products. Acid suppressing drugs, i.e. Ranitidine (<i>Zantac</i>) are considered safe for use in pregnancy, especially if they enhance the pregnant mother's ability to eat appropriately and sleep well. * Check with your midwife.
Laxatives	For constipation it is best to make dietary adjustments e.g. adding fibre (bran cereal) & increasing water consumption and exercise first. Psyllium fibre bulk-forming agents, (<i>Metamucil</i>) or Psyllium Hulls can be helpful. Some laxatives/ herbal laxative teas can be used safely in pregnancy on a short term basis but consult your midwife first.

I AM PREGNANT

What medicines are safe?

Lice Medications	Products that contain <i>Permethrins (NIX)</i> or <i>Pyrethrins (R+C)</i> are preferred. Use as directed on the package.
Prescription Medications	There are certain instances where the use of prescription medicines are necessary for the safety of both the mother and the baby, e.g. antibiotics, anticonvulsants, insulin, anti-depressants. Choices have to be made in identifying the safest and most effective therapy for you. Treatment recommendations from your physician/midwife may vary depending on your individual circumstances: These are some of the antibiotics that are regarded as safe and can be used under a midwife's or physician's orders: <i>Penicillin, Amoxicillin, Ampicillin, Clindamycin, Erythromycin, Cephalexin and Nitrofurantoin</i> (not past 38 weeks of pregnancy).
Pain-killing or Analgesic medications	Acetaminophen (<i>Tylenol, extra-strength</i>) is safe. NSAID's i.e. ibuprofen (<i>Advil</i>), acetylsalicylic acid (<i>Aspirin</i>), naproxen (<i>Naprosen</i>) are also safe in the first 6 months but should be avoided in the 3 rd trimester of pregnancy. Codeine or other pain medications under a midwife/physician's order are safe for occasional use.
SSRI's	The use of SSRI's (selective serotonin re-uptake inhibitors) in pregnancy has not been well studied. Decisions to begin or discontinue anti-depressant medication during pregnancy need to be carefully considered. There are side-effects of the medications that affect the mother and the fetus and these risks need to be weighed against any possible benefits. There may be other resources to help reduce emotional distress and improve mood that are as effective and less concerning. Talk to your midwife/physician.
Yeast Treatments	Most vaginal creams & suppositories/ovules (<i>Canesten, Monistat</i>) are safe. Discuss with caregiver which treatment i.e. 1, 3 or 7 day is appropriate. *Do not use iodine containing products.

The brand names of products used in these tables are not an endorsement but are given as examples to help you identify and recognize products and medications. This information is presented as an educational service. It is not intended as a substitute for medical care and advice.

References:

Motherisk Program, Hospital for Sick Children, Toronto, Ontario
www.motherisk.org

College of Midwives of British Columbia
www.cmbc.ca

SSRI Antidepressants During Pregnancy: Considerations and Risks
Canadian Women's Health Network, April 2010

www.consumerhealthdigest.com Artificial Sweeteners

www.americanpregnancy.org Artificial Sweeteners.

I AM PREGNANT

What commonly used products should I be careful around?

PRODUCTS	HOW DOES IT AFFECT ME AND MY BABY?
Alcohol	A safe amount of alcohol use in pregnancy is not known and current recommendations are that safest course is not to use any alcohol in pregnancy. Excessive drinking has been known to cause birth defects and affect a baby's development. A new study has found no evidence of harm with an occasional drink before the pregnancy was known or during the course of the pregnancy.
Caffeine	Small amounts are generally safe (equivalent to 3 or less cups of coffee a day). Large amounts may increase the chances of miscarriage, preterm delivery and low birth weight.
Cigarette smoking	No smoking is best for you and your baby while you are pregnant. If you cannot quit completely cut down as much as possible. Smoking does not cause birth defects but increases the risk of low birth weight, miscarriage and preterm delivery. These risks may be reduced if you quit smoking before the 30 th week of pregnancy. Second hand smoke should also be avoided.
Hair colours and perms	Occasional use of these products are safe for use as directed. You can also check with your hairdresser. Use in a well-ventilated area.
Household cleaners	Most products are safe for use as directed. Use products in well-ventilated areas with appropriate safeguards, i.e. gloves. Do not use industrial strength products in the home.
Household Paints	If you need to paint use latex-based (water soluble) paints in well-ventilated areas. Avoid using latex paints that contain solvents such as ethylene glycol and /or biocides. Do not use oil-based paints.
Insecticides	Try a mineral oil based products such as Skin-so-Soft. Read labels of products and use sparingly, ones that contain less than 50% DEET.
Pesticides	It is best to avoid all pesticides. For home interiors, after spraying, stay out of the home 2-3 times longer than recommended by the manufacturer. Ventilate the area well.
Sugar Substitutes	Although the moderate use of artificial sweetening agents: saccharin (Sweet N Low), sodium cyclamate (Sugar Twin), sucralose (Splenda), aspartame (NutraSweet), in pregnancy is considered generally safe there is continued controversy as they cross the placenta and are excreted in breast milk. The most common health risks linked to artificial sweeteners include visual impairment, seizures, headaches, dizziness, high blood pressure, tinnitus, fibromyalgia-like muscle pain, depression, speech impairment, miscarriage and memory loss. In many countries their use is not approved. Avoidance is best. Caution and/or limited use is recommended.
Vitamins	The use of folic acid (at least 0.4 mg and preferably 1.0 mg per day) is recommended while planning for, and in early pregnancy to protect newborns from neural tube defects (spina bifida). Vitamin D (2000 IU) and Omega 3's (1000 mg) are also recommended. High amounts of Vitamin A, (more than 8000 IU) should be avoided.
Xrays	The amount of radiation from xrays is generally very small however make sure the technician knows you are pregnant and wear a lead apron over your belly.

The brand names of products used in these tables are not an endorsement but are given as examples to help you identify and recognize products and medications. This information is presented as an educational service. It is not intended as a substitute for medical care and advice. There are some risks

with every pregnancy. For every 100 pregnancies, 2 or 3 babies will be born with a birth defect, by chance alone. For more information: www.motherisk.org.

Food Safety in Pregnancy

Why do pregnant women have to be concerned about food safety?

- During pregnancy, changes in hormones cause a woman's immune system to become suppressed, so that it is harder to fight off infections.
- Therefore pregnant women are at increased risk for some types of food-borne illness.
- Some food-borne pathogens can cause illnesses that may result in miscarriage, stillbirth or serious health problems for the baby after birth.

Examples of pathogens of special concern to pregnant women are *Listeria monocytogenes*, *Toxoplasma gondii*, *Brucella* species, *Salmonella* species and *Campylobacter jejuni*. Certain organisms including *Listeria monocytogenes*, *Toxoplasma gondii*, *Salmonella typhi* and *Campylobacter jejuni* can cross the placenta and increase the fetus's risk of becoming infected. Infection can result in miscarriage, stillbirth, premature labor or severe complications for the baby.

1. Listeriosis

Listeriosis is a rare but serious infection that is caused by consuming a type of bacterium called *listeria monocytogenes* (commonly called *listeria*) that is sometimes found in food, water and soil. You can only catch listeriosis if you eat a food contaminated with the bacteria, not by touching it. Foods typically associated with listeriosis have a long shelf life and are eaten without further cooking. Outbreaks have involved foods such as coleslaw, soft cheeses, raw milk, pâté, pork tongue, hot dogs, processed meats and deli salads or any ready-to-eat processed foods that have not been heated to proper temperatures before serving.

Pregnant women are at far greater risk of developing listeriosis than most adults. A woman who develops listeriosis during the first three months of pregnancy may miscarry. If she develops the infection later in the pregnancy, she can pass the infection onto her fetus, resulting in premature delivery, stillbirth or a very sick newborn.

- When a listeriosis infection occurs during pregnancy, antibiotics given promptly to the pregnant woman can often prevent infection of the fetus or newborn.
- Symptoms usually appear within 2 to 30 days and up to 70 days after eating contaminated food.

Testing for listeriosis should only be done on individuals who are displaying symptoms, therefore it is important that if you have a **persistent fever** with any of the following symptoms that you contact your health care provider immediately:

- nausea;
- vomiting;
- headache;
- constipation;
- diarrhea; and,
- stiff neck.

2. Salmonellosis

Salmonellosis is a common form of food infection that may result when foods containing *Salmonella* bacteria are eaten. The bacteria are spread through direct or indirect contact with the intestinal contents or waste of animals, including humans. *Salmonella* bacteria do not grow at refrigerator or freezer temperatures and are easily destroyed by heating foods to 165 degrees F.

Symptoms of salmonellosis include headache, diarrhea, abdominal pain, nausea, chills, fever and vomiting; these usually appear within 12 to 36 hours after eating the contaminated food. Foods most often involved include raw (unpasteurized) milk and raw milk products, raw or undercooked meat and poultry, raw or undercooked eggs, raw sprouts (alfalfa, clover, radish, broccoli), salads (including chicken, tuna, potato), and cream desserts and fillings.

To avoid infection from *Salmonella* bacteria, pregnant women should follow general safe food handling practices, including washing hands often with hot, soapy water, especially after using the bathroom and before and after handling food. Hands and working surfaces should be thoroughly washed after contact with raw meat, fish, poultry, and foods that will not undergo further cooking. Fresh fruits and vegetables should be rinsed well before eating, and food such as raw milk and raw milk products, raw or undercooked eggs, raw sprouts, raw or undercooked meat and poultry, and unpasteurized fruit juices should be avoided.

3. Toxoplasmosis

Toxoplasmosis, the infection caused by the parasite *Toxoplasma gondii*, can be passed to humans by water, dust, soil, or through eating contaminated foods. Toxoplasmosis can be caught by touching contaminated foods, as the parasites can enter your system through broken skin, such as cuts and grazes.

Cats are the main host for *T. gondii*, and the only host where the parasite can complete its life cycle. *T. gondii* may be carried in the fur or feces of cats and then passed to other animals and people. If an animal becomes infected and its meat is then eaten raw or undercooked, the parasite is passed to the human or animal that consumes the meat. Hundreds of thousands of people become infected with *T. gondii* each year. Most individuals do not experience recognizable symptoms, and will develop a protective resistance to the parasite. However, if a

woman not previously exposed to *T. gondii* first acquires the parasite a few months before or during pregnancy, she may pass the organism to the fetus. This could result in stillbirth, early prenatal death, or serious health problems for the baby after birth such as eye or brain damage. Symptoms in the baby may not be visible at birth, but can appear months or even years later.

If symptoms of infection with *T. gondii* do appear in the pregnant woman, they usually appear about 10 days after exposure to the parasite and include a low grade fever with rash, muscle aches, headache and possibly swelling of the lymph nodes. Infection may be confirmed by a blood test and treated with antibiotics. Prompt treatment of the mother with antibiotics reduces the risk of passing the parasite to the fetus, but cannot change the course of the disease once the fetus has been exposed.

Toxoplasmosis most often results from eating raw or undercooked meat, eating unwashed fruits and vegetables, cleaning a cat litter box or handling contaminated soil. To avoid infection from *T. gondii* it is important that pregnant women practice safe food handling procedures such as washing all surfaces, cutting boards and utensils with hot, soapy water, especially those that come in contact with raw meat. Pregnant women should wash hands often, especially after handling animals or working in the garden, avoid eating raw or undercooked meat (particularly mince meat, mutton and pork), and if they own or take care of a cat, make sure the litter box is changed every day, preferably by a friend or family member.

Safe food handling

These guidelines can help you store, handle and cook foods properly:

Hand-washing and more....

- Always wash your hands thoroughly before and after handling food.
- Carry chilled convenience foods home in an insulated bag or box if you can. If they warm up too much during the journey, bacteria may begin to multiply.
- Always use foods by their "use by" date; this way any bacteria that the foods do contain may not have multiplied to dangerous levels.
- Clean and sanitize the refrigerator produce drawer regularly.
- Thoroughly rinse fresh fruits and vegetables under running water for one minute.
- Or soak fruits and vegetables in a solution of equal parts white vinegar and water for 1-2 minutes and rinse well, before eating. The acetic acid in the vinegar helps to remove the pesticide residues and waxes found on many fruits and vegetables.
- Buy fish and shellfish from reputable sources. Be wary of people selling seafood out of the boot of their car.
- When you're shopping, pick up fish and shellfish last and take it straight home. Fish and shellfish go off very quickly when they're out of the fridge.

Avoid Cross-Contamination

- Wash all surfaces, cutting boards and utensils with hot, soapy water, especially those that come in contact with raw meat, seafood or poultry.
- Keep cooked and ready-to-eat foods separate from raw meat, poultry, seafood and their juices.
- Don't buy cooked or ready-to-eat fish or shellfish that is touching raw fish or shellfish because cooked and raw food should always be kept separate.
- Thaw meats on a separate tray or plate in the refrigerator to prevent meat juices from dripping into produce drawers.
- If possible use separate cutting boards, knives, plates, etc. for preparing raw and cooked ready-to-eat food.
- If you're marinating seafood, put it in the fridge and throw the marinade away after removing the raw fish or shellfish. If you want to use the marinade as a dip or sauce, set some aside before it touches the raw fish.
- Wash hands with soap and warm running water after handling raw foods.

Keep Foods at Safe Temperatures

- Keep the temperature inside your refrigerator at less than 5 degrees C/ 41 degrees F.
- Store eggs and other perishable foods in the refrigerator.
- Use perishable foods that are pre-cooked or ready-to-eat as soon as possible. If the food cannot be eaten within 4 days, it is best to freeze or discard it.

Re-heating Food

- Follow the instructions on reheating foods carefully. Thorough reheating will kill listeria bacteria and toxoplasma parasite. If you are using an oven, allow time for it to warm up. If you are using a microwave, check you are using the cooking times appropriate to your microwave's power level.
- Always follow instructions about standing times or stirring if necessary; this helps to distribute the heat evenly and before eating food, check that the middle is piping hot.

Foods to avoid in Pregnancy

Why do I need to avoid some foods in pregnancy?

Some foods that are not properly prepared or stored can contain disease-causing bacteria such as listeria or salmonella. Please read the handout: Food safety in pregnancy for further information on diseases caused by transmission of bacteria.

If you take precautions to avoid food that may be contaminated, your chances of developing either illness are tiny. Even if you eat one of the listed foods without realizing it, your chances are still extremely small. However the safest approach is to avoid any food or situations that may put you or your developing baby at risk.

Pregnant women should avoid:

Soft, unpasteurized Cheese

- It is recommended to avoid all soft and semi-soft cheeses due to the risk of listeriosis
- This includes Brie, Camembert, Feta, Goat cheese, Queso fresco, Panela and Blue-veined cheeses
- Soft cheeses that are labeled “pasteurized” are likely safe to consume during pregnancy, but due to the soft nature of the cheese it is still possible for listeria to grow after pasteurization.
- It is recommended to avoid cheese made from raw unpasteurized milk

Deli Meats

- All non-dried deli meats including: hot dogs, cold cuts.
- Hot dogs, especially eaten straight from the package without further heating. The fluid within hot dog packages may contain more *Listeria* than the hot dogs themselves.
- Dried and salted meats such as pepperoni and salami are a lesser risk as they generally do not support the growth of *Listeria bacterium*.
- The risk of *Listeria* may be reduced by reheating deli meat until steaming hot; an internal temperature of 165 degrees.
- Always wash your hands well after handling hot dogs

Meat and Poultry

- Always cook raw food from animal sources well. Examples are: beef, pork and poultry
- Keep uncooked meats separate from other foods

Fish

- Avoid Sushi, with raw or uncooked fish
- Avoid raw shellfish such as oysters or clams
- Cook shellfish until the shell opens and the flesh is fully cooked; cook fish until flesh is firm and flakes easily with a fork or to 145 degrees F.
- Avoid refrigerated smoked fish and precooked seafood such as shrimp, crab and deli seafood salads
- Avoid fish high in mercury; best choices are two weekly servings of white fish such as cod, halibut, tilapia, snapper; and oily fish such as salmon.

Eggs

- Avoid raw or undercooked eggs. Ensure eggs are cooked until the white and yolk are firm.
- Avoid foods made with raw or lightly cooked eggs (for example, homemade mayonnaise, homemade ice cream or custard, unpasteurized eggnog, hollandaise sauce or caesar salad dressing).

Raw sprouts

Raw sprouts, especially alfalfa sprouts, should not be consumed by pregnant women because of the potential health hazards they pose. Raw sprouts like alfalfa can be an e-coli bacteria hazard. Raw sprouts like clover, radish and beans can lead to salmonella - a disease caused by the bacteria residing on the sprouts. A recent salmonella outbreak (2009) from raw alfalfa has led to the issue of a warning to the public to stop consuming these raw sprouts. A single sprout can contain a highly infectious dose because the salmonella proliferate rapidly. The disease springs from the contaminated seeds when consumed.

The seeds are stored in dry conditions wherein the bacteria remain dormant, but once they are sprouted in a warm environment the bacterial growth gets activated. E-coli and salmonella bacteria cause diarrhea, nausea, abdominal cramping and fever and other serious illnesses in pregnant women. If these bacteria are passed on by the expecting mother to the baby in utero; the baby may develop diarrhea, fever and meningitis after birth.

Rinsing sprouts will not help to remove the bacteria. Even homegrown sprouts present risks of ailments if they are eaten raw or lightly cooked. In fact they are more risky than commercially produced raw sprouts because they are not disinfected by home growers in the same manner as commercial farmers sanitize their sprouts.

Unpasteurized juice or milk products

- Avoid unpasteurized juices, (may be labeled “fresh squeezed” and any raw milk products because of the risk of listeriosis.

Caffeine and Pregnancy

Until recently, caffeine was considered to be off limits to pregnant women. Today, however, the evidence suggests that having one or two servings of caffeinated beverages a day while pregnant is acceptable.

Genetic Screening in Pregnancy

Prenatal genetic screening is available for all pregnant women in BC, but the decision whether to have screening is a woman's choice. The SIPS, IPS and Quadruple Marker screening is a part of the overall prenatal care offered free of charge to all pregnant women in the province. There is a new self-pay test now available in BC, the Non-Invasive Prenatal Testing, (NIPT) for use in women who are at increased risk, or as a personal choice. Prenatal screening is often discussed at the first prenatal visit therefore it is important to take some time to learn about genetic screening and consider if it is right for you.

For some women and their partners it is a relatively simple decision, based on their feelings, values, resources and beliefs, however for others it is a difficult decision with many unanswered questions. Here are some things to think and talk about, to help you come to an understanding about the process and make an informed decision.

Please take some time to explore the website: www.bcprenatalscreening.ca. This site is very comprehensive and will provide detailed information about prenatal screening. We have compiled a summary of the tests offered and a list of questions for you to consider.

What is the purpose of the screening?

The primary purpose is to screen for Down syndrome (trisomy 21), trisomy 18, and open neural tube defects (ONTDs).

What is involved with Prenatal Genetic Screening?

The current screening options offered in BC have specific gestational time requirements and are age related.

What are the tests?

1. Serum Integrated Pregnancy Screen – SIPS

This test is offered to all pregnant women and has two parts:

- Part One is a blood test done between 9 and 14 weeks of pregnancy. The best time is between 9 weeks and 11 weeks, 6 days.

This test measures Pregnancy-Associated Plasma Protein (PAPP-A)

- Part Two is the Quadruple Marker Screen listed above, between 15 and 17 weeks

Combining the risk estimates from both tests increases the accuracy of the final result.

2. Integrated Pregnancy Screen - IPS

This screen has three parts:

- Part One is a blood test done between 9 and 13 weeks 6 days of pregnancy. The best time is between 9 weeks and 11 weeks, 6 days.

This test measures Pregnancy-Associated Plasma Protein (PAPP-A)

- Part Two is an ultrasound between 11 and 14 weeks for nuchal translucency.

Nuchal translucency is the term used for the measurement of the amount of fluid behind the baby's neck. Babies with Down Syndrome tend to have a larger measurement.

- Part Three is the Quadruple Marker Screen listed above, between 15 and 17 weeks.

Combining the risk estimates from all three tests increases the accuracy of the final result.

Currently in BC, as March 2011, in BC, the IPS is offered to women who are >35 years old at their expected date of delivery or women who carry other risks:

- Women carrying twin pregnancies
- Women with a previous pregnancy or child with Down Syndrome, Trisomy 18, or Trisomy 13.
- Women who are HIV positive
- Women pregnant following in vitro fertilization with intracytoplasmic sperm injection

3. Quadruple Marker Screen

The “quad screen” is a blood test that is done between 15 and 20 weeks of pregnancy and is offered to all pregnant women. The blood is analyzed for levels of four pregnancy-associated hormones: alpha-feta protein (AFP), unconjugated estriol (uE3), human chorionic gonadotrophin (hCG), and dimeric inhibin-A. The quad screen is an option if the opportunity for the SIPS is not available.

4. Non-Invasive Prenatal Screening

The Non-Invasive Prenatal Test is a single blood test that can be performed as early as 9-10 weeks of pregnancy. This test is an option for women at higher risk for chromosomal abnormalities and screens for common fetal aneuploidies, (chromosomal disorders, e.g Trisomy 21 - Down Syndrome, Trisomy 18,- Edwards syndrome, Trisomy 13 - Patau syndrome, Monosomy X - Turner Syndrome & Triploidy). This test is not currently covered by MSP. There are a number of NIPT tests commercially available, and although all tests are based on cell free DNA in maternal plasma, the approaches to testing and calculating risk differ between tests. The selection of the test should take into consideration the number of validation studies done to generate performance data, failure rate, turn around time, ease of access, cost and whether genetic counselling is included as part of the process. The places in the lower mainland that currently offer NIPT are; Jim Pattison OC & S Centre, Surrey, specific Lifelabs locations, Olive Fertility Centre in Vancouver, Pacific Centre for Reproductive Medicine in Burnaby and BC Women's. The test results will be available between 4 to 10 days after the sample is collected, depending on the location. Some locations will discuss results directly with the patient otherwise the report will be sent to the ordering physician.

Are prenatal screening tests right for you?

1. Do you want to know the chance of your baby having Down syndrome, Trisomy 18 or Open neural tube defects?

- Some people have screening because they would like the information before birth, or would like to prepare for a child with special needs.
- Some people have screening because they would consider giving the baby up for adoption if one of these conditions was diagnosed.
- Some people have screening because they would consider terminating the pregnancy if one of these conditions was diagnosed.

- Some people have screening because they want to be reassured their pregnancy and baby is normal. This is not a good reason because no amount of genetic screening or testing can guarantee a normal baby. If you embark on genetic screening be prepared that the results may be positive indicating your chances of having a baby with one of these conditions is higher than expected and decisions will need to be made for diagnostic testing. Many positive screens are shown to be “false” positives after diagnostic testing.
2. If your screening test is positive (indicating an elevated risk) you will need to decide if you want to proceed to diagnostic testing. This may involve a dating ultrasound as soon as possible to confirm your dates, a detailed ultrasound at about 19 weeks gestation and/or an amniocentesis.
 3. Diagnostic testing, i.e. amniocentesis, will confirm that your baby has or does not have of any of these conditions but carries a small chance of miscarriage. Are you comfortable to take that risk?
 4. If more testing shows your baby has a condition for sure what will you do with the information? You will need to decide if you want to continue the pregnancy or have a termination. Would you want to join support groups? How might this affect your life, your family and your relationship?
 5. How will this information affect your feelings throughout your pregnancy? Would you continue to worry throughout the pregnancy even if diagnostic testing indicates no abnormalities?

Please visit the website www.bcprenatalscreening.ca for a detailed explanation of prenatal screening, including NIPT testing.

For information on NIPT testing from other providers:

<http://www.olivefertility.com>

<http://www.pacificfertility.ca>

<http://www.lifelabs.com>

Your midwife will be happy to answer any other questions at your first appointment.