



## **Welcome to Willow Community Midwives**

In British Columbia, midwives are specialists in the care of healthy childbearing people and babies. We offer personalized, supportive care to help you and your family welcome your baby with confidence and knowledge. We believe people have the right and responsibility to make informed and sensitive decisions about their pregnancy and birth. At Willow we work closely with other health care practitioners should they be required during your pregnancy.

Willow midwives provide care to people and their families in the South Okanagan. Our services are fully covered under MSP for anyone with a valid BC Care Card. We provide either home or hospital birth for people with healthy, low-risk pregnancies ~ the choice is yours.

Join us on Facebook. This is a great way to meet other childbearing families in your community and we love to see photos of your new baby! Additionally, Willow events are posted here.

## **Our Team**

At Willow we are a collective of midwives with diverse backgrounds. We work together to provide the highest level of maternity care. During your pregnancy you will meet regularly with the midwives on your team. At hospital births, one midwife will be with you during active labour, and will be assisted by maternity nurses. At planned home births two care providers must be present. This may include two midwives or your midwife and a second attendant.

All midwives in our practice are registered with the College of Midwives of BC - [www.cmhc.bc.ca](http://www.cmhc.bc.ca) and are also members of the Midwives Association of BC [www.bcmidwives.com](http://www.bcmidwives.com).

## **Prenatal Visits**

We provide prenatal care at our clinic. Appointments are at least 30 minutes in length.

During appointments we gather information about your general health and pregnancy, while answering any questions you may have. We order any relevant lab work or ultrasounds you require. We believe pregnancy and childbirth are important life-changing events for families thus we also address social and emotional aspects of your care.

## **Prenatal Education & Doulas**

Attending prenatal classes is highly recommended as part of your preparation for labour, birth and postpartum. We have information for classes available in the South Okanagan. It is recommended you book early for classes as they fill up quickly. The ideal time to attend is between 28 and 36 weeks of pregnancy.

Doulas provide physical, emotional and educational support to families before, during and after birth. Both research evidence and our experience show that doulas are very positive members of the birthing team.

Information for doulas can be found on our website in the *Resource* section under *Community Resources*.

## **Labour & Birth**

By the time your labour begins, your midwives are aware of your wishes and plans for this special event. We will have discussed important issues requiring your decision-making as well as what to expect at the time of birth and the weeks following.

Once you are in active labour the midwife on call will attend you. We may attend you in your home until your labour is well established. If you are planning to have your baby in hospital, you and your midwife will decide together the best time to move to the hospital. If you are planning a home birth, your midwife will call a second attendant to arrive closer to the time of birth. Your midwife normally stays with you for 1-2 hours after the birth to help you and baby get settled, and to assist with early feeding.

## **Postpartum Care**

We come to you for appointments at home during the initial days of your baby's life to assist with feeding and ensure that you and baby are well. We remain on call for you and your baby

in case of an emergency. It is very important to us that you receive the support you need to successfully breastfeed, should you choose to do so.

For those who live in outlying communities too far for the call midwife to see at home, we will work with you to establish a plan of care that works for you.

We will arrange postpartum visits at the clinic until your baby is 6 weeks old. After this you will return to your family doctor or nurse-practitioner for on-going care. We will send your care provider a summary of your care with us in order for a seamless transition. If you do not have a family doctor, we are happy to help you find one.

## **Parents Roles & Responsibilities**

We encourage you to be an active participant in your care. Partners, children, and support people are always welcome at appointments. We support you to eat a well-balanced diet, exercise regularly and get adequate rest during your pregnancy. Our care is individualized for each person. It is important for you to communicate with us and make us aware of your wishes and needs.

## **Lending Library**

We believe information about pregnancy, birth and baby care leads to more confidence during this time of transition. Our lending library contains a selection of books and DVDs for you to borrow. We ask for a \$20 cash deposit that will be returned to you at the end of your care when all the books have been returned. Let the front desk know which books you are borrowing. Donations of newer, up-to-date books are appreciated as well.

## **Teaching Practice**

We are pleased to participate in the training of new health care providers in our role as clinical preceptors. From time-to-time we supervise students from a variety of health disciplines including nursing, nurse practitioner, midwifery and medicine. Students may be with our practice for one day or up to a year. Depending on the stage of their training and their health care discipline, they may be observing, or have an active role in providing care to you under the guidance of a midwife. Students often bring a wealth of knowledge and experience, which they are keen to share. We value the opportunity to share the midwifery perspective with students, and hope to make a positive contribution to their understanding of maternity care which will allow them to provide skilled and sensitive care to many women and families in the future. Midwifery is both a skill and an art, and can only be learned by hands-on experience.

If you have any questions or concerns about how students will be involved in your care please discuss this with your midwife.

## **Appointment Times**

Please make appointments with our front desk. If you must cancel your appointment, please give us as much notice as possible. Please expect that at times we may need to reschedule your appointment on short notice due to births or other urgent matters, and that we will gladly be available to you in the same way when you are in labour! Please ensure that we have all your contact numbers so that we can reach you if your appointment must be changed.

## **Questions For Your Midwife**

We support you in gaining knowledge and information regarding your health and well-being. There will always be a portion of your appointments dedicated to answering questions. Between appointments if you have a question or concern that cannot wait until you next see a midwife, you may call the clinic and leave a message for a call-back that week. There is a 24-hour number to reach the on-call midwife for URGENT/EMERGENCY use only. Please be aware that midwives often work throughout the night and may be sleeping at any time of the day. Use of the on-call number should never be for concerns of a non-urgent nature.

## **College of Midwives of BC**

### **MIDWIFERY SCOPE AND MODEL OF PRACTICE**

#### **Preamble**

The midwifery scope and model of practice as defined in this document provides the broad boundaries of midwifery practice in British Columbia (BC). The College of Midwives of British Columbia (CMBC)'s *Standards of Practice* and associated policies detail the minimum requirements for safe practice of midwifery within the midwifery scope and model. *The Competencies of Registered Midwives* provide details of the skills and knowledge expected of a midwife in BC.

#### **Midwifery Scope of Practice**

According to the International Confederation of Midwives (ICM), a midwife is:

“a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice to during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in the mother and child, the

accessing of medical care or other appropriate assistance when necessary and the carrying out of emergency measures when necessary.

The midwife has an important task in health counselling and education, not only for the woman but also within the family and the community. The work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.

A midwife may practise in any setting including the home, community, hospitals, clinics, or health units."

*The ICM definition of a midwife (last updated in 2005) has been consistently supported by the International Federation of Gynaecologists and Obstetricians (FIGO), and the World Health Organization (WHO) since 1972.*

In BC, the *Midwives Regulation* limits the midwifery scope of practice as the practice of midwifery. Midwifery is defined as "the health profession in which a person provides the following services during normal pregnancy, labour, delivery and the postpartum period:

- \*assessment, monitoring and care for women, newborns and infants, including the carrying out of appropriate emergency measures when necessary;

- \*counselling, supporting and advising women, including provision of advice and information regarding care for newborns and infants; • conducting internal examinations of women, performing episiotomies and amniotomies and repairing episiotomies and simple lacerations;

- \*contraceptive services for women during the 3 months following a birth."

### **Midwifery Model of Practice**

The midwifery model of practice in British Columbia is autonomous, community-based primary care, and incorporates the principles of continuity of care, informed choice, choice of birth setting, collaboration, accountability, ethics and evidence-based practice.

### **AUTONOMOUS, COMMUNITY-BASED PRIMARY CARE**

Midwives are primary care providers in autonomous practice, with hospital privileges, within their communities. For each client, under their own responsibility, the midwife provides a continuum of midwifery services throughout pregnancy, labour and the postpartum period.

Midwives practice in a range of settings, including clinics, clients' homes, hospitals, and other community-based settings. Midwifery care for labour, birth and early postpartum is provided in a setting chosen by the client and appropriate to their level of risk. In all settings, midwives remain responsible and accountable for the care they provide.

### **CONTINUITY OF CARE**

Midwives provide continuity of care. Continuity of care is delivered through the provision of midwifery care during pregnancy, labour, birth and the postpartum period, on a 24-hour on-call

basis by a registrant or small group of registrants known to the client. Continuity of care is both a philosophy and a process that is facilitated through a partnership; ideally each client will meet and develop a relationship of trust with the midwife or midwives in the group before labour. A group practice must share a common philosophy and a consistent and coordinated approach to practice.

### **INFORMED CHOICE**

Midwives respect the rights of clients to make informed choices and facilitate this process by providing complete, relevant, objective information and their professional recommendations in a non-authoritarian, supportive manner. Having adequate time for discussion in the prenatal period is necessary to the successful facilitation of informed choice.

### **CHOICE OF BIRTH SETTING**

Midwives provide care in a variety of settings, including homes, hospitals and birth centres, where available. The birth setting is chosen by the client in consultation with the midwife. Midwives must acquire admitting and discharge midwifery hospital privileges in their local maternity units and, where available, privileges for birth centers. Midwives function within their scope of practice in both the home and hospital setting.

### **COLLABORATION**

Midwives consult and collaborate with other health care professionals to work safely within their scope of practice. In situations where transfer of care to a physician is required, the midwife may provide supportive care after transfer and may resume primary care if appropriate.

### **ETHICS, ACCOUNTABILITY AND EVIDENCE-BASED PRACTICE**

Midwives' fundamental accountability is to the clients in their care. They are also accountable to their peers, their regulatory body, the health agencies where they practice and the public to for the provision of safe, competent, ethical practice informed by the CMBC Philosophy of Care and current evidence in perinatal care. Midwives develop and share midwifery knowledge, promoting and participating in research.

### **References**

Ministry of Health (2008). Health Professions Act: Midwives Regulation. Retrieved from: [http://www.bclaws.ca/civix/document/id/lc/statreg/281\\_2008](http://www.bclaws.ca/civix/document/id/lc/statreg/281_2008)

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