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Plum Bites

Fall 2012



Books are only one of the many ways you can use to get informed about your maternity care.

You may not realize it, but as a pregnant woman using maternity services in BC, you are a consumer! Yes, those services are covered by MSP, but you still have the right to make choices regarding your care just as you would if you were paying out of pocket.

Get Informed!

This issue of **Plum Bites** is all about the process of getting informed so that you can make the best evidenced-based decisions for your family. In **Best of the Web**, you'll find a Consumer Report on pregnancy, as well as websites chock full of information about the choices of pregnancy and childbirth. In this edition, you'll also find **Feature Articles** on what's involved in making informed decisions about your care. We also bring you an inspiring **Birth Story** that shares the process, tools and resources one of our own Plum families used to inform themselves through pregnancy and childbirth.

Get Involved!

Informed choice can also be about advocacy. You can play a positive part in bringing an increased level of choice to other childbearing women in the Province by advocating for Midwifery care.

[Find out how you can support Midwifery in BC](#)



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Best of the Web

Every issue we bring you some of our favourite birthy news bites from around the web.

10 Procedures to Think Twice About During Your Pregnancy

In May, the US group Consumer Reports put together [this list](#) of 10 procedures to learn more about during pregnancy before giving your consent.

Get Informed Online

A couple of great places to get started learning more about the choices available to you in pregnancy and childbirth are:

[Childbirth Connection](#)

[Henci Goer - Informed Choices in Childbirth articles](#)

Mothers of Change

This non-profit, Canadian consumer advocacy group for maternity care was founded in May 2010, and includes mothers from across Canada, maternity care practitioners who support physiological birth, and other supportive members of the public. You can learn more about their mission, vision and advocacy, and if you want to get active, become a member [here](#).

Plum Babies

What's New at Plum?

SAVE THE DATE

Plum has signed up to be part of the LACE campaign. We are offering **free paps** to all new, current & past clients and their moms, best friends, sisters, co-workers, etc.



Look how busy we were this summer!!!
Visit our [website](#) for photos



Drop-in 9am - 4pm
Saturday, October 27, 2012

Plum Midwifery Office
760 Radford Road
Comox, BC.

250.890.0832

GROUP CARE UPDATE...

We had our first Group Care reunion class where all of our Group 1 mamas got together with their babies.



What a great looking group!



Baby group shot - they're already getting so big.



- June 2012**
 Jude Blue, 9lbs 6oz
 Lanaia, 7lbs 13oz/3572
 Amiko, 7lbs 6.5 oz/3360g
 Chase, 6lbs
 Trenton Colt, 7lbs 2oz
 Elizabeth, 8lb 9oz/4046g
 Luca, 2920g
 Jude, 8lbs 12oz
 Oliver, 9lbs 12oz
 Baylee Anne Jean, 7lbs 5oz
 Julien, 8lbs
 Henry, 2980g
 Brodie, 10lbs 1.6oz 4582g

- July 2012**
 Grady, 8lbs 1oz
 Zoey, 9lbs/4080g
 Lillian Rose, 6lb 9oz/2966g
 Jayden Forest, 7lbs .05oz
 Sadie, 7lbs 6oz
 Madison, 2768g
 Hanna Violet, 8lbs 6oz

- August 2012**
 Piper, 7lbs 7oz/3374g
 Koa, 5lb13oz
 Zane, 6lbs 1oz
 Marshall, 7lbs 8oz
 Mackenna, 3428g
 Bran, 3402g
 Morgan, 4414g
 Violet 6lbs 15oz/3136g
 Kiff, 10lbs
 Charlie, 8lbs 14oz/4026g
 Bronson, 3490g
 Sunora, 8lbs 8.5oz
 Georgia, 8lbs 13oz
 Isla, 7lbs 2oz/3252g

We want to feature your beautiful babe!

Click [here](#) to email us a photo of your little one!

"Like" Plum?

We invite you to come on over and check out our Facebook



Group 2 - August/September Mamas



Group 3 - October/November Mamas

page. You will find Plum news, interesting articles and news stories. **We would be thrilled if you would drop us a line, share your baby photos, post questions and help us make it a vibrant space for everyone who "likes" us.**

Like us on Facebook 



If you are interested in participating in our Group Prenatal Care, or in learning more about it, please contact the office at 250.890.0832.

Empowered Parenting Through Informed Choice

Re-printed from our [Ask A Midwife](#) column at [Our Big Earth](#).

Pregnancy is a period of great change for women and their families. With these changes, and throughout the stages of pregnancy, labour, birth, and the postpartum, families are presented with many choices to ensure optimal care. One of the fundamental principles of midwifery care is to engage women as active participants in their care by using a format of informed choice.

The College of Midwives of BC states that "Midwifery actively encourages informed choice throughout the childbearing cycle by providing complete, relevant, objective information to facilitate decision making. The practice of midwifery enables women to develop the understanding, skills and motivation necessary to take responsibility for and control of their own health."

Informed choice is a right that pregnant women should be able to access regardless of whether they have a midwife, a physician or an obstetrician caring for them. The intention of informed choice is to provide answers for the following questions:

1. **What is the purpose of the proposed procedure or intervention?**
2. **Are there any risks to this procedure, and what are the benefits?**
3. **Are there any alternative choices?**
4. **What happens if I choose not to have this procedure or intervention?**
5. **How much time do I have to make a choice?**

In an informed choice discussion, women can expect their midwife to provide the most current and relevant evidence, discuss options without bias, and inform them about community standards. The midwifery philosophy of care upholds the belief that women are the primary decision makers in their care. The most common informed choice discussions are in the following topic areas:

- Genetic Screening
- Ultrasound/ Amniocentesis
- Gestational Diabetes Screening
- Group B Streptococcus Screening
- Choices surrounding labour and birth: birth place (home or hospital), options in the post-dates period, and interventions during labour including medications and cesarean section.
- Newborn Procedures: Screening, Vitamin K injection, Antibiotic eye prophylaxis, circumcision, and infant feeding.
- Areas where there may be a need for a transfer of care to a physician or an obstetrician.

These are just some of the areas where you can expect to be able to discuss openly and fully what your options are in the childbearing cycle. No matter what circumstances may arise, you can rely on this relationship of shared decision-making with your midwife.

Finding Our Path: Informing Our Way Through Pregnancy & Childbirth

Our clients share their journeys into the realm of parenthood, where they find their expectations defied and lives forever changed.



During the earliest stages of our pregnancy, my partner and I started to take a closer look at how we wanted to bring our child into the world. Initially I was content with following what I thought was the standard procedure. The one that we have all seen in countless movies, and the one that I myself was born with. The western world's most popular answer to birthing seemed to be a good choice but mostly because I didn't know anything about birthing and what I thought I knew scared me a bit. My wife had other ideas and I am very grateful that she did.

We started with the easy research: talking to friends. Our good friend had two children at home assisted with a midwife and she was happy to tell us how much more comfortable she felt giving birth to her children in the comfort of her own home. Deanna read books like *Ina Mays Guide to Childbirth*, by Ina May Gaskin, and the more we heard stories and met very happy mothers who had either successfully given birth at home or had tried and were happy to have tried, I was realizing that giving birth at home was no longer such a inconceivable idea for us. We had decided a home birth was for us but felt compelled to continue with research on the internet and reading as much material as Deanna could find as **we now felt that it was our duty to our child to be well informed.**

We were excited to learn all sorts of information but really enjoyed taking it in from places that shared our newly forming view on natural childbirth from sites like mothering.com. The information made more and more sense as to why we'd want to follow the more natural birth process as possible. Internet research revealed countless alternative options for birthing and I started to question the wisdom of the current western methods all together. ***The Business of Being Born*** was an eye opening movie that challenged my original belief that hospitals were the best place to bring our child into the world. My wife had long since decided that she was going to have a water birth at home but she was very kind to let me slowly come to the same conclusion.

We decided that while hospitals have their place in the world it was not to be the birthing place for our child unless it was necessary, and we enlisted Plum Midwives to assist us in the home birth. Plum has several midwives that alternate shifts so we ended up with five midwives to guide us through the nine plus months before the big day. Most people were supportive of our decision but some people clearly did not understand how comprehensive is the care delivered from midwives. We had to explain, many times, that midwives are trained healthcare professionals. They use all the current tests to track the health and development of the baby in utero and arrive at the birth with emergency response equipment along with the standard oxygen, iv, etc. so we were very confident with the care we were receiving. Deanna attended **Group Prenatal sessions** at Plum with other mothers expecting around the same time and found it very helpful to have the emotional support of women having similar experiences to herself and also asking and addressing questions that we might not have known or thought to ask.

My wife had decided that she wanted to be very calm throughout the pregnancy and to try to avoid exposing the baby to unnecessary stresses. She decided that following the **Hypnobirthing Mongan Method** program combined with yoga, meditation and light exercise

and healthy eating was a good foundation for this. We were very pleased when the midwives were excited as we were about our plan of a hypnobirth waterbirth and that they all had the experience of having attended hypnobirths before. We appreciated that when the midwives informed us of standard tests offered or intervention ideas for potential risks in the pregnancy they always did so in an informative non-pushy way, outlining numerous options and outcomes for dealing with any of the potential situations that could arise. This allowed us to confidently make our own informed decisions. **We found that having numerous care givers was a real advantage as we would get different opinions on certain procedures and it made it easier for us to gain our own understanding of what we wanted to do.**

All in all we had a very good pregnancy; we had a few small issues, but nothing significant. Our Group B Strep test came back positive as well as our blood types didn't gel too well which only meant receiving a shot of rhogam and potential iv drip during birthing for the strep. Once again the midwives approached it calmly and informed us of the options giving us their opinions and suggestions. We were now all set with our birth plan and ready at 40 weeks on the approximate due date of August 6th to welcome our baby. I took a week off from work and we cleaned and filled the birth pool once again (we also used it to beat the summer heat), we had our home birth kit set out, baby's first blanket, water bottle, and hypno playlist compiled: we were ready. The baby, however, was not. She wasn't really making many signs that she was on her way out so we continued swimming in the river and enjoying summer, **believing that baby was happily on her own schedule.**

Now at 42 weeks and labelled post-term we started to become very popular. The phone continuously rang with questions of induction from family members and tests recommendations. We had a non-stress test and an ultrasound to be sure baby was doing well and the amniotic fluid levels were still adequate. **Both procedures showed nothing at all to be concerned about.** In fact, baby's placenta was declared as healthy as a 39 weeker. Unfortunately, even though our baby was still completely healthy and content we were running into a time issue regarding the home birth plan, as we were informed that the midwives could not attend a home birth after the end of the 42nd week, and we started to feel a little pressure. I was trying to prepare us for the possibility that we may have to have the birth in the hospital which was not at all what my wife wanted to hear especially as it would rule out a water birth.

Fortunately, at 42 weeks and 4 days it was time. We actually had another ultrasound check up scan at the hospital that afternoon and my wife was experiencing some mild contractions that had started the night before. We were joking about how we might have to speed off away from the hospital to get home for the birth. We did get home at around 3:30 and we filled the birth pool outside, labour was now progressing and when it began getting a little dark and cold we drained to pool and moved everything inside. I lit a little fire, got the house cozy as Deanna worked through some back labour on the bed set up in our living room beside the pool. We started to count contractions and it was around 6pm that I started to feel like stuff was happening. The contractions were becoming stronger and rhythmic so I called our midwife. She was very calmly

happy and told me that everything sounded great and I should call her "when the mood changes". So we continued counting the contractions and waiting for it to get even more intense. My wife was doing amazing, I was playing the hypnobirth tracks on the computer and she was breathing through the increasingly intense contractions and relaxing deeply in between them. Around 9pm the mood changed and Deanna found her voice after being virtually silent for the first few hours she was now finding the need to loudly call out during contractions. I called our midwife again. She showed up promptly and quietly and calmly got all set up. This was a huge relief for me as I was feeling pretty useless; it was great to have the professional confident presence. Our birth plan called for very limited interaction, very calm and peaceful (as peaceful as possible) and Katie was perfect. **She monitored the baby's heart rate and quietly encouraged my wife occasionally.** I tried to provide whatever support my wife needed during birth but mostly I just walked in circles and got her water.

At around 12:30 something was happening for real. Joanne, the second midwife, arrived and the contractions reached yet another level of intensity which I was informed was the pushing stage. Just under an hour later our baby girl was born at 1:22 on August 24 2012, an all natural at home water birth. There was a pretty high risk that we would have to transfer to the hospital due to the potential of meconium being an issue due to being post term, but luckily Sunora was born in the caul and even though there was meconium we weren't aware of it until she was out and the caul finally opened to reveal that it was present but fortunately not in her lungs, so that was not an issue. The caul also saved Deanna from having to labour with an iv in as baby did not have the chance to be exposed to the strep B therefore eliminating the need for antibiotics. **All in all it was perfect: everything worked out wonderfully, and we are so very thankful for the care from the midwives and the care that hospital was ready to provide if necessary.** The continuing care from the midwives has been fantastic, tracking the growth and health of our baby Sunny. Now we can continue our exciting and educational journey with our little love, darling happy healthy baby Sunora.

John, Deanna & Sunora

Informed Decision Making Q & A

Who is involved in informed decision making during pregnancy & childbirth?

In the case of maternity care, informed decision making ideally occurs in the context of a team. The decision making team may include some or all of the following participants:

- Woman and her partner
- Baby
- Physician
- Nurse
- Midwife
- Anesthetist

- Pediatrician

What factors may influence the decision-making process?

For women, decision making about childbirth is influenced by things like cultural norms, family situation, and the way risk information is presented to them by clinicians. For the care providers, factors such as cultural norms, evidence, experience, and limitations such as urban or rural setting or hospital policies all play a part.

What is the role of the health care providers on the team?

As health care professionals, our goal is to present risk information in a clear and unbiased way. **It is important to us to find ways of discovering your values and helping you to make decisions that are consistent with those values.**

What are some of the challenges to making informed decisions?

One of the challenges to informed decision making for both care providers and families is the impact of technology. Technification of the everyday world normalizes the use of technology in pregnancy and childbirth. As well, the heavy reliance on technology in every aspect of our lives undermines the knowing "intuition" of the woman and the skills of the health professional. In other words, **our relationship with technology can create a medical culture where both health care providers and women have an artificial bias towards the use of technology that undermines their decision making abilities.**

Errors of interpretation can also have a long term impact on women for their future pregnancies and decision making, and on their relationships with health care providers for future pregnancies. Choice in the 21st century remains limited, and continues to be shaped by political, social, economic and cultural interests.

What does the picture of informed choice for childbearing women look like now?

Engaging pregnant women in shared decision making has become a priority for maternity care. **If a woman is fully informed and aware of all the risks, and chooses a certain procedure or a particular way to birth, then it would be wrong for care providers not to support that choice.** However, it remains a challenge for many health professionals and pregnant women and their partners alike. Ultimately, informed decision making is a team effort involving women and their care providers, all of whom share the responsibility of meeting the inherent challenges.

Further Reading:

[Helping pregnant women make better decisions: a systematic review of the benefits of patient decision aids in obstetrics.](#) Say R, Robson S, Thomson R. BMJ December 22, 2011 - Published by group.bmj.com

Caesarean-section, my body, my choice: The construction of "informed choice" in relation to intervention in childbirth

Judith McAra-Couper, Marion Jones and Liz Smythe *Feminism & Psychology*
2012 22: 81 published online 2 November 2011

CMBC Informed Choice Policy

The College of Midwives of British Columbia (CMBC) regulates the profession of midwifery in the province of British Columbia. The College's mandate and legislated duty is to serve and protect the public interest by regulating the practice of midwifery. The College registers qualified, competent midwives to provide safe, high quality care to women and their families in the province of British Columbia. What follows is the CMBC's documentation regarding Informed Choice policy.

Informed choice is a fundamental principle of midwifery care in British Columbia. **Women have the right to receive information and be involved in the decision-making process throughout their midwifery care.** In the College of Midwives of British Columbia's **Philosophy of Care** document, the childbearing woman is recognized as the primary decision-maker. The interactive process of informed choice involves the promotion of shared responsibility between the midwife and her client. Midwives encourage and give guidance to clients wishing to seek out resources to assist them in the decision-making process. It is the responsibility of the midwife to facilitate the ongoing exchange of current knowledge in a non-authoritarian and co-operative manner, including sharing what is known and unknown about procedures, tests and medications.

The College of Midwives of British Columbia requires that registered midwives provide each client with the following information at the onset of their care, ideally given in writing and followed up in discussion:

- education and experience in midwifery of the midwives in the practice;
- services provided, including:
 - scope of practice
 - philosophy of care
 - choice of birth setting
- contact information, including how the client can reach a midwife known to her 24 hours a day*, change of appointment procedure, off-call coverage arrangements, back-up arrangements;
- second attendant arrangements, if applicable;
- standards of practice and protocols, including:
 - continuity of care
 - consultation and transfer of care
 - supportive care
- role and responsibilities of the client;
- confidentiality and access to client records;
- any student and/or supervised practice arrangements.

The College of Midwives of British Columbia requires registered midwives to provide each client with the following information throughout the course of care:

- potential benefits and risks of, and alternatives to, procedures, tests and medications;
- relevant research evidence;
- community standards and practices.

*Where a midwife is in solo practice and cannot make arrangements for on-call coverage by another midwife, she must inform her client of how to access an alternate primary caregiver when she is off-call. Ideally that alternate care provider would also be known to the woman.

Thank you to our clients. You are why we love what we do--even at 3:00 in the morning.

Sincerely,

Joanne, Emma, Katie, Cat & Paula.
Plum Midwifery

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