

All about us

This document describes the kind of care that you can expect from the Côte-des-Neiges Birthing House during your pregnancy, labour and after the birth of your baby. Included in this document you will find information about the safety of natural birth, your Midwife's training and experience, as well as the responsibilities you will have as a parent/as parents during that period.

The services given by Midwives in Quebec are offered to women in good health who are presenting a normal pregnancy. These are first line services. We believe, as do the World Health Organization and scientific studies around the world, that Midwifery care is an optimal choice for healthy pregnant women.

It is essential that you have the necessary information that distinguishes the services offered by the Midwives of the Côte-des-Neiges Birthing House. This document will help you to make a well informed and responsible decision; one that is right for you and your baby. We hope that it will also serve in creating a climate of open exchange, mutual respect, and confidence between you and your Midwives. The Midwives in the Province of Québec have made the choice of facilitating, promoting, and supporting natural birth. **It is essential for you and your partner to have a deep motivation regarding this aspect.** Your Midwives will be following you and helping you regarding this perspective. The entire experience of a natural birth is one based on a shared decision. You will have an active voice, deciding on the care that you want for yourself and for your baby.

Midwifery in Québec

The World Health Organisation defines a Midwife as:

« A person who, having been admitted to a Midwifery Educational Program duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in Midwifery and has acquired the required qualifications to be registered and/or legally licensed to practice midwifery. She must be able to give the necessary supervision, care and advice to women during pregnancy, labour and post-partum period, to conduct deliveries under her own responsibility and to care for the newborn and the infant. This care includes preventive measures, the detection of abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical aid. She has an important task in health counselling and education, not only for the patients but also within the family and the community. Her work should involve antenatal education and preparation for parenthood and extend to certain areas of gynecology, family planning and child care. »

In Québec, the practice of Midwifery was made legal in June 1999, after five years under pilot project programs. As of September 24th of 1999, only Midwives registered with the Ordre des Sages-Femmes du Québec (OSFQ) have the right and are authorized to practice Midwifery in Quebec. For more information, you can consult the OSFQ website (www.osfq.org)

Who is eligible for midwifery care ?

In accordance with the law governing the practice of Midwifery, **Midwives may only follow healthy women whose pregnancies are considered to be normal** (low-risk). If you have any serious medical conditions such as heart disease or diabetes, you are not a candidate for care by a Midwife. If you are expecting twins you are also considered to be at a higher risk, therefore you are not eligible to give birth at a Birthing Home. **During your first visit, your Midwife will review your medical history, as well as any previous pregnancies, if any, in order to establish whether or not you are eligible for an admission to the Birthing House for your pregnancy and birth care.** If you develop a problem during your pregnancy, labour or after the birth, your Midwife may be compelled to transfer your care to a physician (see « Transfer of care »). A copy of the law that lists the criteria for eligibility can be made available to you upon request.

The Côte-des-Neiges Birthing House

The Côte-des-Neiges Birthing House offers personalized and continuous Midwifery care throughout pregnancy and labour, as well as providing a welcoming, safe environment for birth. Our Birthing House is located in a large building, formerly a presbytery, in the middle of Côte-des-Neiges area. On the first floor, you will find the offices where you will meet with your Midwives for prenatal care, a meeting room for prenatal classes and postpartum get-togethers, plus a large kitchen, and two washrooms. On the second floor there are four private birthing rooms. The atmosphere of our Birthing House is warm, comfortable, and welcoming.

Our Birthing House is comprised of Midwives, Midwife's Assistants, student Midwives, our coordinator, two secretaries, and our housekeeper. The family physicians of the CIUSSS West-Central Montreal and the Herzl Family practice Centre of the Jewish General Hospital provide support and assistance in non-emergency situations and the Jewish General Hospital's obstetrician-gynecologist team offers support and assistance for consultations and situations for the transfer of the mother. The Montreal Children's neonatal specialists work in conjunction with the Midwives in case of emergency transfers and consultations for the newborn.

The Côte-des-Neiges Birthing House is administered by the CIUSSS West-Central Montreal and aims to serve the women and families of the CIUSSS's territory. We handle approximately 380 births per year.

Midwifery care at the Côte-des-Neiges Birthing House

The Midwives at the Birthing House offer complete and continuous care, from the beginning of your pregnancy to six weeks after the birth of your baby. **They are entirely responsible for all aspects of your care, from routine laboratory tests to the delivery of your baby.** A physician is involved in your care only if there is a problem. Your Midwife would then be referring you to the Jewish General Hospital or the CIUSSS West-Central Montreal if consultations or transfer of care are required.

1) Prenatal care

During your first visit, your Midwife will review your health history and your previous pregnancies, if any, to make sure that you are an eligible candidate for the Birthing House. Early in your pregnancy she will be examining you and performing the standard laboratory tests required, which will include your complete blood count and blood type, your immunity to rubella and a random blood sugar check. She will also be testing for HIV, hepatitis B and syphilis, will take a urine analysis, a urine culture, a PAP smear (if needed) and vaginal cultures to check for any sexually transmitted diseases or vaginal infections. If required or at your demand, additional tests, an ultrasound, or amniocentesis for example, can be prescribed by your midwife.

Each prenatal visit lasts about 45 minutes and can be shorter towards the end of your pregnancy. Prenatal care usually consists of one visit every four weeks up to the 32nd week and then every 2 or 3 weeks between the 32nd and 36th week of your pregnancy, and finally every 7 or 10 days until the birth of your baby. Your partner, other children or any companions you wish to bring along are always welcome at your prenatal visits.

In the last trimester, one visit may take place in your home if you are planning a homebirth.

At every prenatal visit, your Midwife will check your blood pressure, palpate your baby's position, measure the growth of your uterus, listen to your baby's heartbeat, and check your weight gain. She will make note of any other physical signs or complaints. She will do a vaginal examination when it is necessary, usually towards the end of your pregnancy. She will discuss your diet. She will work with you in order for you to help you have a healthy, enjoyable pregnancy and to prevent minor problems from developing into more serious ones. We believe that your physical and emotional well-being is inseparable. Your Midwife will take time to listen to your concerns, answer your questions and talk about your feelings and preoccupations.

2) Prenatal classes

The Côte-des-Neiges Birthing House offers a series of prenatal classes to prepare you and your partner for labour and birth. These classes focus on the physiological process of birth, what labour feels like emotionally and physically, what you can do to help manage the pain, and what you can do to engage with your body in order to give birth normally and naturally. You will therefore have the opportunity to share your thoughts and feelings with other parents who are expecting around the same time as you. Subjects such as breastfeeding and life with a newborn in the first weeks after giving birth will also be discussed. The Côte-des-Neiges Birthing House also offers meetings for those parents who are expecting a second child as well.

Certain Midwifery teams also give community group support meetings. This is a relatively new method which encourages interpersonal communication as a community. The focus is on developing supportive group care for future months, and years. There are six to eight families involved, all expecting their births at around the same time.

3) Labour and birth

You can choose to give birth with a Midwife, at the Birthing House, in your home, or at the hospital. The pros and cons of choosing your birthing place, each with their own particularities, will be discussed during your pregnancy.

It is preferable to know where you wish to give birth before your 36th week of pregnancy. However, it is possible that last minute decisions may be made for different reasons (weather, etc). These particular situations will be addressed during your visits.

As soon as you think your labour has started (when you have definite regular contractions and/or ruptured membranes), you should notify your Midwife by paging her, so that everyone has plenty of time to get ready. Together with your Midwife, it will be decided when it is the right moment for everyone to meet at your chosen birthing place. Once you are settled in with your Midwife, she will be staying with you throughout your active labour, the delivery of your baby, and for the first hours after the birth. In certain situations (prolonged on-call period, etc.) another Midwife may be called in to take over during your labour, birth, and postnatal care.

A second assisting Midwife, and a Midwife's assistant will also be called when labour progresses. During your labour, you can make yourself comfortable in any way you that wish; you can take a whirlpool bath, walk, adopt any position that suits you, eat or drink as you wish.... You may bring any companion you choose to have with you during your labour.

Throughout your active labour, your Midwife will ensure that everything is progressing normally and safely. She will check your vital signs, as well as listening regularly to your baby's heartbeat with a Doppler to make sure he/she is doing well. Your Midwife will do a minimum number of vaginal exams, especially if your membranes are ruptured. Epidurals are not available at the Birthing House. However, your Midwife may suggest numerous non-pharmacological methods to help you cope with pain. She will, at all times, be sensitive and respectful of your wishes, and will give you and your partner the comfort, support and encouragement you need, while at all times respecting her own professional boundaries.

Your Midwives will accommodate themselves to any position you wish to adopt for giving birth, in or out of bed, although they may occasionally suggest a particular position to make the delivery easier. At the moment of birth, they will do everything they can to ensure that your baby arrives gently, without a perineal tear. An episiotomy is done only in exceptional circumstances. As your baby is being born, you and your partner may want to receive him/her into your own hands. Immediately after the birth, **the best place for your baby is in your arms**. It is there that your Midwife will be covering your baby with warm blankets and will quickly evaluate your baby's condition. She will otherwise not intervene in any way unless there is a need. You can cut the cord at the appropriate moment; usually several minutes after the birth. Your Midwives will wait for the placenta to be expelled spontaneously without intervention as long as you remain in a stable condition. Your Midwives promote and support breastfeeding and will help you to find the right position for a positive breastfeeding experience. Moreover, the CIUSSS West-Central Montreal, which includes this Birthing House, has received the accreditation given by IAB (Initiative Amis des Bébés). The IAB is an international program implanted by OMS and UNICEF. This program gives to their adherents, universal recommendations for the protection, encouragement and support of breastfeeding.

4) Postpartum care

After the birth, your Midwife will stay with you for a minimum of three hours, verifying that you and your baby are stable and secure. During this time, she will watch you carefully to make sure that your uterus is well contracted, and that your vital signs are normal. Any vaginal or perineal tears needing repair will be sutured under a local anaesthetic. When you are ready, you can get up to have a shower or a bath, have something to eat, make phone calls, see visitors, and sleep as you wish. Your partner or other companions may stay with you at all times. Your Midwife will make sure you are recuperating normally before she leaves the house. Once your Midwife has left, your Midwife's Assistant will be present to help you with breastfeeding, baby care, your care, meals, and all government documents. Your stay at the Birthing House is one of caring and of rest, to help you recuperate before you go back home. We encourage you to ask questions in order to feel secure and ready to take care of yourself.

Within the first hour after the birth, your baby will be weighed and given a thorough physical and neurological examination. If desired and with your consent, your Midwife may put a non-irritating ointment in your baby's eyes to guard against serious infection caused by chlamydia or gonorrhoea. As well, if desired and with your consent, your Midwife may give the baby an injection of Vitamin K to prevent neonatal haemorrhage. You will be discussing these possible interventions beforehand. Your baby's birth will be legally registered, and you will be given the vaccination book for your baby, as well as information on other government programs. Wherever you give birth, the government documents will be explained to you and you will be sent automatically the following:

- your baby's medical insurance card
- your baby's social insurance card
- your family allowance, both provincial and federal.

Your first government document will be filled out at the location of the birth of your baby. The second document will be filled out, within a month, online at [clicSÉCUR](#).

Your Midwife will make sure that you know how to take care of yourself and your newborn during the initial first hours and in following days to come.

If you give birth at the Birthing House, a Midwife's Assistant will be present and available to help you after your Midwife leaves. She will take very good care of you and your family, until you are ready to leave. **The usual postpartum stay at the Birthing House is about 12-18 hours**, although some women may want to leave as early as four hours after the birth. The maximum stay at the Birthing House is 24 hours. You are strongly encouraged to organize your postnatal care ahead of time, in order for you to be able to rest and recuperate for several days after you get home.

If you give birth vaginally at the hospital under your Midwife's legal care, you will have to leave the hospital at the same time as she will, **that is 3 to 4 hours after the birth**. Due to the fact that you were not admitted for medical care, you may not stay for a longer period of time. It is strongly recommended that you organize for post-natal care in advance to enable you to recuperate well after your delivery.

If you give birth in your home, your Midwife will also be leaving within **3 to 4 hours after the birth of your baby**. Once more, we encourage that you organize in advance postnatal support to help you recuperate after the birth.

Wherever you decide to give birth, your Midwife will be visiting you within the first 24 hours after the birth, either at the Birthing House, the hospital, or in your home. Your Midwife will be visiting you on the third and fifth day at your home. During each of these visits, she will make sure you are recovering normally from the birth of your baby, that your baby is healthy and well, and that he/she is nursing well. In the first week, your Midwife will be doing a PKU test to check for metabolic disorders, which will involve pricking your baby's heel to draw a few drops of blood of blood. During your second postnatal week, your Midwife will see you at the Birthing House. She is always available to answer any questions and/or concerns over the phone as well. This mutual experience will conclude with a final postnatal visit at the Birthing House around the sixth week after birth of your baby.

5) Postpartum support meetings

Because many new mothers feel a need to remain in touch with the Birthing House after their last 6th week visit, we offer an informal open-house postpartum get-together, where parents meet, talk, share experiences and give each other support. These meetings are organized by clients of the Birthing House and are open to any clients who are interested in attending.

Please feel free to join our parent committee group by visiting our facebook page at:

www.facebook.com/groups/famillesdesneiges.cdn

or at:

famillesdesneiges.cdn@gmail.com

6) Student midwives and medical students

The University Midwifery Training Program at the Université du Québec à Trois-Rivières (Bachelors degree in Midwifery Practice) requires three years of internship during the 4.5 years of training. A portion of our Midwives become practical teachers for the student Midwives, in order to evaluate their progression during their internship. It is most likely that your Midwife will be having you meet and be in touch with some of these training students during your prenatal visits as well as during your labour and delivery. Furthermore, our Birthing House welcomes Midwives educated and certified in other countries, who, in the process of having their diplomas meet the standards of our country, are invited to practice their regulated internships here in Québec. It is also possible that certain medical students achieving their residencies in family medicine and being part of the CIUSSS West-Central Montreal will be spending a day with certain Midwives.

Birth safety in the Birthing house

One of the most important considerations in deciding where and with whom you will give birth, is safety. All birth locations: hospital, Birthing House or home have their benefits and risks. It is your responsibility to weigh all of your options and make a choice that is right for you, as to where you wish to have your labour and have the birth of your child.

Numerous studies have researched the safety of out-of-hospital births. One of the most recent publications found in the New England Journal of Medicine, looked at the outcomes of almost 12,000 births in birth centers across the United States and found that for low-risk women, out-of-hospital births were as safe as births in the hospital, with much lower rates of caesarian sections and other interventions. As well, the report of the « Conseil d'évaluation des Maisons de Naissance » was equally favourable concerning the legalization of our practice, for the same reasons.

Good prenatal care is the most important factor for the prevention and detection of possible complications. Even though most potential complications are screened out during pregnancy, unexpected difficulties may arise during labour or immediately after a birth. The American Birth Center study corroborates that the majority of hospital transfers are not emergencies. Mother and/or baby may be transferred as a safety measure to avoid unnecessary risk, as soon as there are signs of the possibility of a developing problem. Complications that require emergency transfers to a hospital are rare. Midwives refer to the rules on cases needing a consultation with a physician or the transfer of clinical responsibility to a physician (L.R.Q. c. S-0.1 r.1) adopted in June 2004, to determine whether or not a consultation or a transfer is required.

Certified Midwives, in order to be members of their professional association, are trained and certified in adult and neonatal resuscitation, and have the knowledge and skills to respond appropriately in any obstetrical situation. This certification must be renewed every two years. The Birthing House provides essential equipment to control and stabilize the condition of mother and/or baby for a safe transfer to the hospital, such as oxygen bags and masks for resuscitation, umbilical catheterisation and suction equipment, laryngoscopes for intubation, emergency drugs and intravenous equipment for haemorrhages. The Midwives of the Birthing House have regular practices for emergency protocols and reanimation and are always ready and are fully qualified in any emergency situation.

At our Birthing House, epidurals and other major anesthetics are not available; if an epidural is needed in labour, a transfer to the Jewish General Hospital will be arranged. Similarly, an induction or stimulation of labour with oxytocin drugs are interventions that have certain risks, and are best managed in a hospital setting. Although Midwives listen regularly and carefully to the baby's heartbeat, there is no continuous electronic foetal monitoring at the Birthing House. A forceps delivery or a caesarean section can be done only by an Obstetrician in the hospital.

Transfer of care to a physician and/or hospital

Our Midwives work in collaboration with the family physicians of the CIUSSS West-Central Montreal, the Herzl Family clinic, the Montreal General Jewish Hospital, as well as the the neonatology department at the Montreal Children's Hospital.

During your pregnancy, if you develop a problem of hypertension, severe anemia or any other condition that places you at risk, your Midwife will be transferring you to a physician. If the condition you are treated for is successfully treated and no longer presents a problem, it may be possible for the physician to transfer the care back to your Midwife.

Other conditions may require a consultation or a transfer to a physician. For example, if your baby is in a breech position at the end of your pregnancy, if you go into labour before your 36th week of pregnancy or after your 42nd week of pregnancy, the responsibility of your labour will be transferred to a physician. Any significant anomaly occurring during your labour will require a transfer to the hospital as well. In these situations, your Midwife will do her best to accompany you and will support you throughout your labour. When you are ready to leave the hospital, she can continue to be responsible for your postnatal care at home. When you are under the hospital's care, the responsibility is entirely transferred to the medical staff and your Midwife cannot have any interventions unless she is specifically authorized to do so. When an infant's transfer is required, a team from the Montreal Children's Hospital

will be called and they will transfer your baby in a secure incubator, in their ambulance. Prior to any transfer, the Midwives of the Birthing House are trained and equipped to stabilise your baby's condition and to give appropriate care. The same equipment is used no matter where the birth occurs. When a mother has to be transferred a few hours after the birth, her baby will be admitted with her.

Availability of Midwives

We are aware of how important it is for you to know who will be responsible for your delivery. Our Midwives work in teams of two and three. Each pregnant woman will meet her primary Midwife and her partner/s. In your last trimester, the consultations will be organized alternately with your primary Midwife or her partner/s, in order for you to feel secure and confident with each Midwife, depending on their schedules. Under certain circumstances, it is possible that you will meet a third or a fourth Midwife.

During the course of your prenatal visits, you will become familiar with most of the Midwives, meeting them briefly in the hall, in the kitchen, or at the prenatal classes. Every Midwife is available 24 hours a day with the exception of week-ends off, their off-call days, and planned holidays. All Midwives share a common working philosophy.

All of our Midwives of the Birthing House have a pager. There are always at least four Midwives available at the same time and thus 24 hours a day. If you absolutely need to reach your Midwife, please do not hesitate to use her pager number. For any other non-emergency questions, you may leave a message in the voicemail box of your Midwives.

Complaints and satisfaction

In the event that you are not satisfied with our services, you may send a complaint to the local commissioner of complaints and quality of services of the CIUSSS West-Central Montreal. You may, as well, contact Mrs Marisol Miro at the following telephone number: 514-934-0505 extension 7505 or at the following email: ombudsman@ssss.gouv.qc.ca

Confidentiality and access to your file

Every client has the right to confidential care. For the benefit of good care, certain information must be shared among the Midwives of the Birthing House team and occasionally with other professionals, for example, physicians and nurses at the hospital. During the course of your care, your file will be kept at the Birthing House. You can obtain a copy of your file upon your request at the CIUSSS West-Central Montreal archives as stipulated by law. It will remain there after your file is closed. Access to your file and its confidentiality is regulated by the CIUSSS West-Central Montreal.

Address and hours of the Birthing House

The Côte-des-Neiges Birthing House is situated at
6560 Côte-des-Neiges, Montréal (Québec), H3S 2A7
Telephone: (514) 736-2323 (736-BÉBÉ)
Fax: (514) 736-0705

You may come to the Birthing House by taking the 165 North bus, or the 435 bus from the Côte-des-Neiges Metro station, or the 160 East bus from the Plumondon Metro station.

The office is open from 9:00 am to 5:00 pm weekdays, and is closed from 12:00 to 1:00 for lunch. The office is closed as well on weekends. You may leave a voice mail message with our secretary at the Birthing House. In the case of an emergency, please page your Midwife or the Midwife on call.

Cost of services

The cost of the professional care services you receive at the Birthing House, including your stay after the birth is entirely covered by your Québec health care insurance. Please note that, although only the mother's meals are provided, breakfast is always free for both parents. Partners may purchase MdN meals during their stay. You will be given a list of certain items to bring with you for the birth.

Parent's responsibilities

The parents who seek our services are required to participate actively and responsibly towards their own health and the health of their children. We ask you to assume the following specific responsibilities :

- To inform yourself thoroughly and carefully, and to consider your options as well as your feelings before deciding to give birth with a Midwife at the Birthing House.
- To eat well, get enough sleep, exercise and generally take good care of your health throughout your pregnancy.
- To prepare yourself as much as possible for the reality of labour and birth, as well as life with a new baby.
- To inform your Midwife of your expectations about the care and services you will be receiving from her and from the Birthing House.
- To inform your midwife about any medical problem or any other situation that may affect your pregnancy and labour.
- To keep your scheduled prenatal appointments and promptly let your midwife know if you will be missing a visit.
- To organize your return home after your postpartum stay at the Birthing House and to arrange adequate help at home in the first week.

It is possible that your appointment will need to be postponed, at the last minute, because of a birth. We kindly ask you to accept this inconvenience with a smile.