



Encompass Pregnancy Care Cranbrook

Standard of Care: what you can expect

Welcome to our practice! This is a pregnancy and labour care plan that is our standard of care. Please take a few minutes to read through our policies. We are happy to talk with you about questions or concerns you might have.

During Pregnancy

- We care for you as a team and we hope you can meet most, if not all, of our physicians throughout your pregnancy. At appointments you will see the physician on call.
- If the physician on call is called away to the hospital during your appointment, you will be seen for an assessment by our nurse and then your appointment may be rescheduled. If there are urgent concerns, as identified by the nurse, we will make arrangements for you to see a physician, either in clinic or at the hospital.
- Visits are generally every 4 weeks for the first 28 weeks, then every 2 weeks until 36 weeks, then weekly thereafter.
- We order routine bloodwork early in pregnancy and then again around 24-28 weeks. Results will be reviewed at your next appointment. If there are urgent concerns, a physician will call to notify you.
- We request an ultrasound early in pregnancy, and then again around 20 weeks; for many people this is the last routine ultrasound.
- We will request additional testing as required throughout your pregnancy.
- We measure your weight, blood pressure at every visit. We listen to baby's heart rate at every visit after 12 weeks.
- For those with an Rh-negative blood type, we administer Rhlg injection (also known as WinRho or RhoGam) at 28 weeks.
- We routinely perform a vaginal & rectal swab at 36 weeks to test for a bacteria called Group B Strep (GBS).
- We offer membrane sweeping starting at 38 weeks.
- If there are concerns during your pregnancy, you may be referred to OB/GYN or other specialties as needed.
- If you have urgent concerns in pregnancy *after* 20 weeks, eg. bleeding, abdominal pain, vaginal fluid, or decreased fetal movements, you should present to Labour & Delivery for assessment. If you have urgent or emergent concerns *before* 20 weeks please present to the Emergency Room or Urgent Care.
- For any non-urgent concerns during your pregnancy, please call our clinic during office hours to make an appointment: 250-420-2323.
- Clinic office hours are as follows: Monday 11:00am-6:00pm and Tuesday-Friday 10:00am-5:00pm.

Induction

- Induction of labour may be recommended for a variety of reasons.
- We only perform inductions if medically indicated, such as going too far past your due date or medical complications of pregnancy (e.g. diabetes, high blood pressure).
- If induction is recommended, the method will be discussed with you prior to proceeding.

Labour & Delivery

- When you go into labour, the physician on call for that day will be caring for you in hospital.
- We encourage walking and moving around as much as is comfortable during your labour.
- We encourage you to labour and push in any position that is comfortable for you. However, there are times we may recommend a specific position.
- We routinely administer oxytocin to you with the delivery of your baby's shoulders to help prevent bleeding and prevent the placenta from getting stuck. This is administered by a needle in your leg.

- We will monitor baby's heart rate throughout labour, either periodically with Doppler, or continuously, depending on your risk factors.
- We do not routinely insert intravenous (IV) lines when you are in labour but may need to start an IV if you require certain medications in labour.
- We do not routinely start antibiotics unless your test at 36 weeks is positive for Group B Strep. Other antibiotics may be recommended depending on concerns for your baby's or your health.
- We do not routinely recommend any particular pain management method during labour. At any point in your labour we can discuss medications for pain relief depending on your preferences and current progress. Medication options may include nitrous oxide ('laughing gas'), opioid medications, and epidurals.
- Our anaesthesiologists may not be immediately available for an epidural if they are in surgery or responding to an emergency. If you request an epidural, there may be a delay until the anaesthesiologist can see you. We will discuss other pain medication options while awaiting their attendance.
- We make every attempt to achieve a healthy vaginal delivery. However, caesarean section (C-section) may be recommended if there are concerns about you or your baby. If a C-section is necessary, we will allow one support person to accompany you to the operating room and, if possible, will bring your baby to you soon after delivery, even before the surgeon is finished. We encourage breastfeeding in the recovery room, if possible.
- We do not routinely perform episiotomies. This may be required if we anticipate difficulties with delivery and can reduce your risk of having an extensive perineal tear.

After Delivery

- We routinely place your newborn baby on your chest immediately after delivery, where they remain for the first hour of their life. This is called skin-to-skin care. If there are concerns for your baby's health, they will be taken to a warmer in your room for evaluation and treatment as needed.
- We routinely practice 'delayed cord clamping' where we wait 1 minute or more to cut the umbilical cord unless we have concerns about your baby's health. We encourage you or your support person to cut the cord if you prefer.
- We will massage your uterus to help it contract and naturally limit bleeding after your placenta is delivered.
- We do not routinely separate you from your baby during your hospital stay.
- We routinely give your baby a vitamin K injection to reduce risks of serious bleeding (eg. into the brain). This is administered by injection, within the first hour after delivery. This is usually done while baby is skin-to-skin with you or your partner. This is recommended for every baby.

Feeding the Baby

- We encourage breastfeeding and like to begin as soon as possible after delivery, ideally within the first hour of baby's life.
- Unless medically necessary, we do not provide formula or anything else to your baby by mouth or in a bottle unless you request it.

Post-Partum Care

- We usually have you stay in hospital for 24-48 hours after delivery, or longer if needed.
- We see you and your baby for routine check-up around 1-week post-partum, 4 weeks post-partum, then again at 8 weeks post-partum. We may see you more often if needed (e.g. feeding concerns). A Public Health Nurse may also follow you in the community.
- After 8 weeks you and your baby will be discharged to your family doctor. If you do not have a family doctor you can sign up for the centralized waitlist process for a primary care provider in this area. You can also be seen at the Urgent & Primary Care Centre on a walk-in basis for urgent concerns.
- We also provide family planning and contraceptive care.
- Please call Public Health Nursing at the Health Unit to book baby immunizations for 2, 4, 6 months and beyond.

Personal Trauma

- If you have encountered personal trauma (abuse, violence, etc.), please let us know if there is anything we can do to help make your experience more comfortable. Please note that these conversations are strictly confidential.