

Encompass Pregnancy Care Cranbrook

Standard of Care: What You Can Expect

Our pregnancy and labour care plan reflects our standard of care, designed to support you through every stage of your pregnancy journey. Please take a moment to review our standard procedures and recommendations; we're here to answer any questions or discuss any concerns you may have.

During Pregnancy

- We care for you as a team and we hope you can meet most, if not all, of our physicians and midwives (providers) throughout your pregnancy. For non-pregnancy issues please contact your family doctor or nurse practitioner.
- Each visit includes a visit with a provider. At key points, you'll also meet with a nurse.
- Typical visit schedule: every 4 weeks until 28 weeks, every 2 weeks until 36 weeks, then weekly.
- Bloodwork is routinely checked early in pregnancy and again at 24–28 weeks. Results are reviewed at your next appointment. We'll call if there are urgent results in between your appointments.
- Routine ultrasounds are done in early pregnancy and around 20 weeks. We will request additional ultrasounds if needed.
- We routinely check your weight, blood pressure, and baby's heart rate at each visit.
- You will be offered information and guidance on important topics throughout your pregnancy including feeding goals, stress management, sleep, nutrition, exercise, and more.
- Mental wellness and social work support are available if needed—ask your provider or nurse to be connected.
- If your blood type is Rh negative, you'll be referred for an Rhlg (WinRho/RhoGam) injection at 28 weeks.
- There is a routine test for a bacteria called Group B Strep (GBS) around 36 weeks. This is done with a vagino-rectal swab.
- We offer membrane sweeps starting at 38 weeks.
- If there are concerns that require specialist care during your pregnancy, you may be referred to OB/GYN or other specialists as needed.
- **After 20 weeks, urgent concerns (bleeding, pain, fluid, reduced movement) should be assessed at Labour & Delivery. Before 20 weeks, go to the Emergency Room at East Kootenay Regional Hospital.**
- For non-urgent concerns, call the clinic at 250-420-2323 during office hours: Monday 9:30am–5:00pm; Tuesday–Friday 9:00am–4:30pm.
- Visit encompasspregnancy.ca for team information and resources.

Induction

- We recommend induction of labour if medically indicated (e.g. past due date or complications such as high blood pressure). We'll discuss options with you before proceeding.

Labour & Delivery

- When you go into labour, our on-call provider will care for you in hospital.
- You're encouraged to move and labour in positions that feel comfortable. We'll guide you if needed.
- Baby's heart rate is monitored during labour, either periodically or continuously based on risk.
- 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.
- Pain relief is based on your preference. Options include nitrous oxide 'laughing gas', opioids, and epidurals.
- Our anesthesiologists 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 anesthesiologist can see you. We will discuss other options while we wait.

- We routinely administer oxytocin to you with the delivery of your baby's shoulders to help prevent excessive bleeding and prevent the placenta from getting stuck. This is administered by an injection in your leg.
- 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.
- We support vaginal delivery when safe. If needed, we may recommend a C-section or operative delivery (vacuum or forceps). If a C-section is needed, one support person is usually allowed to accompany you to the operating room, though there may be rare circumstances where this is not feasible.
- Episiotomies are rarely done but may be necessary to prevent more severe tears.

After Delivery

- We place your baby on your chest right after birth (skin-to-skin) unless urgent care is needed. If baby needs additional support, this is usually done at a warmer in the room.
- Delayed cord clamping offers several benefits for babies, we routinely 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.
- Uterine massage is routinely practiced to help it contract and naturally limit bleeding after your placenta is delivered.
- Baby is routinely kept with you during your hospital stay.
- Vitamin K injection is offered to reduce risks of serious bleeding (e.g. into the brain). This is administered by injection and can be given within the first 6 hours after delivery. This is usually done while the baby is skin-to-skin with you or your partner. This is recommended for every baby.

Feeding the Baby

- We support your infant feeding plan.
- We encourage breastfeeding as soon as possible after delivery.
- We won't provide formula unless medically necessary or upon request.

Postpartum Care

- Typical hospital stay: 24–48 hours. Longer stays are supported if needed.
- Routine follow-ups: 1 week, 4 weeks, and 8 weeks after birth, with more visits if needed. Public Health Nurses may also provide support in the community.
- After 8 weeks, you and your baby return to your family doctor for care. If you don't have one, join the **Health Connect Registry** (healthlinkbc.ca/health-connect-registry). You can also access the Urgent & Primary Care Centre for urgent needs.
- We offer contraceptive care and family planning.
- Mental wellness and social work support is available—ask your provider or nurse.
- We encourage you to contact Public Health Nursing to book baby's immunizations at 2, 4, 6 months and beyond.

Individualized Care

- Please let us know if you've experienced trauma or if there's anything we can do to support your comfort. All conversations are private.
- We aim to offer respectful, culturally safe, and inclusive care for all family types and traditions, including adoption, surrogacy, and diverse relationships.
- You're welcome to have any support person/people with you.
- We recognize you may receive different information or conflicting advice from other sources. Your care providers aim to offer the most current, evidence-based information and options to support you in making the safest and best choices for yourself and your baby.
- You're the main decision-maker. We're here to help you make informed choices for your care.