

***“What’s Important to you is important to us”***

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“What’s important to you is important to us” means that when you come to the hospital to deliver your baby, all members of the health care team will listen to what is important to you and will work with you to help bring your baby into the world in a safe and positive environment. Once you have read the following we would like to answer any other questions you may have as well as talk to you about your goals or any concerns or fears you may have.

***“Our Commitment to You”***

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The nurses, midwives and doctors caring for you and your baby believe in promoting as natural a birthing process as possible. Their assessment and care will always begin with the least invasive methods. If concerns arise with regard to safety for you or your baby, these concerns will always be discussed with you before a higher level of intervention or technology is started.

***“What you can expect”***

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Doctors, Midwives and Nurses, work together to provide your care in hospital. We strive to have a Registered Nurse assigned to only you when you are in active labour. After birth, you will have either a Registered Nurse or a Licensed Practical Nurse assigned to care for both you and your baby.

To assess your baby’s well being prior to birth the nurses and doctors will listen to your baby’s heart frequently throughout your labour. This can be done with the use of a stethoscope, a microphone called a Doppler or larger monitor called an “electronic fetal monitor or EFM”. A sensor placed on your abdomen picks up your baby’s heart rate and response to your contractions.

**To help you manage the pain of labour** there are a number of things that might help you.

- **Support Person.** - Your partner or a support person is welcome and encouraged to be with you throughout your labour. Please understand that limited space in some labour rooms may mean that you are unable to have more than one person with you during your labour.
- **Mobility**- trying different positions may help. You will be encouraged to walk, use a birthing ball and move around as much as you can during your labour
- **Distraction** – you may find music or other distractions help you to manage your pain, as well as massages and breathing strategies
- **Use of water**- You may find that a warm shower or bath helps you to manage your pain
- **Medication** - medication to help you manage pain is available when needed and if wanted.
- **Epidural**- the option of an epidural will depend upon the availability of anaesthesiology at the hospital.

***Giving birth***

- **Vaginal delivery-** while this is the desired goal for every baby, sometimes there are reasons why a baby needs assistance to be born. If this is the case one of the following options may be required.
- **Assisted vaginal delivery**
  - **Episiotomy-** while every effort is made to avoid cutting skin, sometimes this is needed to facilitate the passage of your baby's head, prevent a large tear or to enable your baby to be born..
  - **Forceps or vacuum-** instruments such as forceps or vacuum are only used if your baby is already well down in the birth canal but there is not enough strength to fully deliver your baby. This method may be used if you are exhausted or your baby's well being is at risk.
- **Caesarean Section-** a caesarean section is only done when there are significant concerns or risks for mother or baby. (Your partner may come into the operating room during this procedure).

***Care of your baby***

**Our goal is to minimize separation of moms and babies whenever possible.**

- **Bedside care-** your baby will sleep and be cared for in a bassinette beside your bed. We encourage you to spend "skin to skin" time with your baby **while you are awake**. Place your baby on his/her back in the bassinette to sleep when **you are tired**. A nurse is always assigned to assist you in the care of your baby. Breastfeeding is supported unless you wish otherwise. Healthy breastfed babies are not supplemented with formula.
- **Bathing-** we try to wait at least 6 hours before bathing your baby as this helps your baby to maintain temperature, skin integrity and breastfeeding reflexes.
- **NICU-** if your baby requires neonatal intensive care he/she may be cared for in the NICU. Your baby may also be cared for in a NICU if born at less than 36 weeks gestation or if you have risk factors such as Diabetes, High Blood Pressure, or Epilepsy.

**How long can you expect to be in the hospital?**

- If you give birth vaginally and there were no concerns, you may be able to go home within 24 hours.
- If you give birth by Caesarean Section and both you and baby are healthy you may be able to go home in 48-72 hours.
- The hospital will inform public health of your discharge. Make sure you let the nurse know where the public health nurse can reach you after you leave the hospital.
- You can expect contact from a public health nurse within 24-48 hours after your discharge.

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**In order to achieve what is important to you during your hospital stay we ask that you look at the following questions and discuss them with your doctor or midwife. Bring a copy of your completed form to the hospital with you when you visit. This will help us to ensure the best experience possible for you and your family.**

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**What are the things that are important to you about this birth?**

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**What are your wishes about pain control?**

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**Who do you want with you during your labour?**

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**What are your concerns or fears?**

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**What are your plans for infant feeding?**

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**What questions do you have about caring for your baby when you get home?**

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**What questions do you have about looking after yourself when you get home?**

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**What other questions or concerns do you have?**

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Please share this completed page with your Health Care  
Provider and bring to the hospital with you when in Labor.

Name:

Date:

Physician: