Welcome to Golden Maternity

Golden Maternity has six physicians and one midwife working together as a team to provide your prenatal care. Throughout your pregnancy our aim is that you will get to meet with all of our prenatal care providers.

Working collaboratively allows our team to offer variable appointment times and potentially some home visits. We offer in-office individual visits, group visits and telehealth visits as needed. Our team aims to provide consistent, quality, comprehensive care.

Our care team shares an on-call service. This is a rotating schedule where each provider takes a turn being on call for deliveries at the Golden and District Hospital.

Golden Maternity postpartum care (the time after your baby is born) will include care offered in-office and in your home until your baby is 8 weeks old. In addition, you will also receive care and support from a public health nurse. Once your baby is eight weeks old, both you and your baby will receive care from your regular family physician. If you do not already have a regular physician you are welcome to choose one.

At the end of your postpartum care you will receive an evaluation form about your experience. We would appreciate getting feedback from you as this will enable us to continue improving the care we are able to provide.

If you have any questions about how Golden Maternity works together or you wish to give feedback about the care you are receiving during your pregnancy, please let any team member know.

Thank you!

Golden Maternity

Celine Akyurekli MD, Jessica Chiles MD, Allison Clare MD, Virginia Clark MD, Meghan Guy MD, Joyce Totton RM, Christy Trafanako MD

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Next Review: Jul 2023

GOLDEN MATERNITY

Guide to your prenatal visits with Golden Maternity

This guide is intended to give you an outline of what to expect during your visits with us. It is not an exhaustive list. Your visits will be tailored to meet your needs.

- Your first appointment with us will be approximately 45mins - 1hour
- Following appointments will be approximately 15-45mins
- Your partner and/or support person is welcome to attend appointments

Appointments are typically scheduled as follows:

*Every 4 weeks until you are 28-30 weeks

*Every 2 weeks until you are 35-36 weeks

*Weekly until you deliver

What to expect during your appointment?

- Prior to seeing your prenatal care provider, you will see one of our nursing/clinic staff who will take your blood pressure and weight.
- Once this is done, you will be taken to your appointment. Your care provider will listen to your baby's heart rate, measure your stomach to assess baby's growth, and check the baby's position in your uterus.
- At each visit, care providers will have a list of topics to review with you.
- At each visit, you will be informed of when your next appointment should be and of any test that are required for the care of you and your baby.
- We will also try to answer any questions you or your partner may have.
- Once you have passed 20 weeks of pregnancy you can choose to attend either group or individual prenatal appointments.

Group Visits

Group visits are available for women who are over 20 weeks pregnant. These visits are scheduled to happen every two weeks on a Tuesday evening. Each visit will last 90 minutes and be hosted by 2 members of the Golden Maternity doctor/midwife team and (potentially) a guest speaker.

During these sessions, you will receive all the care you would at a one-on-one office visit. In the peer supportive environment, there will also be more time to discuss your pregnancy journey, any questions you may have regarding your pregnancy, and share experiences while preparing for your baby's arrival. The Group visits also include education on prenatal education.

Having your baby and Choice of birthplace

Golden Maternity providers currently provide care during labour and delivery in the Golden Hospital. Each physician and midwife have privileges at this hospital in order to provide this care. This means that any care provider on the team can admit you and treat you at the Golden Hospital.

The Golden and District Hospital is a level 1 hospital, meaning that we can provide labour and delivery care for low risk patients. We have three doctors who provide anesthetics including epidurals in labour and anesthesia for cesarean sections. They are family doctors with extra training to provide anesthesia for low risk patients and surgeries. We have three doctors who do cesarean section surgeries. They include one general surgeon and two family doctors with extra training in c-section surgeries. We do not have any obstetricians, royal college-trained anesthesiologists, or pediatricians in Golden. There are a variety of things that can put a pregnant person at higher risk of complications during their delivery and in these cases we will recommend delivering your baby in a larger centre, typically Cranbrook, where the right specialists are there to look after you. Some of these things include high blood pressure, diabetes, having a body mass index (BMI) of over 40, twins or triplets, and a baby that is smaller than

expected. Your maternity providers will discuss these things as they apply to you and help you make a plan to deliver your baby in the best place for your specific circumstance.

Community birth is also an option in Golden for women with low risk pregnancies. Should you wish to choose a home birth after reading the Place of Birth Handbook, you may choose to talk to the maternity team about community birth. If you choose home birth in Golden, you will be attended in your labour and at the birth by two providers – one who will look after you and one who will look after the baby once it is born. At this time, only our midwife is able to be the primary person caring for you during your labour and birth out of hospital. This means that home birth in Golden is only possible when the midwife is in town and available. There are also midwives who provide home birth in Invermere, Cranbrook and Salmon Arm. If you have more questions about home birth or if you would like to talk about whether you are appropriate for home birth, ask any one of your care providers in Golden.

Once baby has arrived

After the birth of your child, you may have home visits by our midwife or a physician to ensure the baby is gaining weight, check for jaundice, and answer the many questions new parents have! Public health nurses will also visit you to review growth and talk to you about immunizations, hearing tests and many other topics.

We look forward to supporting you through your pregnancy.
Thank you!

Golden Maternity

Celine Akyurekli, MD
Jessica Chiles, MD
Allison Clare, MD
Virginia Clark, MD
Meghan Guy, MD
Joyce Totton, RM
Christy Trafanako, MD

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A Birthing Parent's Rights & Responsibilities

Created by Andrew Kotaska, MD, FRCS(C)*

1) According to my beliefs & values, I have the right to make health care decisions for me and my baby/babies. No other's concern for me or my baby shall supersede this right.

2) I have a right to receive objective, unbiased health care information including:
   a. the natural course of my condition without treatment;
   b. treatment options available locally and elsewhere;
   c. the risks and benefits of different options, including doing nothing.

3) I understand that health care providers have a duty to recommend care that they judge to be in my best interest.

4) I have a responsibility to engage in discussions regarding care options, risks, and benefits in order to reach informed choices based on my values.

5) I have the right to decline without prejudice any intervention recommended by a health care professional, even if my decision increases my and my baby's/babies' risk of harm or death.

6) If I decline a recommendation, I have the right to receive courteous, professional care.

7) I have the right to change my mind: to accept a recommendation that I have previously declined, or to decline a recommendation I have previously accepted.

8) I accept that a health care practitioner has a duty not to perform an intervention that she or he believes is unsafe; however, intrapartum care and attendance in labor are not interventions and a health care practitioner has a professional duty to continue to provide care.

9) I do not have the right to demand an intervention that a health care provider believes is unsafe; however, if another regulated practitioner would reasonably honor my request, I have the right to be referred to them.

10) I understand that a health care practitioner providing care after I have declined her or his recommendation is not endorsing my choice; rather she or he is respecting my right to choose.

11) I accept that I am legally and ethically responsible for harm to me and/or my baby that arises from my rejection of a health care provider's recommendation.

Please feel welcome to discuss this document with your health care provider!

*Kotaska A. Informed consent and refusal in obstetrics: A practical ethical guide. Birth. 2017; 44:195–199.

A Maternity Care Provider's Pledge

Created by Andrew Kotaska, MD, FRCS(C)*

To my pregnant client:

1) My colleagues and I have a duty to provide you with competent clinical care. We will not abandon this duty.

2) I will offer or recommend treatment that I believe to be in the best interest of you and your baby.

3) I will provide you with information as objective and unbiased as possible about the natural course of your clinical diagnosis or situation, and about the risks and benefits of treatment options.

4) I will respect your right to accept or decline any recommended intervention.

5) If you decline a recommended intervention, I will continue to care for you; however, this does not mean that I support your decision. You bear the ethical and legal responsibility for any harm to you or your baby that might arise from your informed refusal.

6) You may change your mind. If clinical circumstances change your level of risk significantly, I will inform you of this and give you an opportunity to change your decision.

7) I will not perform an intervention you request if I believe it will do more harm than good; however, I will refer you to a colleague who would reasonably honor such a request.

Please feel welcome to discuss this document with your health care provider!

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GOLDEN MATERNITY

Pregnancy Investigations/Tests

Trimester	Potential Investigation and Tests	Explanation
First	**Usual tests:** 1st Trimester Ultrasound	Finding your due date! Studies show that ultrasound between 8 and 12 weeks is better at finding your due date than using your last period.
	Hemoglobin	Hemoglobin is an oxygen carrying red blood cell. We look in your blood at the start of pregnancy to see if you may be low and need building blocks for making more hemoglobin (like iron)
	Blood type and Antibody Screen	Blood type and antibody screen – To see your blood type. We also see if your blood has any parts that may fight your pregnancy.
	HIV test	HIV test – If positive, medication can reduce the chance of passing it to your baby at birth.
	Rubella	Rubella – to see if you are immune to the German measles. The German measles are known to cause very serious problems with pregnancy and birth defects. If you are not immune, we can offer you support for this after the baby is born.
	Syphilis screen	Syphilis screen- it is on the rise and it can be passed to baby at birth and be very dangerous.
	Chlamydia and Gonorrhea	Either with a PAP, or by peeing in a cup. Both are good to know for your own health. Gonorrhea passed onto baby can cause blindness in the baby's eyes.
	Hepatitis B	Hepatitis B – If positive, we can offer your baby shots at birth to make it less likely that your baby will become positive.
	Urine culture	Urine culture – to look for bacteria in your urine. Too much bacteria in the urine can cause you to have your baby too early.

	Other Potential Tests: TSH	Thyroid Stimulating Hormone
	Varicella	Chicken Pox
	Hepatitis C	Hepatitis C – liver disease
	Ferritin	Iron levels
	PAP	A screen for cervical cancer. It can cause bleeding in pregnancy, so we may choose not to do it if you are already bleeding.
	Bacterial Vaginosis swab	Bacterial vaginosis swab is a long q-tip swab that goes into your vagina and rubs on the inside wall of the vagina. Bacterial vaginosis can be associated with having your baby too early in people who had a baby too early in the past.
Second	**Usual tests:** 2nd trimester ultrasound (18-22)	Checking on all of the body parts of baby, where your placenta is in your uterus, and the amount of amniotic fluid there is.
	Oral Glucose Tolerance Test (24-28)	See your binder handout
	Blood type, antibody screen	Repeated if it's your first baby or you have an Rh negative blood type
	Hemoglobin and Ferritin	Repeat testing of iron levels
Third	**Usual tests:** GBS Swab (37+)	See your binder handout
	Other Potential Tests: 3rd trimester ultrasound	To see where the placenta is in your uterus, the amount of amniotic fluid and measure the baby's size and growth.

Prenatal genetic screening

All women should be offered prenatal genetic screening. Many women choose to have prenatal genetic screening; it is up to you whether you would like these tests. The results of genetic screening can provide important information, but also can lead to difficult choices. If the tests showed your baby had a serious condition, would you continue the pregnancy? Would you want to know this information so you can prepare for the birth of a baby that might need special care? These are difficult and very personal decisions. No matter what your choices are, your health care provider will support you throughout the process.

There are two main types of blood tests. The standard prenatal blood testing measures chemicals in the blood that indicate the relative likelihood of abnormalities. More recently, tests have become available that are able to detect the baby's DNA in the mother's blood. Whichever test you have, it is still a screening test. Such a test cannot definitively establish that an abnormality is present, or absent. These tests only estimate chances. Abnormal results require further testing for diagnosis or reassurance.

What is prenatal screening?

There are several different types of prenatal genetic screening tests. Which types are available to you depend on where you live and how far along you are in your pregnancy. If you choose to have genetic screening, your ultrasound(s) (if done) and a blood sample or samples will be used to test for signs of certain conditions. These include genetic abnormalities (e.g., Trisomy 18, Down syndrome) and neural tube defects (e.g., spina bifida). The results of prenatal screening tests are *not* a diagnosis. They provide you with a likelihood that your baby has one of these conditions. There are both false positive and false negative results, so a positive screen does not mean your baby is affected. For proper diagnosis, you will need to undergo further evaluation, such as noninvasive prenatal testing (which is also a screening test, but with greater precision), or invasive testing such as amniocentesis or chorionic villus sampling. These two invasive procedures (described

below) can determine whether a disease is present or not, and not just the chance of it. Because they are "invasive" and require putting an instrument into the uterus to obtain fetal cells, there is a risk of pregnancy loss.

What is non-invasive prenatal testing?

Non-invasive prenatal testing (NIPT) is a relatively new, highly effective method of screening for Down syndrome and other similar genetic abnormalities. It is a blood test that measures cell-free fetal DNA that is present in the mother's blood. It can also be used to determine fetal sex, identify the presence of an Rh-positive fetus in an Rhnegative mother, and to determine some genetic abnormalities that are passed from the father's genes. There is a possibility of a failed test (no results), a false negative, or false positive result. The test is not definitive, and all positive screening results will need to be confirmed with more invasive fetal diagnostic testing before any decisions are made.

What is amniocentesis?

In this test, a small amount of amniotic fluid will be taken out of the uterus with a needle inserted through your abdomen. The doctor will use ultrasound to guide the needle to an area far from the baby. Some of the baby's cells will be present in the fluid. These are extracted and tested for genetic abnormalities. This test has a low risk of miscarriage of 0.5% -1%. If you have a fetus diagnosed with a genetic abnormality, you have the choice of continuing or terminating the pregnancy.

What is chorionic villus sampling?

Chorionic villus sampling is a prenatal test where a tiny piece of placental tissue is taken either through the cervix or the abdomen. The sample is then tested for genetic abnormalities. This test can be performed earlier than amniocentesis, usually between 10 and 13 weeks. It also carries a small risk of miscarriage of 1-2%. The risk is a little higher than amniocentesis, but the benefit is that a diagnosis can be made earlier in pregnancy.

What is nuchal translucency?

Nuchal translucency is a collection of fluid under the skin of all baby's necks. The test measures the thickness of the fluid. If it is thicker than normal, it means that the baby could have Down syndrome or other genetic abnormalities. This test is also not a diagnosis, but gives a measure of risk.

https://www.pregnancyinfo.ca/your-pregnancy/routine-tests/genetic-screening/