



## **I'm Pregnant: Now what?**

### **Pregnancy**

Pregnancy is a time of change - change for your body, for your feelings, appetite, and feelings towards your partner. Your body is doing a lot of work growing a baby. Most pregnancies last between 37 and 40 weeks. Once you discover you are pregnant and you have chosen to continue with the pregnancy the next step is to choose a healthcare provider to provide your prenatal care. If you have Ontario Health Insurance Program (OHIP), your care is covered by the government. If you do not have OHIP there will be costs associated with your prenatal care.

### **What Does Prenatal Care Look Like?**

Prenatal care is the health care you receive while you are pregnant. Getting good healthcare during pregnancy can help reduce complications and inform pregnant people about healthy choices for themselves and their

growing babies. An important component of good prenatal care is choosing the care provider who is right for you.

Most people go to see their care provider for the first time between 5 and 11 weeks of pregnancy. Prenatal care includes a physical exam, urine samples, weight checks, measurements of the fundus (the height of your uterus), and listening to the baby's heartbeat. Depending on the stage of pregnancy, your care provider may also recommend doing blood tests and ultrasounds. Prenatal visits should also include discussions about the health of the pregnant person, their plans for delivery, and any questions about their pregnancy.

The further along in pregnancy you get, the more frequently you will see your healthcare provider. Most healthcare providers have you come once a month until you are 28 weeks pregnant, after that you will see them every two weeks until you are 36 weeks. After 36 weeks you will see your healthcare provider once a week until the birth of your baby.

Prenatal care is really important for the health of parents and babies.

## **Choosing a Care Provider**

Pregnancy and birth are life-changing events. Choosing a care provider you feel safe and comfortable with is an important decision. In Ontario you have three options for care providers in pregnancy: midwives, obstetricians, and family doctors. Each are qualified to provide safe and complete primary care in pregnancy and postpartum.

### **Midwives**

Midwives are specialists in normal, low-risk pregnancies. A midwife is a skilled primary care provider and would be the only person you would need to see throughout your pregnancy, labour, delivery and postpartum care. In Ontario midwifery care is funded through the Ministry of Health and Long Term care, and is free to clients. Even women without OHIP coverage have their midwifery services paid for through this program (however, this does not include fees for lab testing, ultrasound, consultants or some hospital fees as these are funded through OHIP).

Midwifery appointments are 30-45 minutes long. You will get to know a small group of midwives throughout your pregnancy, and there is an excellent chance your labour and delivery will be attended by a midwife known to you. Midwives do home visits in the immediate postpartum and will see you and your baby until six weeks after you deliver. Midwives can attend births in a variety of settings including in hospitals, birth centers and at home. If you are under midwifery care and a complication arises during your prenatal care, labour or delivery an obstetrician may be called in for a consultation and support.

### **Obstetrician**

An obstetrician/gynecologist is a physician specialist who provides medical and surgical care to women and has particular expertise in pregnancy, childbirth and disorders of the reproductive system. You will see your obstetrician for prenatal care, labour and delivery. Appointments are often 10 minutes or less. You will see your obstetrician for all your prenatal and postpartum appointments. The obstetrician that attends your delivery may or may not be known to you as they often work in teams, sharing their on-call time.

### **Family Doctor**

Family doctors are medical professionals who provide care to pregnant people, babies and families. Some family doctors deliver babies. If you already have a family doctor and they do not deliver babies, they may refer you to either a midwife or an obstetrician. Appointments with a family doctor are usually between 10 and 15 minutes. If you are under the care of your family doctor and a complication arises during your prenatal care, labour or delivery an obstetrician may be called in for a consultation and support.

## **Questions you to ask your healthcare provider**

- What is the likelihood of you being the one to attend my delivery?
- What is your caesarean section rate?
- What is your induction rate?
- How comfortable are you with letting me go past my due date?

- What is your episiotomy rate?
- How comfortable are you with me delivering in a position that isn't lying on my back?
- How will you support me if I want to deliver without an epidural?

## What about ultrasounds?

For pregnant people with normal, uncomplicated pregnancies, there are two ultrasounds that are considered routine. The first ultrasound is the Dating Ultrasound, which happens between 8 and 11 weeks gestation. This ultrasound measures the crown-rump length of the fetus and based on this measurement gives you an accurate due date. The second ultrasound is the Anatomy Scan Ultrasound, which happens between 18 and 20 weeks. This ultrasound looks at the anatomy of your growing fetus including major organs, spinal column development and limb development. This is the ultrasound where you can find out the sex of your baby, if you choose. Your care provider may think more ultrasounds are necessary for a variety of reasons, such as growth of the fetus, amount of amniotic fluid and location of your placenta. Ask your healthcare provider if you have further questions about ultrasounds.

## What about genetic testing?

As difficult as it is to talk about, all pregnant people have a very small chance of having a baby with a *chromosomal anomaly* or a *neural tube defect*. A pregnant person can have tests done while they are pregnant to assess the risk that their baby has one of these conditions. It is important to remember that most babies are born healthy.

Right now in Ontario health care providers are able to screen for a handful of chromosomal abnormalities including Down Syndrome, Trisomy 13, Trisomy 18 and Open Neural Tube Defects such as Spina Bifida. There are two types of genetic tests available: screening and diagnostic. Screening is a series of tests, usually a combination of blood work and an ultrasound, that look at what your odds are of having a pregnancy with a chromosomal abnormality. For example, the results may say your risk is 1-in-400 of

having a baby with Down Syndrome. They are not diagnostic in that screening cannot tell you definitively if there is a chromosomal abnormality. It is non-invasive and it is a risk assessment. Your healthcare provider will discuss your results with you.

Diagnostic tests are tests (i.e. amniocentesis, chorionic villus sampling) that can determine whether or not there is a chromosomal abnormality. Diagnostic tests take fetal cells and look at the genetic makeup of the fetus. Diagnostic tests are invasive and have a risk of miscarriage. Your healthcare provider will discuss your results with you.

Genetic testing in pregnancy is optional. A good question to ask yourself before you decide to move forward with genetic screening is: what will I do with this information? How will the outcome of a positive test influence your decisions? Will you terminate the pregnancy? Will you keep the pregnancy and take the opportunity to gather resources? Or is not knowing okay with you and your partner? Take an opportunity to discuss your plans with your partner and your healthcare provider.

## **Amniocentesis**

Amniocentesis is a diagnostic test done by obtaining a sampling of amniotic fluid and examining the genetic makeup of the fetus. A needle is inserted into uterus to take a sample of fluid from surrounding the baby.

Amniocentesis is highly accurate at diagnosing both chromosomal anomalies and neural tube defects. Due to the insertion of a needle into the sterile environment of the amniotic sac, the risk of miscarriage is approximately 1/200. Amniocentesis can be performed between 15- 17 weeks gestation. The results take approximately 1-3 weeks to process.

## **Chorionic Villus Sampling**

Chorionic Villus Sampling (CVS) is a diagnostic test that is done by obtaining a sample of placental tissue and examining the genetic makeup of the fetus. Placental cells may be obtained through the cervix (transvaginally) or through the abdomen (transabdominally). CVS is most accurate for diagnosing chromosomal anomalies, further testing may need

to be done for neural tube defects. The risk of miscarriage is about the same as amniocentesis, 1/200. CVS can be performed starting at 10 weeks gestation. Results take approximately 2-3 weeks to process.

## **Other Miscellaneous Tests**

In addition to ultrasounds and genetic testing, there are several other common tests your healthcare provider will want to order during your pregnancy.

**Routine Prenatal Blood Work:** At your initial prenatal appointment your care provider will order routine prenatal blood work. This involves testing your blood to determine your blood type, your immunity to common infections (i.e. rubella, measles, etc), your hemoglobin and iron stores and, with your permission your HIV and STI status.

**pH Urine Sticks:** At the start of each prenatal appointment your healthcare provider will ask you to urinate on a pH stick. This gives information about urinary tract infections and how your body is processing glucose, among other things.

**Glucose Screening:** Around 24-28 weeks your healthcare provider will discuss glucose screening, a test that determines whether or not you have Gestational Diabetes. The glucose screen involves going into a lab, drinking a glucose drink and having your blood taken. The test looks at how your body is processing sugar and how your body is using insulin. Your healthcare provider will discuss this with you further.

**Urine Samples:** Your healthcare provider may ask you to do urine samples to test for Urinary Tract Infections (UTIs) as they are common in pregnancy and often don't have symptoms. Urine samples are taken by urinating into a specimen cup.

## **Choice of birth place**

Choosing where to give birth is an important decision to be made during pregnancy. In Ontario only midwives can attend out-of-hospital births (i.e.

at home or at a birth center.) There are a lot of myths and misconceptions about out-of-hospital birth, and they are mostly negative - and thankfully - mostly wrong. In the past twenty years there has been extensive research done on the safety of homebirth and birth centres.

Research in North America, the UK and Australia and New Zealand shows that for women with low risk, healthy pregnancies, homebirth is equally as safe as giving birth in the hospital with comparable outcomes for mothers and babies. Here are some advantages and disadvantage of hospital, home and birth center births. Giving birth in a place where both you and your partner feel comfortable will help you labour better and have a better birth experience, whether that is at home, at a birth centre or in a hospital. Talk with your care provider about your options.

Location	Advantages	Disadvantages
<b>Hospital</b>	<ul style="list-style-type: none"> <li>● Access to epidural pain relief</li> <li>● Immediate access medications such as narcotics</li> <li>● Immediate access to emergency services i.e. operating room</li> <li>● Some folks feel safer and calmer giving birth in a hospital setting and may labour better</li> </ul>	<ul style="list-style-type: none"> <li>● Increased risk of infection for you and baby</li> <li>● Shortage of healthcare personnel for one-to-one care</li> <li>● Little control over who comes into labour room (doctors, nurses, students, etc.)</li> <li>● Parents unsure of where supplies (towels, juice, ice) are located</li> <li>● Limitations on number of support people and visitors</li> <li>● Difficulty travelling in a car during labour or after the delivery</li> <li>● In bad weather can be unsafe to travel on roads/history of fast labours may increase risk of delivering before reaching the hospital</li> </ul>
<b>Home</b>	<ul style="list-style-type: none"> <li>● Equipment midwives bring is similar to equipment in a community hospital including oxygen, medications to stop bleeding and sterile instruments</li> <li>● You and baby are used to the bacteria in your home and have a lower chance of infection</li> <li>● Have a lower likelihood of needing interventions such as c-section, epidural or episiotomy</li> <li>● No need to spend time in a car getting to and home from the hospital</li> <li>● Many folks are more</li> </ul>	<ul style="list-style-type: none"> <li>● Some folks may not feel comfortable giving birth at home and may labour better away from home</li> <li>● No access to epidural pain relief</li> <li>● In case of true (rare) emergency, must transport by ambulance into the hospital</li> <li>● Not appropriate for high risk pregnancies or pregnancies with significant complications</li> </ul>

	<p>comfortable labouring in a setting known to them</p> <ul style="list-style-type: none"> <li>● Ability to control who is at the birth, in the house</li> <li>● Partner knows where supplies are, can often feel more confident and helpful</li> <li>● Having hospital birth as a backup is part of what makes home birth safe.</li> </ul>	
<p><b>Birth Centre</b></p>	<ul style="list-style-type: none"> <li>● Equipment at a birth centre is equal to a community hospital including oxygen, medications to stop bleeding, and sterile instruments</li> <li>● Have a lower likelihood of needing interventions such as c-section, epidural or episiotomy</li> <li>● A space that is neither home or hospital</li> </ul>	<ul style="list-style-type: none"> <li>● Some folks may not feel comfortable giving birth at a birth centre and may labour better at home or in the hospital</li> <li>● In case of true (rare) emergency, must transport by ambulance into the hospital</li> <li>● No access to epidural pain relief</li> <li>● Not appropriate for high risk pregnancies or pregnancies with significant complications</li> <li>● Difficulty travelling in a car during labour or after the delivery</li> <li>● In bad weather can be unsafe to travel on roads/history of fast labours may increase risk of delivering before reaching the birth centre</li> </ul>

## **Developing a birth plan**

A birth plan is a document created by you that shares your plans for labour and delivery with your healthcare provider. Typically a birth plan has information about the type of labour and birth you would like to have, what you want to have happen and what you would like to avoid. Most birth plans are about a page long and often are made in point form.

Here are some things to consider including in your birth plan:

- What support people you want at your delivery
- Your pain relief preferences
- Your level of comfort with medical interventions
- What position(s) you may want to be in when you push and/or deliver
- Immediate infant care (i.e. skin-to-skin, delayed cord clamping)
- The most important issues to you
- Concerns or fears

You do not have to create a formal document but it is a good idea to discuss your birth plans with your healthcare provider ahead of you going into labour. This way you have a better chance of having the birth you want.

## **Should I take prenatal classes?**

Prenatal education is very helpful tool that can help you prepare to become a parent. Prenatal education usually encompasses pregnancy, the childbirth process, infant care and early childhood. Prenatal classes can be online, drop in, or at a set time and place. Some cost money some are free. Prenatal education is a great opportunity for you to get your partner and/or family involved in your pregnancy.

## **Miscellaneous costs of pregnancy**

- Food. Eating well in pregnancy is very important and unfortunately, eating healthier can sometimes be expensive
- Prenatal vitamins and supplements

- Transportation. When you're pregnant there are more appointments with your healthcare provider, ultrasounds, lab work, etc.
- If you do not have OHIP you will have to pay for ultrasounds, lab tests and possibly hospital stays and procedures