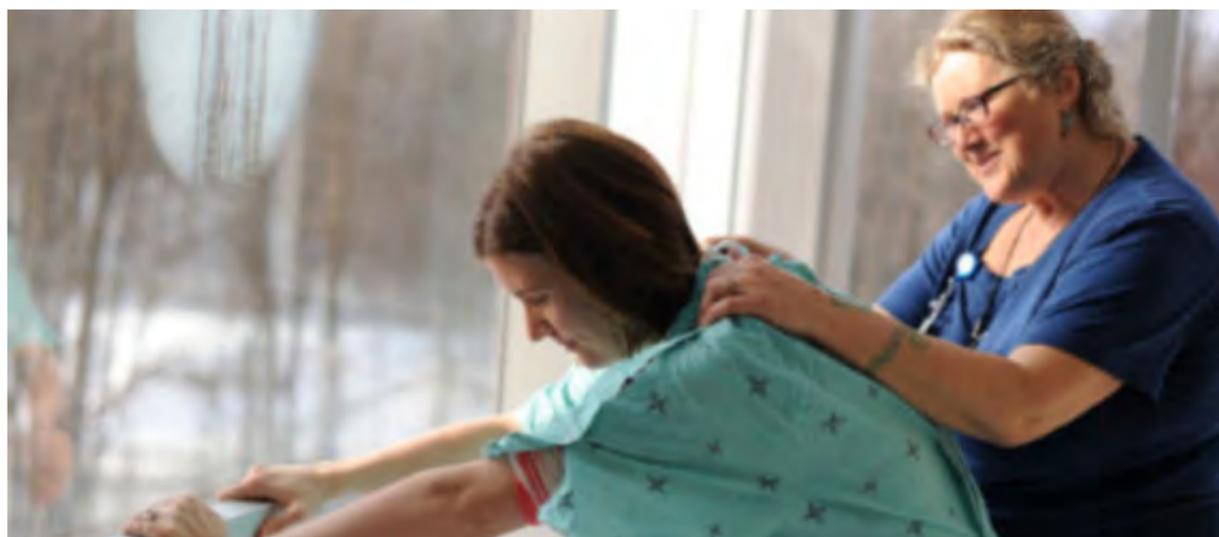




Issue #2 September 2016: Labour and Birth



Editorial

by Tasha MacDonald, RM, Director, Clinical Practice Guidelines

Our second issue of *Active Labour* ushers in fall and is the perfect opportunity to welcome new midwives to practice and new members to the AOM. Since November 2015, 68 midwives have registered, bringing the number of registered midwives in Ontario to more than 800. A full list of new members and practices can be found below.

In this issue, we're focusing on "labour and birth" and bringing you resources, old and new, to support clinical practice. You'll find a feature on choice of birthplace and advice about carrying oxygen in your car to births. We're also launching our newly revised clinical record forms, which allow for consistent charting for out-of-hospital births and postpartum visits. There are also links to clinical practice guidelines and other resources for midwives and clients, as well as a staff profile of CPG team member, Sarah Burke Dimitrova, who contributes to the development of clinical resources.

Midwifery data and research are essential to the knowledge translation work that the AOM undertakes to support Ontario midwives' clinical practice, and inform policy decision-making and hospital advocacy work.

Using BORN data for midwifery outcomes from 2014-15, the AOM produced an infographic, "[Giving birth with midwives in Ontario](#)," which provides midwives, clients and policy-makers with a snapshot of midwifery statistics on place of birth, mode of birth, pain relief and infant feeding. These stats speak for themselves and truly shine a light on the safe, excellent care midwives are providing to clients.

Midwives also benefit from the availability of midwifery data: accessing your own client outcomes, as well as practice-level outcomes, helps midwives see trends in practice that can contribute to quality improvement.

Let us know how you're using data or AOM resources to support your clinical practice in labour and birth, and beyond!

Sincerely,
Tasha

The theme for our October issue is "patient safety" in conjunction with Canadian Patient Safety Week. Got story ideas? Let us know at comms@aom.on.ca

Welcome new practices and members!

Four new midwifery practices opened over the last year:

[Community Midwives of Ottawa](#)

[Gentle Beginnings Midwifery](#) - Greely satellite site

[Midwives of Middlesex and Area](#)

[Norfolk Roots Midwives](#)

A total of [68 new midwives](#) joined the profession between Nov. 20, 2015 and Sept. 13, 2016.



Discussing Choice of Birthplace

Earlier this summer, the AOM launched the new [Choice of Birthplace guideline](#) – a tool for midwives that aims to facilitate informed choice discussions with clients about birthplace.

Inspired by the recommendations on place of birth in the [National Institute for Healthcare Excellence \(NICE\) guideline](#) on intrapartum care, this new resource draws primarily on Canadian research to provide the best available and most relevant evidence for midwifery clients right here in Ontario.

In developing this guideline, an expert panel, chaired by Liz Darling, and composed of representatives from the Midwifery Education Program, the Ontario birth centres and the College of Midwives of Ontario reviewed research that evaluated the safety of home birth for clients and their babies – including two Ontario studies led by Eileen Hutton (see [here](#) and [here](#)). These studies show that babies' health outcomes are the same, whether their birth was planned at home or in a hospital, and that outcomes for clients were the same or better when a home birth was planned.

Ontario midwives can confidently and proudly refer to these findings, as presented in the guideline, to support home and birth centre births in their communities. After all, having midwifery-led research using Canadian midwifery data is important and powerful, as Hutton highlighted in the April 2016 *JOGC* [editorial](#) on the safety of home birth. The only way to truly know the quality and level of care we are providing is to have research using our own data that looks at the kind of care midwives provide.

Stay tuned for a future webinar about the choice of birthplace guideline.

How do you discuss choice of birthplace with clients? Let us know.



Choice of Birthplace Guideline

Read all about it:

AOM blog [Healthy pregnancy? Consider a home birth](#)

Globe and Mail [Women should have choice between home or hospital birth](#)

Hamilton Spectator [Home birth safe for low-risk pregnancies, research shows](#)

Other labour and birth resources:

Our newest clinical practice guideline (CPG) is [No. 17: Postpartum Hemorrhage](#).

Other CPGs:

- [Vaginal birth after previous low-segment caesarean section](#)
- [Management of prelabour rupture of membranes at term](#)
- [Group B streptococcus: prevention and management in labour](#)
- [Management of uncomplicated pregnancy beyond 41+0 weeks' gestation](#)
- [Hypertensive disorders of pregnancy](#)

Did you know: our CPG webpage has been reorganized to pair CPGs with all complementary and related resources, such as CPG summaries, appendices, client documents, GRADE Tables and AOM apps. [Check it out!](#)

Bulletin #32: Key cases in the 2012 Coroner's Report

The place where they will be born: the birth centre at Six Nations

Home birth stories - Part 1

Home birth stories - Part 2

Home birth stories - Part 3



Storing and Transporting Oxygen

Are there any special safety provisions or regulations for storing and transporting oxygen tanks?

There are no set federal or provincial regulations for the storage or transportation of the small tanks (sizes B, C, or D) of compressed oxygen or medical oxygen that midwives carry and there are no signs that need to be displayed on your vehicle.

However, there are best practice recommendations for the safe transport and storage of oxygen tanks to maximize the useful life of your equipment and its safe use. These also apply to the transport of small nitrous oxide tanks according to their respective material

safety data sheets (MSDS). Consider the following:

Generally:

- As oxygen is an oxidizing agent, it vigorously accelerates combustion so tanks should be kept away from open flames or sparks.
- Tanks should be stored and transported with the regulators unattached to ensure that there is no risk of something hitting the regulator and accidentally allowing the oxygen to leak out or of something damaging the regulator.
- Do not use a tank or regulator that appears damaged. Return it to the supplier for inspection, repair or replacement.

Storage:

- Arrange your clinic storage area so that full and empty tanks are not mixed-up and a midwife does not inadvertently take an empty tank that they believed was full. If the tanks come with Full/In use/Empty tear off tags, use them to keep track.
- To prevent the damage of tanks, take steps to prevent tanks from rolling around, being dragged or falling over. Store tanks in the upright or standing position when in the clinic or wherever you store your tanks.

Transporting in the car:

- When transporting tanks in the car, always secure them in the trunk of a car and/or keep them in a bag that stops them from rolling around and protects them while “lying down” in the trunk.
- Oxygen tanks should not be stored in a car if the car has the potential of reaching greater than 52°C. This can get tricky in the summer months. One supplier recommends that the tanks come inside on particularly hot days and are not left in a car. As the gas heats up, the pressure increases inside the tank. If the pressure gets too high, the safety valve will pop and release the oxygen. This prevents the tank from exploding due to high pressure, but also results in the oxygen tank being emptied.
- Let your car insurance company know that you transport medical-grade oxygen.

For further information, you can obtain the MSDS for medical oxygen from your local oxygen supplier, these are often available on the supplier’s websites.



Clients can learn more about midwifery care via Ontario Midwives videos like [Giving Birth with a Midwife](#)



2016 Revised Clinical Record Forms

The newly [revised Clinical Record Forms](#) are now ready for use at all out-of-hospital births and postpartum visits. The revision process was robust, including input obtained from the MEP, CMO, the birth centres, the Quality, Insurance and Risk Management Committee and HIROC. Two pilot versions of the forms were trialed by midwifery practices and the birth centres and then revised again. Now they are ready for use.

Using the forms will support consistent charting by midwives in your practice group, will ensure that you have recorded information relevant to new BORN fields and will facilitate charting that may protect you in the unlikely event of a future claim.

There is a new assessment form for use when doing an early labour check or an assessment for prelabour rupture of membranes. Some midwives prefer charts, boxes and prompts and some prefer space for narrative - the new forms have both! Less charting repetition will save you time!

[Access the new forms and tips for use on the AOM website.](#) And watch for the new Ontario Perinatal Records (formerly the Ontario Antenatal Records) that will be coming out later this year for use by all maternity care providers.

HRTO Update

Hearings at the Human Rights Tribunal of Ontario regarding the AOM's case against the Ministry of Health and Long-Term Care regarding pay equity for midwives continues. Hearing dates have been booked by the Tribunal into December 2016.

Midwives and midwifery students are welcome and encouraged to attend HRTO hearings, which began earlier this month. Dates and location info can be found on [Ontario Midwives](#) or the [member website](#).

If you're unable to attend, keep up-to-date on midwife witness testimony through our [blog posts](#), which are updated regularly.

Pay gap leave you wanting to cry? Have [a laugh](#) instead.



Staff Profile: Sarah Burke Dimitrova

It's been just over a year since Sarah Burke Dimitrova joined the AOM, but already she's contributed a piece of work that is important to both the association and to midwives: the new Choice of Birthplace guideline, which launched this July.

As a Knowledge Translation and Research Specialist, Sarah focuses on research and methodological support work for clinical practice guidelines and other clinical resources – including the upcoming hyperbilirubinemia clinical practice guideline. Prior to joining the AOM, Sarah completed her master’s in reproductive and perinatal health at Johns Hopkins Bloomberg School of Public Health and previously worked at the Quebec Public Health Association.

When not sitting at her computer searching literature databases, reading studies, crunching numbers or critically appraising and interpreting research for relevance to midwifery, Sarah’s often found cycling or running and has completed two full and two half marathons (yes, we are in awe!).

An Acadian born and raised in New Brunswick, Sarah is often a go-to for staff who need help answering questions in French or translating emails from supporters.



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