Q and A re Community Birth Program at Kildonan Medical Centre:

1. Why is a Community Birth Program a good idea for Northwest Winnipeg? Currently there are no providers who do intrapartum care in this area of the city. While patients may be seen up until a certain point in their pregnancy, they are referred to an obstetrician or midwife who practice outside the community for a significant number of their visits. This is an inconvenience to patients who may have difficulty securing transportation and child care. Additionally, if referral is made to an obstetrician, there is a high likelihood that they will not be delivered by that physician but rather by another member of their group.

Establishing a program that would allow women to receive care in the third trimester closer to home as well as establish a relationship with a care provider who also delivers babies, would be beneficial to women in the community. In addition, as the maternity providers would also be able to provide care for the newborn in the hospital setting, more babies would likely return to the community for their ongoing care. Midwives and family physicians who provide intrapartum care have a similar approach to pregnancy, labour and delivery, emphasizing family centred care.

2. Who can attend the program? Any pregnant patient can be referred. If you have questions as to whether they are suitable in terms of risk, Larry and Elisabeth will be happy to discuss with you.

3. Who will see the patient? The patient will be seen by Elisabeth Dolin, midwife, and Larry Reynolds, family physician. Both providers will meet the patient and be involved in their care. This is a shared care model which will focus on the particular needs of individual patients.

4. At what point in the pregnancy will patients be seen? They can be seen at any point however preferably by 36 weeks at the latest. If the bulk of the prenatal care is to be provided by the regular provider, a visit at 28 weeks to meet and review would be desirable, followed by weekly visits after 36 weeks. Some patients may wish to be seen earlier on in their gestation. Both Larry and Elisabeth are flexible but would like an opportunity to establish a relationship with the patient prior to delivery.

5. Who will deliver the baby? Both Larry and Elisabeth do their own deliveries except in extenuating circumstances (vacation, illness etc). If not available, they cover for each other. In the unusual event that neither is available, their deliveries will be covered by the on-call family physician for the Family Medicine Network group at Women’s hospital which includes Cynthia Sawatzky, Jocelyn Reimer and Helen Harmer.

6. What happens if my patient requires a C-section or develops a complication during labor? There is always a 24 hour on-call obstetrician at Women’s Hospital and consultation would occur...
7. **Who will look after the baby?** If the mom is in agreement, the baby will be looked after by either Elisabeth or Larry while in hospital and mom will be encouraged to return to their regular clinic for ongoing care of the newborn.

8. **Who will see my patient for their “6 week” postpartum visit?** Your patient will return to you for the postpartum visit however, Elisabeth will also offer home visits in the first few days after discharge from hospital to assess mom and baby.

9. **How will patients know when to go to hospital and who to contact?** All women who are CBP clients will receive an information sheet that details contacts and outlines the variation in hospital care depending on which provider is delivering.