

Enhanced Skills

Mother and Child Health Profile:

Physiological birth

This profile provides a unique opportunity for residents who would like to explore the art and science behind physiological labor and birth. Rigorous literature review to explore the evidences behind the practices that support physiological birth is encouraged. Clinical exposure to alternative models of care are organized with midwives and/or family physicians who provide care with an emphasis on physiological birth ([Please see Annex I Orientation document for residents rotating in Birthing Homes during their Mother and Child Health Rotation](#)). The graduating resident is expected to be able to adopt and advocate for optimal practices that support physiological labor and birth.

Specific objectives may include the following: Placing current birth practices in the hospital environment in the context of historical, institutional and professional developments. Knowing how to promote and preserve the advantages physiologic birth when medical interventions are required. Developing consensus on patient centered plans of care, which may include the use of birth plans and their modifications during the course of labor.

Learner should participate in a collaborative model with patient, her partners and other team members such as nurses, midwives, doulas, family medicine colleagues and consultant obstetricians.

Understand importance of physiologic birth on the initiation of breastfeeding.

Understand the principles of ethics that play a role in current maternity care, this may include consent and beneficence.

[Annex I Orientation document for residents rotating in Birthing Homes during their Mother and Child Health Rotation](#)

Context:

Birthing Home are designated birth places where low risk women can deliver under the care of a midwife. In Quebec, midwives have full autonomy in practicing deliveries of low risk pregnancy. They typically will offer 3 places for the delivery, home, birthing home or hospital and they will leave the decision to the women to choose.

They work with all the necessary medication to insure safe deliveries but they do not offer epidural or oxytocin for augmentation of labour. Therefore, it is a unique opportunity to observe natural deliveries. They have an intra-partum transfer rate of approximately 18%, mostly non-urgent transfers.

Birthing home are a place where not only deliveries happen but also prenatal follow up, prenatal classes or discussion group, post-natal and baby follow up.

Language: The rotation will be in French.

Length: 2 weeks to 1 month. Ideally, a 1 month horizontalised rotation with 1 month call coverage and pertinent clinics mixed with continuity of care clinics, research half-days and teaching. It can also be integrated in Mother and Child Health Horizontalised rotations for trainees who have a shorter training.

Objectives:

This is an observation rotation.

The resident should be able to observe

Normal and natural deliveries at home and in the Birthing Home

Prenatal classes

Post-partum home visit

Meetings

Hospital transfers

They should learn corner stone midwifery concepts such as « keeping the space », the art of being around a woman in natural delivery.

Please note that you should not do clinical acts or give clinical interpretation as a doctor in the Birthing home or homes at any given time even for benign conditions (e.g. a mild cough). This is an observation rotation.

Exceptions to that rules would be basic acts for which you have **an available medical supervisor that you can reach over the phone to review** at that moment (e.g.: CSST form that needs to be signed or treatment of a positive urine culture).

You can, if you wish, become the family physician of the babies or women that you meet if your practice allows.

Schedule: Same as the Birthing Home. In horizontalised context, approximately 50% of the rotation should be in clinic at the birthing home and the other 50% in continuity of care clinic, calls, research time.

Calls: You should be on call 24h/7 with a designated midwife. The objective is for you to observe as many deliveries as possible.

Scholarly activities: You are expected to do 2 scholarly activities.

- 1) A small reflexive essay on your observations, experience, etc.
- 2) Prepare a 1 hour talk on a topic of your choice related to physiological birth (see following list for examples). This talk should be given to your colleagues as peer teaching on Thursday PM.

How to approach movement in labour

How to approach pain in labour

What are the best practices to support natural labour and birth

How to approach birth without interventions

Etc.

Evaluation:

The evaluation will be completed by the Mother and Child Health Program Director

I will be based on 3 components:

A field note from your designated midwife commenting on the following aspects:

Understanding of midwifery practice

Understanding of physiological birth

Respect of women, newborn, couple and labour

Respect of midwifery practice and ability of collaboration

The reflexive essay

The teaching prepared