Health Care Providers

Regular prenatal care is directly related to having a healthy baby. During prenatal appointments your health and the health of your growing baby are followed closely.

Prenatal health care can be provided by:

- A family doctor or nurse practitioner who treats all family members as well as new babies.
- An obstetrician (a doctor who provides care to pregnant women before, during, and until six weeks after birth).
- A midwife (a health care professional who provides care for women throughout normal pregnancy, labour, birth, and six weeks after birth).

Not all family doctors deliver babies. Your prenatal care may begin with your family doctor who may then refer you to an obstetrician before your third trimester. You may see more than one obstetrician in a group practice.

If You Don't Have a Doctor

- Contact your local area hospital for a list of doctors accepting new clients.
- Visit the Health Care Connect website to find a physician in the Windsor-Essex area.
- Contact the Nurse Practitioner at the Windsor-Essex County Health Unit at 519-258-2146, ext. 1225.

Walk-in Clinics provide health care if you don’t have a family doctor or are unable to reach your family doctor. Generally, appointments are not needed. Clinic hours are subject to change, so it’s best to call before you go to check clinic hours. Some clinics are open on weekends and holidays.

To locate a walk-in clinic near you, look in the yellow pages of your telephone book under “clinics - medical” or “walk-in clinics”. Some walk-in clinics also provide ongoing family care with booked appointments.

Hospitals in Windsor-Essex County

- Leamington District Memorial Hospital 519-326-2373
- Windsor Regional Hospital: Metropolitan Campus 519-254-5577

How to Find a Midwife

If you would prefer to see a midwife during your pregnancy, contact Midwives of Windsor or Midwifery Collective of Essex County early in your pregnancy.

How to Find a Doula

Doulas are trained women who provide emotional support during pregnancy. They can provide physical and emotional support during childbirth and after your baby is born. If you’re interested in hiring a doula, contact The Doula Collective or Rite of Passage.
What to Expect During Prenatal Appointments

During your pregnancy, you will see your doctor/midwife:

- Every month during the first 30 weeks of pregnancy.
- Every two weeks from week 30–36.
- Every week (or more frequently if needed) from week 36 until you have your baby.

During your first prenatal check up your doctor/midwife will:

- Take your medical history.
- Discuss your medication use.
- Talk to you about how to be healthy during your pregnancy.

At each visit your doctor/midwife will:

- Test your urine.
- Check your blood pressure.
- Check your weight and your baby’s growth.

During these regular visits your doctor/midwife will discuss any prenatal tests that may be required or recommended.

Be sure you ask your doctor/midwife any questions you have about your health, your pregnancy, and your baby.

Preparing for Prenatal Appointments

- Write down your questions prior to your appointment.
- Bring a support person to appointments as needed.
- At the beginning of your appointment let your health care provider know that you have a few questions, particularly if you think they may take some time to answer.
- Let your health care provider know your level of knowledge on the issues discussed.
- Be friendly but firm. Make requests not demands.
- Summarize what you understand from the conversation at the end of the appointment.
- If you’re unsure about new information you’ve received, such as a diagnosis or test result, it’s a good idea to ask to have the information written down.

Birth Plan

After you’ve learned about the options for labour and birth, you may want to write a birth plan.

A birth plan may assist you and your partner in communicating your preferences to your health care provider(s).

Many hospitals offer samples and there are templates online; for example at the Society of Obstetricians and Gynaecologists of Canada.

Being involved in your own care helps to achieve the best health outcomes for you and your family.
Prenatal Tests

Prenatal tests are offered to all pregnant women to help ensure the healthiest pregnancy possible.

If you're in your second or third trimester of your pregnancy, you've probably already been referred for prenatal tests such as blood work and an ultrasound.

Did you receive information about the prenatal tests before having them? Did your health care provider discuss the pros and cons of prenatal testing?

It’s important to know your own health history and share it with your health care provider.

It’s also important to be well informed about the prenatal tests you’re offered in order to make the best decisions during your pregnancy.

Two Types of Prenatal Tests

1. **Screening Tests** are offered to all women to check general health and baby’s growth and development. These tests will:
   - Assess your baby and its position in your uterus.
   - Assess the risk or chance that your baby may have certain conditions without giving a definite diagnosis.
   - Provide information to help your doctor know if more diagnostic testing is recommended.

   **Examples of screening tests** are certain blood tests (e.g., maternal serum), an ultrasound, and a swab for Group B Strep.

2. **Diagnostic Tests** determine if a specific condition is present. Diagnostic tests may involve some risk. Your doctor should explain the risks and benefits of any diagnostic test to help you decide if you want to have the test.

   **Examples of diagnostic test** is an amniocentesis.

   **No test is 100% accurate and no single test covers all conditions.**

   More Information: [Prenatal Diagnosis](#)

Multiple Births

An ultrasound will identify if you are pregnant with more than one baby. Multiples have an impact on pregnancy, labour, birth, and parenting and require specialized health care.

More Information: [Society of Obstetricians and Gynaecologists of Canada](#)

What can you do to check that your baby is “doing well”?

- Note any contractions you’re having especially before 37 weeks in your pregnancy.
- Be aware of your baby’s daily movements.
- Report your concerns to your health care provider.
Infections and Pregnancy

Women and their partners should try to ensure that they’re healthy, free of infection, and that their immunizations are up to date before becoming pregnant.

Infections are often caused by organisms (bacteria and viruses) that invade the body and reproduce. Infections are easily spread and if left untreated can cause harm to both mother and baby. Regular prenatal care will help identify infections early. When treated promptly, complications from infections may be prevented or minimized.

**Rubella** (German measles) can cause serious birth defects when a woman is exposed early in pregnancy.
- Most women have either been immunized against rubella or have antibodies to protect against it.
- A vaccination is available, but shouldn’t be given during pregnancy. It’s best to receive this vaccine at least three months before becoming pregnant.

**Group B Streptococcus (GBS)** is a bacteria many women carry in their bodies, commonly in their vagina or rectum, and sometimes in their bladder, kidneys, or uterus. Many women who have this bacteria have no symptoms. If left untreated, GBS could pass to the unborn baby and cause serious illness.
- To screen for GBS, health care providers swab the vagina and rectum, or take a urine sample at around the 36th week of pregnancy.
- If the screening is positive, women are treated with antibiotics during labour.

**Toxoplasmosis** is an infection caused by a common parasite found in raw or undercooked meat, cat feces, and garden soil. To prevent this infection:
- Cook meat well.
- Wash hands and cooking utensils well after handling raw meat.
- Have someone else clean the cat litter box.
- Use garden gloves when working out in the garden.

**Human Immunodeficiency Virus (HIV)** causes infections that can harm a person’s immune system. As people become more ill with HIV infections, they are diagnosed with Acquired Immune Deficiency Syndrome (AIDS), a life-threatening illness.
- HIV testing is voluntary and highly recommended when pregnant.
- An infected mother can pass the virus to her baby during pregnancy, delivery, or while breastfeeding.
- If a pregnant woman is found to be HIV positive, there are a number of ways that the risk of giving the infection to her baby can be reduced.

**Sexually Transmitted Infections (STIs)** are routinely screened for during pregnancy. It’s very important that pregnant women continue to practise safe sex and to tell their doctor or midwife if they think that they may have been exposed to an STI while pregnant.

More information:
- H1N1 & Pregnancy Public Health Agency of Canada
- Motherisk
Emotional Changes

Pregnancy is a time of enormous change. The hormonal changes within your body during pregnancy can trigger different emotions. Emotional changes such as joy, excitement, or even fear and panic are common during pregnancy.

- These emotions may be related to the anticipation of parenthood and changing roles and priorities.
- Fathers-to-be often experience similar kinds of emotions.

It's also normal for your emotions to be affected by your body's changing hormonal levels after giving birth. One moment you may be very happy and the next you find yourself in tears. You may find it difficult to cope with these sudden changes and new stresses in your life but remember to give yourself time to recover and to adjust to your new role.

Four out of five new mothers will experience the postpartum blues.

- The blues usually begin on the third or fourth day after the birth of a baby.
- A new mother may feel sad and tearful, irritable, exhausted, or overwhelmed.
- She may have changes in her sleeping or eating patterns.
- These signs are often temporary, and disappear in about one to two weeks without treatment.
- For some women, however, the symptoms may last longer and develop into a more serious condition (postpartum depression).

One in five mothers will suffer from some degree of postpartum depression and anxiety.

- Postpartum Mood Disorders (PPMD), such as postpartum anxiety or depression can affect any woman during the first year after giving birth.
- The cause of PPMD is not fully understood - hormonal changes, lack of support, stress, and the demands of the new role as a mom may all have an impact.
- Consult with your family doctor or midwife if you're experiencing any symptoms.
- Do not wait! There's help available for you and your family.

Emotional changes during and after pregnancy are easier to manage when you take care of yourself by:

- Getting enough sleep.
- Eating well-balanced meals.
- Exercising.
- Talking to friends and family for support.
- Attending programs before and after the birth of your baby.
- Discussing symptoms and concerns with your health care provider.