

# CHOOSING A CARE PROVIDER

## SUGGESTIONS FOR CARE PROVIDER INTERVIEWS

- ❖ Ask questions when you are fully clothed.
- ❖ Ask open ended questions: How? Why? When? What?
- ❖ Consider a few well-chosen questions. The answers to those questions will tell you a lot about how any particular care provider practices. (The **bold** questions that follow are especially telling.)
- ❖ If a care provider calls you by your first name, you should consider it appropriate to reciprocate by calling her/him by a first name.
- ❖ If you are planning a hospital or birth center birth, check policies at the hospital/birthing center where your care provider practices.
- ❖ Check on the practices/protocols of your care provider's backups or partners.

## QUESTIONS FOR POTENTIAL CARE PROVIDERS

### FOR HOMEBIRTH AND BIRTH CENTER CARE PROVIDERS:

**How many births have you attended? Of these births, how many required transport? For what reasons?**

**Who will attend my birth with you? Do you attend the birth alone? A birth assistant? Another midwife? A nurse?**

Have you ever had an unexpected outcome? What did you do?

What equipment and medications will you bring with you to my home (or have on hand at the birth center) for the birth?

Do you have a physician and/or hospital to whom you would transfer me should the need arise?

**Will you accompany me to the hospital should I transport for any reason? Have you ever not transported with a client? Will you continue to offer labor support during my labor in hospital?**

**Has there ever been a time when you did not have the equipment or medications required to handle a situation at a birth? What did you do?**

### FOR HOMEBIRTH, HOSPITAL AND BIRTH CENTER CARE PROVIDERS:

**What is your definition of "natural" childbirth? (Does her/his definition match yours?)**

How are you willing to work with me towards a natural birth?

Under what circumstances would you no longer feel comfortable caring for me? Or, for midwives, for what reasons would you risk me out of your practice, i.e., pass my care on to an obstetrician?

What protocol do you subscribe to for the care of Group B Strep positive women?

Under what circumstances would you recommend amniocentesis?

Under what circumstances do you suggest ultrasound? Are you aware of any problems associated with ultrasound?

**What prenatal tests do you routinely perform? What are their risks and benefits? How would you feel about my foregoing any or all of these tests?**

How do you feel about water births?

What do you consider overdue? What is the longest overdue a woman in your practice has ever gone? What is your standard protocol for post-dates pregnancies?

**Under what circumstances would you recommend an induction of labor? What is your standard protocol for induction?**

I've heard some care providers say a woman has to dilate a specific number of centimeters per hour. Do you set a time limit for any part of my labor? If my body doesn't follow this schedule, what would you do? Would you use pitocin, forceps, vacuum extraction, cesarean? What is the hospital's policy regarding time limits?

How often do you assess dilation/effacement (i.e., how often do you do vaginal exams)?

How do you define a long labor?

What do you suggest for a long labor?

**What are your feelings about eating, drinking and walking during labor?**

**Do you require an I.V.? What are the circumstances under which an I.V. is needed?**

What are the risks of using an I.V.? Do the risks include restricted mobility, maternal and fetal hyperglycemia (high blood sugar) and bladder distension?

Would you use a heparin lock instead of an I.V.? Why or why not?

What percentage of your clients has vacuum extraction or forceps deliveries?

**What percentage of your clients have cesareans?**

**What percentage of your clients have episiotomies?**

**How do you help women to avoid episiotomies? (Hot compresses?) (Massage with oil?) (Perineal support and keeping the baby's head from flexing?) (No forced pushing?)**

Do you use a doptone or fetoscope to check the baby's heart rate?

Do you require a fetal monitor? Does the hospital?

How is it determined whether an external or internal monitor is used?

**Can the external monitor be used intermittently? How do you define intermittent monitoring? What does the hospital's policy require?**

Are certain labor positions favored when the fetal monitor is used? If so, what are the risks and benefits associated with these positions?

With internal monitors, at what stage are the waters broken? What is the infant scalp infection rate at your hospital? What is the infection rate for the mother compared to other women who have their waters broken, but have no fetal monitor, and compared to women who don't have amniotomy (manual breaking of the waters)?

Who reads the fetal monitor results? What are the training and experience requirements for the person reading the monitor?

What is the cesarean rate for women who have monitors (for both external and internal monitors) and those who do not?

In the event of a cesarean, would my husband and doula both be allowed to attend the birth? Would a woman's arms be left free during surgery or strapped down? Is it possible to lower the drape so a woman can see her baby being born? Is a mirror available? Are cameras and camcorders allowed?

In the event of a cesarean, does the hospital have a mandated observation period for cesarean section babies? Is it possible that the baby could join the mother in recovery? How often do the women in your practice nurse their babies immediately after a cesarean section? In recovery?

**Under what circumstances would you artificially rupture my membranes? How often do you rupture membranes? Why?**

If my membranes rupture spontaneously (or artificially), do you set a time limit before suggesting a cesarean? Do you do any testing to determine if infection is indeed present?

What is your policy for dealing with the presence of meconium in the fluid?

Do you know how to attend a breech birth? What percentage of your breech births are cesareans?

**What drugs do you prescribe (or carry for homebirths) for pain control, epidural, local for perineal repair?**

How do you and hospital staff feel when an informed woman chooses not to give informed consent for certain procedures? Has this ever happened to you?

Are showers and baths readily available at the hospital? How many women use them? Are there any circumstances under which you would restrict my using them? Are there any circumstances under which the hospital would restrict my using them?

When do you recommend that I go to the hospital? How would you feel if I came in later than that? What do you normally do with women who come in who are not in active labor? (Send them home? Keep them in the hospital? Give pitocin?)

Do you or the hospital have any restrictions on the number of friends and family I may have in the room with me during labor? What is the sibling visiting policy? Are siblings welcome at the birth?

Do the women in your practice cry out/vocalize during contractions or pushing? Is this encouraged by the staff? Discouraged? What are your thoughts?

Have you worked with professional labor support (doulas) before? What was your experience?

Is there any circumstance under which my labor support or husband will be asked to leave me? Are cameras and camcorders allowed in the hospital? Are there any restrictions on their use?

I'm not sure what position I'll choose when pushing my baby out. Are you comfortable with leaving the birthing bed intact to facilitate different positions? What position do you normally work with? How often do women choose this position? How often do women choose other positions? How would you feel if I were to choose a different position? Does this facility have a squat bar for their beds or are you comfortable if my birth team helps me to squat for delivery?

Have you ever had a woman touch the baby's head as it was born? I may choose to do so.

Do you administer pitocin after the baby is delivered to speed delivery of the placenta or do you wait for

the placenta to deliver naturally? (I know that nursing my newborn can help with the delivery of the placenta and I would like to do so.) (I would/would not like to have pitocin administered.) (I would/would not like to wait for the placenta to deliver on its own.)

My husband may want to help catch the baby. How could you assist him in doing that?

How often do women in your practice get to hold their babies immediately after delivery? How often do women nurse their babies immediately after delivery? I would/would not like to do so.

How many women in your practice nurse their babies immediately after delivery? Who is available to help with our first feeding? Under what circumstances might I not be allowed to nurse immediately?

How long will the baby stay with me after delivery? How often does the baby stay a shorter time than that?

Where will newborn examinations be performed? May they be done in my room or may my husband or I be present for the exam? What tests will be done?

May the eye drops for the baby be delayed or refused?

How do you and hospital staff feel when a woman refuses any or all standard newborn procedures?

Who are your backups? Do they share your philosophy of practice? Can you be available to me if no other supportive physician is on call, even if you are off?

Does the hospital have rooming in for the baby? Does the hospital require separation of mother and baby at any time?

Has anyone in your practice ever opted for early discharge after birth (4 - 8 hours)?

If you are planning a VBAC

How many VBACs have you attended?

Of all women in your practice who attempt VBAC, what percentage is successful?

What recommendations do you give to women planning VBACs that are different than you give to other women?

What are the differences in protocol during labor?

How do you feel about manual exploration of the incision after a VBAC?

Compiled and adapted from several sources and experience  
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