

Following are some suggested questions to encourage dialogue and to help you get a sense of your care provider's approach. It is a good idea to interview at least two or three providers. It is never too late to change if you are not comfortable with the answers you receive.

## PRENATAL

1. How much time do you allow for each prenatal visit?
2. How do you handle routine phone calls?
3. Are you part of a high risk practice?
4. Do you consider maternal age as a risk factor in and of itself?
5. Under what circumstances do you recommend the following prenatal tests or procedures?
  - Ultrasound (number and stage)
  - Maternal serum alpha-fetoprotein screening (AFP)
  - Chorionic Villus Sampling (CVS)
  - Amniocentesis
  - Gestational diabetes screening
  - Group B streptococcus screening
  - Prenatal rhogam
  - Other
6. Is there a limit to the number of people who can accompany me during my birth? How do you feel about a labor support professional such as a doula or massage therapist joining my birth team?
7. Will I be able to eat and drink in labor?

## FIRST STAGE OF LABOR

8. How do you feel about natural/unmedicated birth?

9. What non pharmacological comfort measures do you support:

- Freely changing positions and walking around
- Water therapy (shower/tub)
- A birth ball
- A doula
- Other

10. Under what circumstances would you recommend an epidural/narcotics?

11. When would you like me to come to the birth center/ hospital?

- When my water breaks
- When my contractions are \_ minutes apart for \_ long

12. What are your recommendations if my water breaks before contractions have begun?

- Call and stay home until contractions start?
- Come to office/hospital/birth center to monitor baby and then return home
- Come immediately to hospital/birth center

13. How long after my water breaks would you recommend induction if my labor doesn't start on its own?

14. What are your protocols regarding my due date ie inducing labor?

15. Do you routinely use cytotec or prostaglandin gel to ripen the cervix before induction?

16. Do you believe in active management of first stage i.e. progress less than 1 cm/hour will call for artificial rupture of membranes (AROM) or pitocin? If everything is fine with me and my baby, will I be able to labor at my own pace and for as long as I need?

17. What non medical ways of stimulating labor do you recommend:

- Herbs
- Nipple stimulation
- Castor oil
- Intercourse (before spontaneous rupture of membranes (SROM))
- Enema
- Acupuncture
- None

18. What is your protocol regarding:

- IVs
- Continuous versus intermittent fetal monitoring
- Internal fetal monitoring
- Artificial rupturing of the membranes (AROM) at \_ cm
- Assisted vaginal delivery (forceps/ vacuum)
- Episiotomy

19. What is your cesarean rate? Do you find that induction, imposing limit on labor, limiting movement during labor, restricting birth positions and continuous electronic fetal monitoring correlate with higher cesarean rates?

20. Are you supportive of Vaginal birth after cesarean (VBAC)? What is your VBAC rate? What are your standard protocols for VBAC mothers?

## SECOND STAGE OF LABOR

21. What percentage of women in your practice give birth in the lithotomy position (on their backs with legs raised)? Will I be able to choose the position in which I will give birth such as side lying, all fours, squatting.

## POST PARTUM

22. Can my baby remain with me at all times from the moment of birth? Do you support skin to skin contact between me and my baby immediately after birth? Can I delay newborn procedures such as vitamin K shot, eye ointment, until the first feeding is accomplished?

23. Will you or someone on your staff support me in establishing and maintaining breastfeeding?

24. What percentage of women in your practice are given pitocin following the birth of the baby? Under what circumstances do you recommend this practice?

25. How long will I stay in the hospital/birth center after the birth?

26. (FOR HOME BIRTH MIDWIVES) How long will you stay with me after my baby is born?

## BACK UP

27. If you are in a group practice:

- Can I meet your partner(s)?
- What is their perspective on routine hospital interventions?
- How likely is it that one of your partners will be the one to attend my birth?

28. (FOR HOME BIRTH OR BIRTH CENTER MIDWIVES) What is your rate of transfer to hospital? Who is your back up obstetrician? Will I be able to meet or interview them?