

## What to Ask ... A Physician Who May Provide Your Maternity Care

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**C**hoosing who will provide your maternity care is a big decision. We encourage you to meet and talk with different care providers, and to print and bring this list of questions—and a notebook to write down answers and thoughts. Revisiting this tool throughout pregnancy as you learn more can help ensure your maternity care stays in step with your priorities (keep in mind that you can change care arrangements during pregnancy if you choose). Visit [ChildbirthConnection.org/HealthyPregnancy](https://www.ChildbirthConnection.org/HealthyPregnancy) for more information about many of the topics mentioned below.

### Background, Education and Philosophy

- **What is your educational background?**

**Did You Know?** In addition to OB-GYNs, family medicine doctors often provide maternity care.

- **How long have you been in practice?**

- **How many births have you attended?**

- **Are you board certified?**

- **In providing maternity care, what are your core values, priorities and goals?**

### Practice Organization

- **Where do you attend births?**

**Did You Know?** If this doctor becomes your maternity care provider, this place (or one of these places) should be a good match for what is important to you at the time of birth.

- **Who else is in the practice and could end up providing my prenatal care or attending the birth?**
- **How would I get to know everyone who may attend the birth?**
- **How do your values and style of practice compare with others in this practice?**

## **Prenatal Care**

- **In your practice, how long are prenatal visits and whom would I see?**
- **What schedule of prenatal visits do you recommend, and what happens during those visits?**
- **When would I become “high-risk” and how would that affect my care?**

## **Companions During Labor and Birth**

- **Do you have any policies that limit the number of people who may be with me during labor and birth? Can the baby’s siblings be present? Is there an age restriction?**
- **Do you have experience with trained labor support (doulas) during labor and birth? Do you encourage the use of doula care?**

**Did You Know?** Doula care offers a lot of benefits and has no known risks.

## **Care Around the Time of Birth**

- **How do you feel about elective induction (when there is no health problem)?**

**Did You Know?** Some maternity care providers are becoming interested in offering elective induction at 39 weeks. However, induced labor can be longer, more painful and costlier to hospitals. Also, negative impacts on breastfeeding, mother-baby attachment and maternal mental health are plausible and haven’t been well studied.

- **When do you recommend that women go to the hospital during labor?**

**Did You Know?** Working by phone with a nurse to wait until the stronger, closer contractions of “active labor” can help you avoid an unneeded cesarean and other interventions.

- **How do you monitor the well-being of the baby during labor? Do you use continuous electronic fetal monitoring? Is a doppler (hand-held ultrasound device to monitor the baby’s heart) or fetoscope (stethoscope for listening to the baby’s heart) an option?**

**Did You Know?** Dopplers and fetoscopes are safe and effective options and enable you to move around during labor. Unlike continuous fetal monitoring, they do not increase your likelihood of having a C-section.

- **What are your usual policies and practices about:**

IVs (intravenous lines) during labor?

**Did You Know?** The best available research has found that IVs are not appropriate as a routine practice. The end of an IV can be inserted and taped to your arm just in case IV fluids need to be attached later.

Being active and moving about in labor?

**Did You Know?** The best available research supports your freedom to be up and about during labor, which reduces your likelihood of having a cesarean birth.

Eating and drinking in labor?

**Did You Know?** The best available research supports drinking when thirsty and, if you want, eating lightly.

Positions for birth?

**Did You Know?** The best available research supports avoiding lying on your back when you are pushing your baby out and encourages women to choose other positions, according to their preferences.

- **Does the hospital where you practice place any limits on the care you can offer?**

- **What is your usual approach if labor is progressing slowly?**

**Did You Know?** It’s common to give synthetic oxytocin (“Pitocin,” a “high-alert” medicine due to its powerful effects) through an IV line. Skillful doctors and nurses will know drug-free ways to promote labor progress. Many less invasive things can be done before deciding on a C-section.

- **What percentage of the time do you find it necessary to cut an episiotomy (a cut to enlarge the opening of the vagina just before birth)?**

**Did You Know?** The best available research finds no benefit and some risks to the routine or liberal use of episiotomy.

## Coping with Labor Pain

- **How would you recommend that I prepare for managing pain during labor and birth?**

**Did You Know?** There are a lot of ways to relieve and cope with labor pain, with varying risks and benefits, so it's important to know your options and learn about their pros and cons in advance.

- **What drug-free measures for pain relief are available where you practice?**

**Did You Know?** Drug-free methods and techniques (such as tubs, showers and birth balls) can help women cope with labor and have limited or no side effects.

- **What if I decide I want an epidural?**

**Did You Know?** Epidurals can provide good pain relief but often change the course of labor in other ways that can have risks and downsides.

- **Are other pain medications an option?**

**Did You Know?** Nitrous oxide can provide helpful pain relief with fewer unintended side effects than epidurals or opioids (narcotics).

## Complications and/or Transfer

- **What percentage of births you attend are C-sections?**

- **What hospital would my baby be taken to in the case of a very serious complication? What is the procedure for transfer?**

## Postpartum and Newborn Care

- **What is your approach to newborn care? What are the routine procedures for a healthy baby?**

- **How do you feel about early skin-to-skin contact after vaginal birth? After cesarean birth?**

**Did You Know?**

Being in skin-to-skin contact right after the birth (during and beyond the “golden hour”) has important benefits for you and your baby as you both adjust to major changes, get breastfeeding under way and start to build your relationship.

- **What supports are available in the hospital to help me get started with breastfeeding? Is it a “baby friendly” hospital with lots of support for breastfeeding moms?**
  
- **Does the hospital where you practice have any policies regarding the use of nursery care by healthy newborns? For example, is there a “rooming in” policy where my baby stays in the room with me instead of going to the nursery?**

## Special Health Considerations

- **I have [a particular health condition or concern]. How would this affect the care you would provide and recommend?**

## Cost

- **Do you accept [name of my insurance plan]?**

**Did You Know?**

If you don’t have health insurance, you can visit [HealthCare.gov](https://www.healthcare.gov). Because you are pregnant, you qualify for a special enrollment period and may be able to sign up for insurance now, or you may qualify for Medicaid. Also keep in mind that you should call your insurance company to make sure your preferred doctor is covered by your plan; the list of participating doctors can change over time.