

Questions for your Doctor

Remember that even though your doctor will spend less time with you during labor than your nurse, partner or doula, he or she will still be a major influence on your experience. The nurse will do what the doctor wants, so be sure you and your doctor are in agreement well before your labor begins.

WHAT PERCENT OF YOUR CLIENTS DELIVER WITHOUT PAIN MEDICATION?

Ten to 20 percent would be typical of a conventional obstetrician's practice. Eighty to 90 percent would be typical of a home-birth practitioner's practice, since clients who are transported to the hospital often receive pain medications.

WHAT METHODS DO YOU SUGGEST FOR DEALING WITH THE PAIN OF LABOR OTHER THAN DRUGS?

This list might include walking, changing position, taking a bath or shower, massage, counterpressure, applying hot or cold packs and directed vocalizations.

HOW OFTEN DO YOU FIND IT NECESSARY TO CUT AN EPISIOTOMY?

A conventional obstetrician may perform an episiotomy for most births. Many naturally-oriented practitioners almost never perform them.

DO YOU REQUIRE CONSTANT ELECTRONIC FETAL MONITORING (EFM), ONLY INTERMITTENT EFM, OR DO YOU MONITOR USING A FETOSCOPE (AUSCULTATION)?

Continuous electronic fetal monitoring has not been shown to improve outcomes compared to auscultation, and EFM monitoring tends to increase the rates of cesarean births.

HOW COMFORTABLE ARE YOU WITH THE IDEA OF CATCHING MY BABY IF I CHOOSE TO PUSH IN A NON-STANDARD POSITION, SUCH AS SQUATTING OR ON MY HANDS AND KNEES?

The typical hospital position for birth (semi-lithotomy) is often the most painful for the birthing woman, but most convenient for the doctor.

UNDER WHAT CIRCUMSTANCES DO YOU RECOMMEND INDUCTION OR AUGMENTATION OF LABOR? WHAT IS YOUR USUAL PRACTICE ON HANDLING PRE-LABOR RUPTURE OF MEMBRANES? HOW MANY DAYS PAST MY EDD ARE YOU COMFORTABLE WAITING FOR LABOR TO BEGIN?

Medically-oriented practitioners often will induce 6 to 23 hours after the bag of waters breaks, and one to two weeks after a baby's due date. Practitioners oriented toward natural birth often will allow a bag of waters to go broken indefinitely, so long as no vaginal exams are performed and there are no signs of infection, and may allow a pregnancy to go two weeks or more past the due date.

CAN I EAT AND DRINK DURING LABOR?

The World Health Organization recommends eating and drinking during labor. This is the hardest physical work you may ever do and you will need energy to do it well!

CAN I HAVE MY BABY WITH ME WITHOUT INTERRUPTION FROM THE MOMENT OF BIRTH IF I CHOOSE?

Many hospitals will take the baby away for assessment, washing and weighing, and for time in the nursery; others may be able to perform these functions in the room with you and allow rooming-in. You may at least wish to find a practitioner who will allow the baby to be with you for one or two hours of uninterrupted bonding after the birth, assuming there were no complications.

WHAT ARE THE ADVANTAGES OF NATURAL BIRTH?

If your practitioner gives you a detailed and informative answer to this question, they are more likely to be truly supportive and will probably give you the best possible chance to birth your baby naturally.

HOW MANY BIRTHS DO YOU ATTEND A MONTH AND WHO IS YOUR BACKUP WHEN YOU ARE NOT ON-CALL? WILL THEY ALSO SUPPORT A NATURAL BIRTH?

Extremely important to understand how this works. I've had too many women have a "trusted" relationship with their doc, only to find out they are on a rotation schedule that minimizes your odds to even have that doctor at your birth.

DO YOU INSIST ON VAGINAL EXAMS THE LAST 3-4 WEEKS OF PREGNANCY?

Vaginal exams will not provide any useful information and will increase the chance of your membranes being stripped or your bag of waters being ruptured.

WILL YOU ALWAYS ASK MY PERMISSION BEFORE PROCEDURES SUCH AS STRIPPING OF MEMBRANE OR AMNIOTOMY?

Some doctors do these procedures so routinely that they forget to even let their patient know what they're doing ahead of time. Your doctor should always ask your permission first!

WHO PROVIDES BACK-UP CARE WHEN YOU ARE SICK OR OUT-OF-TOWN? WHAT IS A TYPICAL WEEKLY ON-CALL SCHEDULE FOR THE MEDICAL CAREGIVERS IN YOUR PRACTICE?

Are you likely to receive the same type of care with the back-up that you would with your primary doctor attending your birth?

HOW DO YOU FEEL ABOUT WORKING WITH DOULAS? WHAT DO YOU SEE AS THE BENEFITS TO YOUR CLIENTS OR TO YOU OF WORKING WITH A DOULA? THE DISADVANTAGES?

The last thing you need is a doctor who dislikes doulas. Your doctor should have experience working with doulas – and hopefully it's a positive experience.