

Getting What You Want for Your Birth Experience

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by Doris Haire

A good childbirth experience should be happy and gratifying, as well as safe. You are much more likely to have a good experience if you establish early a good communication with your doctor or midwife. Sometimes it is the expectant parents who must take the lead in

establishing a rapport, but don't let that hold you back. It's your childbirth experience. It's up to you to let the doctor or midwife know what you want. If he or she is not in agreement with your wishes, it is far better to find that out while you still have time to shop around for a doctor or midwife who does agree with you.

When you go for your first prenatal visit:

- Ask the doctor's receptionist about the fee for vaginal delivery, and also for caesarean section, in case one should become necessary. Ask if Medicare will fully cover the fee for vaginal delivery or caesarean section and if you have private health insurance, if this will completely cover any gaps.
To make sure that you are on the same wavelength with your doctor or midwife ask, "How do you usually conduct labour and delivery?" Be cautious; remember that style and competence are not always found in the same attendant. Someone who promises to assist you in a home delivery may not have sufficient skill or backup to take care of an emergency.
- Ask other women who have had that doctor or midwife about their experiences. Find out if he or she honoured the mothers' requests they made during their office visits. Did they find their requests denied once they got into labour/delivery? If so, which requests were denied and why?
- If you have any doubt that the doctor or midwife is the right one for you, you may wish to keep your options open to find someone more compatible. If the doctor or midwife insists that his or her entire fee be paid prior to delivery, you might wish to say that you may be moving out of town and, therefore, you prefer to pay at the end of each visit. This also gives you the freedom to walk out of the office without paying for the visit if you are kept waiting for an hour or more for your consultation.
- If the doctor or midwife does seem right for you, ask about his or her roster. If it is possible, or likely, that another person will actually attend your delivery, especially on a weekend, ask about that person's philosophy regarding labour and delivery. Request a visit with the alternative doctor or midwife on one of your prenatal visits.
- Some doctors and midwives are very sensitive, and some are even annoyed when expectant parents ask questions about obstetric procedures and drugs. Therefore, tact is very important. For example, to question a procedure you might say, "I realise that you are interested in my welfare, however, I'm concerned about ..."

Often it is helpful to have a "support person" along on prenatal visits. If the doctor or midwife seems defensive about this person's presence, explain:

"I've brought along my (friend, mother, etc.) because I may not always remember everything you tell me."

If you want to challenge the safety of a procedure or drug, ask:

“What is the scientific documentation for using this procedure (or drug)? Please let me read some literature which guarantees that there are no harmful effects to me or my baby from ...”

Other important questions to ask the doctor or midwife include:

“Will I be able to drink fluids and eat lightly in labour?”

“What % of your patients walk around during labour?”

“What % give birth in upright or alternative positions?”

“What % of your patients have no drugs at all during labour and birth? What drugs do you commonly give women during labour? What are the risks of those drugs to me and my baby? Could I read the manufacturers’ package inserts (information sheets) for those drugs?”

“Has the government specifically approved these drugs as safe for my unborn baby?” (Many drugs used in obstetric care have not been so approved.)

“When you listen to the fetal heart rate during pregnancy and labour, do you use a fetoscope or ultrasound?”

“What % of your patients have no episiotomy?”

“What % of your patients have caesarean sections?”

To resist a physician’s or midwife’s insistence that you have an ultrasound during pregnancy, ask the following questions:

“Why do you consider this procedure necessary? What are you looking for? Is the ultrasound being carried out solely to establish the baby’s age or twins?”

“How would you alter the course of my treatment if the ultrasound discloses the condition you are looking for?”

“There is growing concern regarding the long-term effects of ultrasound on the development of the child. If I am sure of the dates of my last menstrual period, what advantage is there in performing the ultrasound at this stage in my pregnancy?”

“Will one ultrasound give you the information you need, or do you expect to do additional ultrasounds later in my pregnancy?”

Among the common responses to inquiries about ultrasound are the following: “Ultrasounds are not x-rays”, or “Ultrasounds are just bouncing sound waves”. If the doctor or midwife continues to insist on an ultrasound, then it is important that you ask:

“Can you give me information from the company which will guarantee that the ultrasound will have no adverse effects on my child’s subsequent physical and neurologic development?”

(The doctor or midwife will be unable to provide you with such a guarantee because there have been no properly controlled, long-term studies to evaluate the effects of diagnostic ultrasound on subsequent human development — but the mental exercise will make him or her stop and think carefully before exposing your baby to ultrasound via an ultrasound or electronic fetal monitoring.)

Getting your medical records

Asking for a copy of your and your baby’s hospital medical records after the birth tends to make the doctor and the hospital apprehensive about the possibility of a medical malpractice suit. Therefore, if you wish to have a copy of your and your baby’s records, make your request during one of your early prenatal visits. The following statements and questions are examples:

“I want a copy of my and my baby’s prenatal and hospital medical records, including nursing notes, monitor strip, etc., to keep for my own records. May I have them?”

“How much will it cost me to obtain a copy of these records?” (Copies should cost approximately 25c a page.) If the cost seems too high, ask what they charge when another authorised physician requests a copy of your records.

“What do I do now to clear this request with the hospital?”

“I don’t want to wait until the last minute to find out that ...”

If you are offered a summary or abstract of your records, rather than the complete records, keep in mind that a summary can omit information that you may later find desirable to have. Your doctor or midwife may refuse your request for a copy of your medical records. In this case, if you are privately insured, when the hospital asks for your authorisation to allow your health insurance company to review your records for payment, write in above your signature, “My records may be reviewed by my health insurance company only after my personal inspection of those records”.

Make sure the obstetrician or midwife and the hospital obstetric staff know what you want

Make a list of your preferences. Begin the list by writing: "If there are no medical contraindications, I would like the following:

1.
2.
3. etc."

Make three copies. Keep one for yourself to take with you to the hospital. Give two copies to the doctor or midwife, one to remain in his/her files. Ask that the second copy of your requests and preferences be attached to the copy of your prenatal records which are sent to the hospital prior to your due date.

Hospital consent form

During the latter part of your pregnancy write to the hospital's Public Relations office and ask for a copy of the consent form used for obstetric patients. On admission to the hospital, write in above your signature on the consent form, "Subject to my informed consent at the time." Keep in mind, if you don't give informed consent, you have not consented.

If you are refused admission unless you sign the consent form "as is", sign the form. Once you are in the obstetric unit give the nurse who is preparing you a slip of paper with your previously written instructions, as follows:

"I hereby withdraw my consent to all non-emergency drugs or procedures unless you obtain my informed consent at the time. Neither I nor my baby shall be used as a teaching or research subject without my informed consent at the time."

How to refuse an insistent resident or midwife

"I realise that you feel I should have the ..." or "I realise that you would like to make me more comfortable, but I will wait until my doctor or midwife arrives so I can talk it over with him/her personally. I want to discuss the alternatives with him/her."

"If you insist on monitoring me, give me some literature from the manufacturer which guarantees that the procedure will not jeopardise my baby."

To make the provider think about what he or she is offering you, ask:

"Why do you suggest that? Has something gone wrong?"

Remember, directions have legal connotations; requests can be ignored. Example: don't say, "I'd rather not be shaved." Say,

"Do not shave me." "Do not put my legs in stirrups."

“Do not send my husband out of the room.”

“Do not take my baby out of the room,” etc.

If you are being made miserable by a nurse or doctor who insists that “Hospital rules require that you must ...”, tell the person, “Bring me a waiver to sign. I’ll release the hospital from responsibility for my actions.” You might also ask to see the manual to which the person is referring; often procedures are customary but not actually hospital policies. We hope that the above suggestions will help to eliminate any misunderstandings that might mar your birth experience. We wish you a happy, healthy birth and baby.

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