



A few pointed questions to help you choose your care provider

When choosing a care provider you can schedule an interview (and many will grant this for free.) Even if your interview is part of a prenatal exam, conduct your interview of the care provider while you still have your CLOTHES ON.

If you can, bring your partner/husband/mother/doula (basically, another pair of ears you trust) with you. Then after the meeting, compare notes!

Start out with the questions that are most important to you right now. And listen to his/her answers "between the lines"... Trust your gut instinct about this person.

If you already have a care provider and you feel you don't have time to ask questions during your visits, some people find it helps not to let them examine you until AFTER you've talked, then s/he can't walk out of the door because s/he still has to do the physical examination.

A good place to start is with questions that address your care providers "birth philosophy" (these questions are from [Natural Hospital Birth](#) by Cynthia Gabriel)

- 1. Can you tell me about the most recent natural birth you attended?** and if the birth he/she describes was so short there was no time to intervene, then ask to hear about another one.
- 2. Can you tell me what kind of birth you chose for yourself [or what kind your partner chose], and what you learned from it?**
- 3. In your opinion, what helps people achieve natural birth? What can a person do to prepare?**
- 4. In your professional opinion, what are the main reasons that people who want natural births do not have them?** A common response to this question is that "birth is unpredictable, so there is no point in getting attached to any certain way of giving birth". This response tells you that this care provider is not very experienced in helping people achieve natural birth, rather, is focused on people learning to accept medical interventions.



You might also want some insight into the care provider's philosophy regarding decision making: Who does the care provider believe has the final say? Have a look at this ACOG Committee Opinion "[Refusal of Medically Recommended Treatment during Pregnancy](#)" for a good resource to prepare for this critical discussion. (ACOG Committee Opinion #644, June 2016).

Other questions (in no particular order):

- How do I contact you between visits if I have any concerns?
- How do I contact you when I am in labor?
- How much time do you normally spend with a laboring person?
- If a person is in labor and you are not there, who provides the care?
- Who do you share call with? What happens in the event that you are unavailable?
- What is your policy on informed decision-making by the parents?
- Under what circumstances do you decide to induce labor? And how?
- What do you generally advise people to do if the water breaks before contractions begin?
- At what point after the due date do you recommend induction?
- When do you require continuous fetal monitoring (as opposed to intermittent)?
- Do you require an IV or can I have a saline lock? (That's a port that provides access to a vein but without an IV attached.)
- Under what circumstances do you require a person to stay in bed during labor?
- Can I push freely in a variety of positions?
- Can I use a shower or bath or birth tub during labor? Under what conditions is this not possible?
- What is your c-section rate for first births? Second? VBAC rate?
- What is your induction rate for first births? Second?
- What is your episiotomy rate for first births? Second? What do you do or suggest to reduce the need for episiotomies?