



BACKtoBASICS BIRTHING

Taking the Fear Out of Birth

QUESTIONS TO ASK PROSPECTIVE CARE PROVIDERS

A great resource to have when you are interviewing your Obstetricians is to have a list of questions ready and make sure you take notes.

- 1. How do you feel about undisturbed, physiological birth?**
Listen for any negative language or red flags - take notes.
- 2. What is your policy on going past 40 weeks?**
Find out what this Obstetricians policy is going past your estimated due date. Keeping in mind that on average most first-time mums won't go into labour until 41 weeks and 3 days. (40+10)
- 3. What is your policy on a having a "big baby?"**
There is no value in inducing for big babies since it simply increases the risk of caesareans and does not prevent shoulder dystocia or reduce newborn morbidity.
- 4. What is your caesarean rate?**
This will give you an idea of whether they are natural birth supportive.
- 5. What are your policies and procedures on the following and how do you feel about me declining any or all of these?** Your care provider should be able to give you a handout of their policies and procedures on what they recommend for blood pressure and vital signs, vaginal exams, cannula for IV fluids / drugs, monitoring, water immersion / shower, restricted to bed, foetal monitoring.
- 6. Under what circumstances would you recommend an induction?**
What are their reasons / evidence to support this?
- 7. What methods do you use for induction?** Options may include stretch and sweep, prostaglandins, Foley catheter, synthetic oxytocin (Syntocinon). Can Syntocinon be administered at a lower dose (6ml instead of 12ml) and reduced or stopped if the mother asks?
- 8. Do you attend / support vaginal breech births?**
3% - 4% of babies are breech at term, so it's good to know what would happen if you were that statistic.

9. **What are your thoughts on monitoring, and do they have wireless monitoring available (telemetry) or the Monica Novii (Bluetooth option)?** How are they going to support you being able to move around freely and uninhibited?
10. **What are your policies on release of membranes (breaking the waters) and administering of antibiotics?** Different hospitals have different policies around administering antibiotics after so many hours – find out how long?
11. **Do you have a time limit on how long I can labour for?** Generally, if mum and baby are fine and mum is happy to continue then she should be permitted to continue without bullying or coercion. The “textbook” rule is that a woman should be dilating 1cm an hour, but research now shows this method is outdated and can lead to unnecessary interventions and caesarean.
12. **What are your views on epidural?**
Is it possible to have a “walking epidural” rather than a full epidural? What do they say if you say you prefer to have a half dose epidural so that you can still feel your legs, pelvis and surges but allowing the intensity to be lowered, so you can still get into upright positions with assistance from the midwife and partner?

<https://www.verywell.com/walking-epidurals-2752787>
13. **What are your views on cannula being inserted on arrival?**
Some women find them distracting and others don't, so you need to decide what feels right for you. There is little to no evidence for the use of cannula's during an unmedicated labour.
14. **What positions do you suggest I birth in?**
Women should be able to birth their baby in any position that makes them feel comfortable, not the position that is more comfortable for the Obstetrician or midwife.
15. **What are your thoughts on physiological birth of the placenta versus managed third stage?** This will provide you information to make an informed choice on how to birth your placenta. If you have had a normal, physiological birth (drug free) then there is no reason why you can't have a physiological birth of the placenta. If you have used drugs, then the risk of postpartum haemorrhage is higher, so it would make sense to then have the active management injection.
16. **When do you go on holidays and who is your back-up Obstetrician?** This can give you an idea of when you are likely to be more pressured into an induction based on time restraints. Also consider holidays such as Christmas, New Years, Easter and other public holidays.
17. **How do you feel about working with doulas?** If you are having a doula or additional support person, this will open the conversation that you will be having a doula at your birth. You would like your Obstetrician, midwife and doula to work as a team offering support for the wants and needs of the mother.

Ask all the right questions, to get all the information you need to make an informed choice, not only about your caregiver but your birth choices.