

# Doulananda Birth Services

## 10+ Questions to ask your Care Provider

These questions are to help you learn more about your care provider and hospital where you will be birthing to ensure they are in alignment with your birth desires

### 1. What are their rates of interventions during labor?

- a. "How often do you encourage an epidural?"
- b. "How often do you induce labor?"
- c. "How many of your births are received via c-section?"
- d. "How often is an episiotomy used?"

Here are some statistics you might consider:

1. Starting Labor: no more than 1 in 10 women (10%).
2. Episiotomy: no more than 1 in 5 women (20%).
3. C-sections: 1 in 10 women (10%) if it's a community hospital. The rate should be 15% or less in hospitals which care for many high-risk mothers and babies. The current rate in American hospitals is over 30%!
- o VBAC (Vaginal Birth After Cesarean) Look for a birth place in which 6 out of 10 women (60%) or more of the mothers who have had C-sections go on to have their other babies through the birth canal.
4. How are they working on bringing their statistics down?

### 2. Do you support my plans for using alternative and natural birth methods such as Hypnobirthing?

- a. Have you ever attended a natural/normal birth or HypnoBirth? (we have handouts for doctors)
- b. Will you be supportive in our wishes to breathe the baby down vs pushing?

### 3. What actions are they taking to become more mother friendly?

There is currently an initiative in our city for hospitals to become "mother-friendly". Read more about what our local hospitals must do in order to achieve mother-friendly designation: <http://www.motherfriendly.org/mfci.php>

**The Mother-Friendly Childbirth Initiative:** The First Consensus Initiative of the Coalition for Improving Maternity Service: **Mission**

The Coalition for Improving Maternity Services (CIMS) is a coalition of individuals and national organizations with concern for the care and wellbeing of mothers, babies, and families. Our mission is to promote a wellness model of maternity

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care that will improve birth outcomes and substantially reduce costs. This evidence-based mother-, baby-, and family-friendly model focuses on prevention and wellness as the alternatives to high-cost screening, diagnosis, and treatment programs.

### 4. "Who can be with me during labor and birth?" even in triage

Birth centers, most hospitals, and home births services will allow a birthing mother decide whom she wants to have with her during the birth. This includes fathers, partners, children, other family members, friends and doula. Some hospitals who assess labor in triage (a small room or a room with multiple beds) sometimes only allow 1 person during the assessment period (lasting up to an hour). Make sure to ask if your husband AND doula can join you during this important time.

### 5. What does normal labor look like in your setting?

For example: Will I be hooked up to monitors? Blood pressure cuff? IV? Do you give an enema? How often do nurses monitor? Is their flexibility with regards to these procedures? May we allow labor to progress with no stringent timelines? Why or why not?

- a. Studies show no difference in maternal and fetal outcome when an electronic fetal monitor is used. It is VERY distracting for mom and anyone in the room. Ask what alternatives there are and if you can have intermittent monitoring.
- b. An IV prep is pretty standard when being admitted for labor. If you would not like the prep, ask your doctor to sign off on that request ahead of time.
- c. Do they allow eating or drinking during "normal" labor? Why not?
- d. Are there any other routine procedures I should know about?
- e. How much time will they allow you labor? many c-sections are performed due to 'failure to wait'

### 6. How do you encourage mom's comfort in normal labor?

If the first response is an epidural...you might consider this as not the best place for you. They should suggest comfort measures other than drugs such as changing position, laboring in a warm bath or shower. Consider what is best for you and baby. All drugs affect the baby.

### 7. Can I walk and move around during labor? What position do you suggest for birth?

You should be able to choose the positions that are most comfortable and work best for

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you during labor and birth (there may be a medical reason for you to be in a certain position and if you chose induction you will not be able to move freely).

### 8. **Where does my baby go after birth?**

We know that skin to skin contact is most important right after birth for bonding and sealing the bond between mom and baby so to speak. We also know that babies take sometimes 30 – 90 minutes start breastfeeding. Finally, we know that separating mom from baby is not necessary. “Weight can wait” and since babies aren’t dirty when they are born the bath can also wait. Bonding and mother’s heat are the most important considerations after birth. With a healthy baby, you can ask to have baby never leave the room and all tests be done on mom’s chest (even in a c-section scenario – more below). Mom could also ask to keep baby for 2 hours depending on their circumstances.

### 9. **What if my baby is born early or has special circumstances?**

Mother’s chest and warmth is the BEST place for baby with special circumstances (however there are rare medical instances when you shouldn’t hold and care for your baby immediately after birth). See this article:

<http://today.msnbc.msn.com/id/38988444/ns/today-parenting/>

And: <http://www.kangaroomothercare.com/research.htm>

### 10. **How do you support breastfeeding mothers? Do they...**

- Help mothers initiate breastfeeding within a half-hour of birth?
- Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants?
- Have lactation consultant’s on-hand?
- Give newborn infants no food or drink other than breast milk unless medically indicated?
- Practice rooming in: allowing mothers and infants to remain together 24 hours a day?
- Encourage breastfeeding “on demand” or on a schedule?
- Give no artificial teat or pacifiers (also called dummies or soothers) to breastfeeding infants?
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospitals or clinics?
- Do they have a breastfeeding policy?