

POSSIBLE QUESTIONS FOR A CAREGIVER WHO MAY ATTEND YOUR HOME BIRTH



notes results of best available research

BACKGROUND, EDUCATION, PHILOSOPHY

What is your educational background? How long have you been in practice? Are you certified? Licensed?

How many births have you attended? How many of these have been home births?

What is your philosophy of pregnancy and birth?

PRACTICE ORGANIZATION

Is your practice a group or individual practice?

(If this is a group practice:)

Who else is in the practice, and could be providing my prenatal care or attending my birth?

How would I get to know everyone who may attend my birth?

(If this is an individual practice:)

What back-up arrangements do you have if you are not available to attend my birth?

Do you know of anything now that may cause you to be unavailable around the time of my birth, including other women who may be due around the same time or travel plans?

COST

How much do your services cost? Are there possible extra costs that I should know about?

Do you participate in (my insurance plan)? (Note: You should check with your insurer to confirm coverage.)

Do you accept alternate payment arrangements, such as sliding scale, time payments, or barter?

HOME BIRTH

What preparations would I need to make in advance? Would I need to get any supplies or equipment?

At what point in my labor would you come to my home?

Who would come with you? What would that person's (or their) role be? How would I get to know that person (those people) before the birth?

What do you bring with you?

PRENATAL CARE

What are your goals for prenatal care?

What schedule of prenatal visits do you recommend, and what happens during those visits? Where would they be?

How do you define "high-risk"? When would I fall into this category?

CARE DURING LABOR AND BIRTH — COMPANIONS


Do you have any policies that limit the number of people who may be with me during labor and birth? Can the baby's siblings be present? Is there an age restriction?

Do you have experience with trained labor support (doulas) during labor and birth? Do you encourage use of doula care?

 *There are many well-established benefits and no known risks of doula care.*


CARE DURING LABOR AND BIRTH — INTERVENTIONS

How do you monitor the well-being of the baby during labor? Do you use a doppler (hand-held ultrasound device to monitor the baby's heart) or fetoscope (stethoscope for listening to the baby's heart)?


 *A doppler and a fetoscope are safe and effective options. These choices may give you greater freedom of movement and may reduce your chance of having a cesarean birth, compared to electronic fetal monitoring (which is widely used in hospital care).*

What are your usual policies and practices about:


- freedom to be active and move about in labor

 *The best available research supports the mother's choice, and her freedom to be up and about.*


- eating and drinking in labor

 *The best available research supports drinking when thirsty and, if the mother is interested, eating lightly.*


- positions for birth.

 *The best available research supports avoiding back-lying positions and supports the mother's choice among other positions.*

What is your usual care if a labor is progressing slowly?


 *Many less invasive things can be done before deciding on a cesarean.*

What percent of the time do you find it necessary to cut an episiotomy (a cut to enlarge the opening of the vagina just before birth)?


 *The best available research finds no benefit and various risks in routine or liberal use of episiotomy.*

CARE DURING LABOR AND BIRTH — HELP WITH PAIN


How would you recommend that I prepare for managing pain during labor and birth?

 *Because of important differences among choices for labor pain relief, it is important to become informed about pain relief options well before labor.*

What drug-free measures for pain relief can you provide?

 *Drug-free methods and techniques can provide pain relief for women in labor, with limited or no side effects. Because of risks, pain medications are not used in home births in the U.S.*

What happens if I decide that I want an epidural?

 *Due to undesired effects of epidurals and other interventions that are generally required with an epidural, they are not available at home births. A woman would need to transfer into hospital care to get an epidural.*

COMPLICATIONS AND/OR TRANSFER


What proportion of the women you work with switch to hospital birth during pregnancy? During labor and birth? What are the main reasons for making this change?

What emergencies could arise during labor and birth, and how would you handle them? What emergency supplies and equipment do you have on hand? Is there anything I would need to do to be prepared for this situation?

What arrangements do you have with doctors and/or hospitals if consultation or transfer become necessary? How would I arrange to meet your "back-up" and tour the hospital?

What would the procedure be if I transported to the hospital during labor and birth? What hospital would my baby be taken to, in the case of an unforeseen complication? Would you continue to have a role in my care?

What percentage of your clients have cesarean sections?

 *Nearly one-fourth of birthing women in the U.S. have cesareans. This rate has steadily risen in recent years, and federal health objectives call for a reduction. A particular caregiver's style of practice can lead to cesarean rates that are much higher or much lower than average.*

Are you certified in neonatal resuscitation?

What kind of resuscitation equipment do you have?

POSTPARTUM AND NEWBORN CARE

What is your approach to newborn care? What newborn care is routinely provided or offered if a baby is healthy?

How could we work together to ensure that breastfeeding gets off to a good start? Do you have special expertise in this area?

 *Breastfeeding offers important benefits. Breastfeeding support from informed and experienced individuals can help mothers establish and maintain breastfeeding.*

How long do you stay after birth? Would I have access to you by phone?

How many visits would we have after the birth? When and where would they be?

REFERRALS

May I please have the names of three women whom you have assisted at home, for reference purposes?