

POSSIBLE QUESTIONS WHEN TOURING A HOSPITAL MATERNITY AREA



notes results of best available research

CLASSES AND OTHER SUPPORT SERVICES

Does the hospital offer classes in childbirth education? Newborn care? Breastfeeding? Postpartum adjustment?

Does the hospital refer to community resources for childbirth education, breastfeeding support, and other concerns of mothers?

COST

How much does a typical vaginal birth cost? A cesarean birth?

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

Are there any "extra" costs that I should know about? Is there an anesthesiologist on call? Would I or my insurance be required to pay a fee if I do not use the services?

CARE DURING LABOR AND BIRTH — ORGANIZATION OF CARE

Is there a birth center in the hospital? How does care in the birth center differ from "regular" hospital labor and delivery care?

Would I labor and give birth in one room, or would I be required to move just before the birth? Would I stay in the same room after I give birth?

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 occasional or continuous electronic fetal monitoring? Is a doppler (hand-held ultrasound device used to monitor your baby's heart) or a fetoscope (stethoscope for listening to your baby's heart) an option?

 *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.*

What are your usual policies and practices about:

- IVs (intravenous lines) in labor

 *The best available research finds that IVs are not appropriate as a routine practice.*

- 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 the 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 women giving birth here get 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 are available in this hospital?

- 💡 *Drug-free methods and techniques (including doula care) can provide pain relief for women in labor, with limited or no side effects. Hospitals may offer few choices among drug-free measures for pain relief.*

What would happen if I decided that I want an epidural?

- 💡 *An epidural can provide good pain relief, but it changes the course of labor in important ways and has various drawbacks. (Note: due to effects of epidurals and to the need for other interventions that are generally required with an epidural, they are not available in out-of-hospital settings.)*

Are other pain medications an option?

- 💡 *Although opioids (narcotics) are available in many U.S. hospitals, the best available research suggests that they are not very effective in relieving pain and have risks for mothers and babies. Although nitrous oxide is not widely available in the U.S., the best available research suggests that it can provide helpful pain relief, with fewer unintended effects than either epidurals or opioids.*

CARE DURING LABOR AND BIRTH — COMPLICATIONS

What percentage of women who give birth here 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 hospital's style of management can lead to cesarean rates that are much higher or much lower than average.*

Are there any situations (such as cesareans or other procedures, tests, treatments) that would require me to be separated from my partner and/or doula during labor or birth?

-  *Supportive companions offer many benefits to laboring women. They should not be removed without good scientific evidence to support such a decision.*

POSTPARTUM AND NEWBORN CARE

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

Would my baby be separated from me immediately or shortly after birth? For what purpose and how long?

-  *The best available research supports no routine separation of mothers and babies after birth.*

Are there any policies regarding use of hospital nursery care by healthy newborns? Do you have a "rooming in" option, where my baby could stay in the room with me instead of being cared for in the nursery?

-  *The best available research opposes routine hospital nursery care of babies.*

Is there a newborn intensive care unit on site? Is there any situation in which my baby would need to be transferred to another facility?

What breastfeeding resources are available? Does the hospital have a lactation consultant on staff? How would I ensure that my breastfed baby would not be given bottles of water or formula? Do you pass out formula samples?

-  *Breastfeeding offers important benefits. Breastfeeding support from informed and experienced individuals can help mothers establish and maintain breastfeeding. Supplements and formula samples can interfere with breastfeeding.*

Could my partner stay with me throughout my stay after the baby is born? What accommodations are available?

LEAVING THE HOSPITAL

How long do women usually stay after a vaginal birth? Are shorter or longer stays acceptable to the staff?

What follow-up care and support would you provide after I go home? Does the hospital have a nurse available for home visits? Do you provide information or give breastfeeding or emotional support over the telephone?