

POSSIBLE QUESTION WHEN INTERVIEWING A PHYSICIAN



notes results of best available research

BACKGROUND, EDUCATION, PHILOSOPHY

What is your educational background? How long have you been in practice? How many births have you attended? Are you board-certified?

What is your philosophy of pregnancy and birth?

PRACTICE ORGANIZATION

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

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

COST

What are your fees? Are there any possible extra costs — for example for tests or anesthesia services — that I should know about?

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

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

PRENATAL CARE

What are your goals for prenatal care?

What schedule of prenatal visits do you recommend, and what would happen during those visits?

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

CARE DURING LABOR AND BIRTH — LOCATION

Where do you attend births?

CARE DURING LABOR AND BIRTH — COMPANIONS


Do you have any policies that limit the number of people who could be with me during labor and birth? Could 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?

 *The best available research identifies many 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 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?


 *Dopplers and fetoscopes are safe and effective options, may help avoid an unnecessary cesarean, and are less restricting in labor than electronic fetal monitoring.*

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.*

Does the birth setting where you practice place any limits on the care you would like to offer?

What is your usual approach to a labor that 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 are available in the setting where you practice?

 *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.*

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 AND/OR TRANSFER

What percentage of your patients have a cesarean section?

-  *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 caregiver's style of practice can lead to a cesarean rate that is much higher or much lower than average.*


(If birth setting is not a "Level 3" (most specialized) hospital:) What hospital would my baby be taken to, in the case of an unforeseen complication? What is the procedure for transfer?

POSTPARTUM AND NEWBORN CARE

What is your approach to newborn care? What are the routine procedures if a baby is healthy?

Does the birth setting where you practice place any limits on the care you would like to give in the newborn period? How do your views about newborn care match with the routines and policies of the setting where you practice?

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

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

REFERRALS

May I please have the names of some women who have recently received maternity care from you, for reference purposes?