POSSIBLE QUESTIONS WHEN TOURING A BIRTH CENTER



notes results of best available research

ACCREDITATION, LICENSING, PRACTICE

Is this center licensed by the state? Is it accredited by the National Association for Childbearing Centers (NACC)? (Accreditation shows that the center has met a set of national standards for birth centers.)

Are the birth center midwives certified? Licensed? How many years of birth center and other experience do they have?

Would I be able to meet and get to know all of the midwives who might attend my birth?

CLASSES AND OTHER SUPPORT SERVICES

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

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

COST

How much do services of the birth center cost? Are there possible extra costs that I should know about?

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

Does the birth center accept alternate payment arrangements, such as sliding scale or time payments?

TRANSFER OF CARE

During pregnancy, what conditions would require me to transfer to the care of another provider?

During labor, what situations would require me to transfer to a hospital?

If transfer becomes necessary, what is the back-up hospital and who are the back-up physicians? How can I arrange to tour the site and meet the physicians?

What is your rate of transfer during labor? What is the most common reason for transfer? What percentage of women who transfer have cesarean sections?

Would my midwife be able to remain active in my care if I need to transfer to a hospital?

Could you give me some examples of emergencies that might arise during labor and birth and how you would handle them?

Under what circumstances would my baby need to be transferred to a hospital? Which hospital would it be? How would I arrange to see the facilities and meet the staff?

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? Can the baby's siblings be present? Is there an age restriction?

I know that birth centers can offer more one-to-one care than hospitals. Do the midwives here routinely provide continuous support during labor? (If not:) Do you have experience with trained labor support (doulas) during labor and birth? Do you encourage use of doula care?



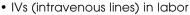
There are many well-established benefits and no known risks of doula care.

CARE DURING LABOR AND BIRTH — INTERVENTIONS

I know that most birth centers discourage continuous electronic fetal monitoring. Would you monitor my baby with a doppler (hand-held ultrasound device used 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.

What are your usual policies and practices about:



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 and drug measures for pain relief are available in this birth center? Orug-free methods and techniques can provide pain relief for women in labor, with limited or no side effects. Because of risks, pain medications may not be offered in out-of-hospital settings. 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. Due to undesired 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. A woman would need to transfer out of birth center care and into hospital care to get an epidural. POSTPARTUM AND NEWBORN CARE What newborn care is routinely provided or offered if a baby is healthy? Are there any reasons why my baby would need to be separated from me immediately or shortly after birth? ↑ The best available research supports no routine separation of mothers and babies after birth. What breastfeeding resources are available? Breastfeeding offers important benefits. Breastfeeding support from informed and experienced individuals can help mothers establish and maintain breastfeeding. Could my partner stay with me throughout my stay? What accommodations are available?

LEAVING THE BIRTH CENTER	
Hc	ow long is the maximum stay after the birth?
	hat follow-up care and support would you provide after I go home? Is there an option for a home visit? by you provide information or give breastfeeding or emotional support over the telephone?