

Ideally picking a doctor or midwife would happen before you got pregnant. In reality, this doesn't happen often, so get started as soon as your pregnancy is confirmed. Below are some helpful tips on picking your doctor or midwife.

Questions to Ask Doctor or Midwife



With all the choices available, how are you going to decide what kind of care and what kind of person will be best for you? Following are some questions you can ask to help determine whether the care-giver you are considering provides the kind of care you need or want. Begin by "shopping" over the phone and talking with the office nurse. You might ask about the background and training of the care-giver, how long he or she has been in practice, in which hospital he or she has privileges, and the cost of care. If the person you are considering provides home births or birthing center care, ask about backup arrangements-which hospitals and physicians are used if transfer or consultation becomes necessary. If the care-giver is involved in a group practice, find out how likely it is that your own

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care-giver will see you during your prenatal appointments and be present for your birth. In some group practices, you meet all members of the group; in others, you see only one, even though the others may attend your birth. Some groups are so large that the chances of a woman having her own care-giver during the birth are really quite small. If you do not like that, and there are no other overriding reasons for choosing such a group, you might decide to look for a smaller group or an individual practitioner.

BABY GIFTS & GIFT BASKETS

Once you have decided upon what you are looking for in a care provider it is time to try and find that care provider. Begin by compiling a list of providers to interview. No matter what the size of the list is, I would talk to other about this provider, call the local medical society and find out about complaints or awards in the files. Do your back ground work first.

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Other questions for the office nurse concern the prenatal appointments themselves. How much time is scheduled for each prenatal appointment? Who sees you if your birth attendant is called away during office hours? Sometimes a colleague sees you; sometimes the office nurse sees you. In both those instances, the substitute care-giver may not be willing or able to answer questions about policies, philosophies, and usual practices. Sometimes in a busy practice a woman comes in several times without seeing her own caregiver. This can be very frustrating, especially if her partner has arranged time off from work in order to meet the care-giver, or if she has questions that only the care-giver can answer.

Ask whether the care-giver encourages natural or prepared childbirth, if that is a desire of yours. Also ask if your partner is welcome to attend prenatal appointments with you.

If your phone conversation with the office nurse gives you a positive impression, make an appointment with the care-giver. [You do pay for these appointments] Plan to use this appointment as an interview rather than a first prenatal visit, which includes an extensive physical exam and many costly laboratory tests. Make it clear when you set up the appointment that you are in the process of choosing a care-giver, and would like the opportunity to meet and ask a few questions of this person. The charge for such an appointment is usually less than an initial prenatal appointment.

During such an initial interview ask the care-giver questions about topics important to you. You might want to know how he or she feels about a birth plan prepared by you. You might ask what interventions and diagnostic screening are normally used during labor. For example: Do all women receive intravenous fluids and electronic fetal monitoring? Are women free to walk, move and take showers throughout labor? What about the use of medication and anesthesia? How often does the care-giver perform cesarean sections? Are episiotomies usually done? Does the care-giver recommend childbirth preparation classes, and if so, which ones? Other questions might center on the father's or partner's participation throughout labor and birth, even cesarean birth. Are other support people

also welcome? When does the care-giver usually arrive during labor and how much time does he or she spend by the bedside during labor? If not the care-giver, who provides professional support and care during labor?

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Other questions might be about level of skill and training, ability to detect problems [prenatal and neonatal], and policies on induction of labor. You might ask how often and for what reasons labor is induced and what precautions are taken to avoid premature induced labor.

If you are planning a home-birth, ask when your care-giver normally arrives during labor. You will want to know what equipment your care-giver carries for normal care and for emergencies, and what his or her policies are on transfer to the hospital if problems arise. Can the care-giver continue to provide your care in the hospital or remain as a support person and advocate while an obstetrician takes over the management? Or does he or she not accompany you to the hospital.

You also will want to know any limitations on the scope of practice of your caregiver. For example, only some family physicians and no midwives perform cesarean sections. Few physicians attend out of hospital births. Midwives do not provide care in complicated labors, nor do they use forceps. Some midwives cannot perform episiotomies or repair either episiotomies or lacerations. Who would do these things if they were outside the scope of your care-giver's practice? Some midwives cannot give pain medication during labor.

Finally, ask questions about the routine care of the newborn immediately after birth. Does the newborn usually stay with the parents, or is the baby taken to the nursery very soon after birth? For how long? For what reasons? Can some newborn procedures be delayed, especially those that interfere with the contact that allows "bonding" to take place between parents and baby? These include the use of eye ointments [which can blur the baby's vision], the use of nursery heaters to maintain body temperature, and the immediate admission of the baby into the nursery for routine procedures, such as weighing and measuring. Some of these can be delayed, which would give the parents time to admire and cuddle their new baby, if the baby's condition permits. What about circumcision? Ask if your care-giver recommends and if so, why? Does he or she do circumcisions?