

Your Ultimate Guide: Care Providers 101

I recommend finding out EXACTLY what the procedures, policies, timeframes and expectations are that you will be birthing within, assuming your pregnancy is normal and you arrive in normal (non-emergency) labour. By knowing these details, you can then decide what you consent to and what you chose to decline.

Getting to Know Your Care Provider

- What is your philosophy of birth?
- Is it standard policy to support a low/no intervention birth?
- How does the decision making process work between us?
- Do you practice solo, or are you part of a group?
- What happens if you are not available for my birth?
- Do you have a replacement & who would that be?
- Do you have any holidays planned?
- I want to have a non-medicalised birth. I want a care provider that will only suggest intervention if there is a medical reason & will support my natural birth wishes. Are you the best person for me?
- What percentage of your patients are high-risk, and what percentage are low risk?
- What percentage of your patients have a vaginal birth?
- What percentage of your patients go into spontaneous labour?
- How do you feel about vaginal breech birth, and do you support it?
- How do you feel about other support people being there at the birth?
- How can I contact you if I need advice?

Pregnancy Questions

- What prenatal tests and screenings do you recommend, and when?
- Do you see any increased risk of special complications or conditions for my pregnancy?
- How much weight should I gain, and at what rate?
- What foods do you suggest that I avoid? What kind of diet do you recommend?
- Are there any exercises that I should avoid, and how much exercise is safe?
- When is it not safe to fly in an airplane?
- Are there any activities that I should avoid?
- What over the counter medications can I take that are safe?
- What over the counter medications should I avoid?
- Are my prescription medications safe?
- What prenatal vitamins or supplements do you recommend?
- What pregnancy symptoms can I expect, and how should they be treated?
- Are my symptoms all normal?
- When should I be calling you with concerns?

Start of Labour

- When labour starts, when should I be making contact with you?
- At what point after 40 weeks would you be recommending induction of labour with drugs?
- What is your criteria for induction? (medical risks like preeclampsia or diabetes, two or more weeks past your EDD, not to fit into their schedule)
- Would you be happy to negotiate on this time frame and monitor the baby and placenta to give me the best chance of going into labour spontaneously?

Labouring in Hospital

- Where will I go when I arrive? Who will greet me? What will they ask me? Will I have to fill in forms or sign papers?
- When will I be taken to a room?
- Will I be sent home if I am not deemed to be in active labour? How many cm's dilated is considered active labour? How do you determine active labour if I decline vaginal examinations?
- Will I be able to have 15 minutes to set up my space and get back into my zone without interruption?
- Do you encourage movement? Do you have fit balls, birth stools, bean bags, peanut balls, mats for the floor or shower?
- Can I labour in the shower or bath? Can I give birth in the shower or bath?
- What are your views on directed/coached pushing versus mother directed pushing (no prompts from staff)?
- Is there anything you will do to reduce the chances of tearing or an episiotomy?

What is the standard policy in regards to;

- Vaginal examinations - how often does this happen? Are you comfortable with me declining?
- Monitoring me and my baby - will it be continuous, wireless, intermittent, waterproof? How often is this done?
- The length of time I labour in Stage 1, Stage 2 and Stage 3. Will interventions be suggested if I go over these timeframes? What would these likely be?
- Third Stage – will a physiological third stage be supported?
- Delayed cord clamping
- Immediate skin to skin
- Baby checks like weighing and measuring
- Vaccinations
- Keeping my placenta

Special Circumstances

Under what circumstances would I be offered;

- A stretch and sweep
- To have my waters broken
- To have gel inserted
- Artificial hormones to stimulate labour
- Pain relief
- An episiotomy
- An instrumental delivery (forceps/vacuum)
- A caesarean

Caesarean Section

Is it normal hospital policy to;

- Support a gentle/natural/maternal-assisted caesarean? I'd like to know about dropping the drape, my lifting out my baby, delayed cord clamping and immediate skin to skin.
- Allow my husband/partner/doula/private midwife/photographer into the operating room?
- Allow my preferred music to be played?
- Allow my support partner to take photographs?

'Some content sourced from [HypnoBirthing International](#) and the [Rock Your Birth Academy](#)'