



Questions To Ask Your Doctor

Below is a list of Questions (in bold) and the standard answers (italicized).

What percent of your clients deliver without pain medication?

10 to 20 percent will be a typical answer for an obstetric based practice.

What methods do you suggest for dealing with pain OTHER than drugs?

The list may include walking, changing position, taking a bath or shower, massage, counter pressure, applying hot or cold packs, visualization and or directed vocalizations.

How often do you find it necessary to cut an episiotomy?

Conventional obstetricians may perform an episiotomy for most births especially for first time moms, many natural orientated practitioners almost never perform them.

Under what circumstance do you suggest an induction to start labour?

Some doctors suggest induction due to medical circumstances such as severe high blood pressure, pre-eclampsia, or diabetes; others will recommend induction on the due date or several days after. Inductions may also be recommended in accordance with the doctor's schedule.

How many days past my EED are you comfortable waiting for labour to begin?

Medically oriented practitioners will often induce one week to 10 days past the due date. Try to avoid ultrasounds in the last month to determine the baby's size; these procedures are highly in accurate.

In regards to pre-labour rupture of the membranes, what is your usual practice?

Medical orientated practitioners will often induce 6-24 hours after the bag of waters has broken. Natural orientated Practitioners may allow for labour to continue for a longer period of time as long as there have been no vaginal exams and there are no signs of infection

Under what circumstance will you recommend Labour augmentation?

Most medical orientated practitioners will recommend labour augmentation with the use of Pitocin or Syntocinon if labour is progressing too slowly (About one centimetre per hour). Naturally orientated practitioners will allow labour to progress in its own time.

What are your views on time limits during each stage of labour?

Most medical orientated practitioners will adhere to the one centimetre per hour rule. If you are dilating too slowly, labour augmentation will be recommended. Natural orientated Practitioners understand that labour takes time and every labour is different. They will usually allow for labour to continue for a longer period of time granted that both the mother and baby are in good condition.

Will I be allowed to be mobile during active labour? How do you feel about allowing me to walk the halls or use a birth ball during active labour?

This will be dependent on hospital policy, the risk of your pregnancy (The need to monitor the baby with EMF), and whether or not you've had an epidural or a narcotic to relieve pain.

Do you require constant Electronic Fetal Monitoring (EFM), only intermittent EFM (Once an hour), or do you monitor using a Fetoscope or Doppler?

Most medical orientated practitioners prefer the use of EFM for its convenience. There are drawbacks however for the mother; the use of EFM restricts movement. If your care provider insists on the use of EFM ask that they use it only periodically, perhaps once an hour for 15-20 min.

How comfortable are you with allowing me to breathe my baby down rather than push my baby out?

Birth breathing or breathing the baby down is a pushing technique that most medical orientated practitioners are not used to. Birth Breathing is mother directed. Purple pushing or coached pushing is faster and doctor directed but may cause tearing.

How comfortable are you with the idea of catching my baby if I choose to push in a non-standard position, such as squatting or on my hands and knees?

Most medical orientated practitioners prefer mothers to lie on their backs. Lying on ones back is uncomfortable for the mother but it is a very convenient position for the doctor.

Can I eat and drink during labour?

Some medical orientated practitioners will not allow eating or drinking during labour. There is a concern of aspiration of the stomach contents if an emergency Caesarean is needed. Natural orientated Practitioners encourage mother to eat and drink during labour to keep her hydrated and her energy levels up.

In case of an emergency will my husband be able to accompany me into the operation theatre?

This is strictly dependant on hospital policy. If your doctor says NO, you may want to consider finding another hospital.

Can I have my baby without interruption from the moment of birth if I choose?

Most hospital births will want to whisk your baby off to the nursery as soon as possible to get him/her cleaned up and check out by the paediatrician. You may request that your baby stay with for at least 30 minutes after birth in order to try breastfeeding for the first time.

Are you comfortable allowing me to have a natural third stage of labour?

Most medical orientated practitioners will manage the delivery of the placenta (The third stage of labour) in order to make sure that the placenta is healthy and intact. Management of the third stage is quick, usually no more than 10 minutes. A natural third stage can take up to one hour.

Are you comfortable allowing the cord to stop pulsating before cutting it?

*Most medical orientated practitioners will clamp and cut the cord as soon as the baby is delivered. You may request that the cord stop pulsating first to allow your baby to receive as much blood as possible from the placenta. ** Immediate cord clamping and cutting is necessary if you are planning on doing cord blood banking.*

Will you always ask my permission before doing any procedure, routine or not, such as stripping my membranes or amniotomy?

Some medical orientated practitioners may not ask permission before performing routine procedures such as IV, breaking the waters, shaving and so forth.

What are the advantages of an unmediated birth?

Most medical orientated practitioners are avid promoters of epidural for various reasons. It may be advantageous to ask what the advantages of an unmediated birth are.

Do you insist on vaginal exams in the last 3-4 of pregnancy?

Vaginal exams in the last 3-4 weeks of pregnancy are unnecessary and can NOT predict the date or time of delivery.

Will you guarantee to be present at my birth? If not who are the other doctor's on call? Will they also support a Natural Birth?

In many hospitals the medical staff work on rotation, therefore the doctor on call that night will be the one to deliver your baby. If your doctor will be present for your birth remember that he or she will probably only be present for the second stage of labour, (The pushing phase).

How do you feel about working with doulas or labour support professionals?

Most doctors have no problem working with doulas or support persons. However if your doctor has had a bad experience he or she may not want a professional support person with you. If you go against your doctors wishes this may cause you some grief.