What to Ask ... A Midwife or Other Maternity Care Provider Who May Attend Your Home Birth

Choosing who will provide your maternity care and where you will give birth are big decisions. We encourage you to meet and talk with different care providers, to consider different birth settings, and to print and bring this list of questions—and a notebook to write down answers and thoughts. Revisiting this tool throughout pregnancy as you learn more can help ensure your maternity care stays in step with your priorities (keep in mind that you can change care arrangements during pregnancy if you choose). Visit ChildbirthConnection.org/HealthyPregnancy for more information about many of the topics mentioned below.

Background, Education and Philosophy

• What is your educational background?

• Are you certified? Are you licensed to practice in this state?

• What is your credential?

  Did You Know? The three nationally recognized midwifery credentials in the United States are CNM (certified nurse-midwife), CM (certified midwife) and CPM (certified professional midwife).

• How long have you been in practice?

• How many births have you attended? How many of these have been home births?

• What are your core values, priorities and goals as a home birth midwife?

Practice Organization

• Is your practice a group or individual practice?
• If a group practice, who else is in the practice and could end up providing my prenatal care or attending the birth? How would I get to know everyone who may attend the birth? How do your values and style of practice compare with others in this practice?

• If an individual practice, what back-up arrangements do you have if you are not available to attend the birth? Is there anything you know about now that could make you unavailable around my due date?

• What doctor(s) provide back-up for situations beyond your scope of practice? How would I meet them?

Process
• At what point in my labor would you come to my home?

• Who would come with you? What would their role(s) be? How would I get to know them before the birth?

• What would you bring with you?

• What preparations would I need to make in advance?

• Would I need to get any supplies or equipment?

Prenatal Care
• In your practice, how long are prenatal visits and whom would I see?

• What schedule of prenatal visits do you recommend and what happens during those visits? Where would they be?

• What might lead you to view me as “high-risk” and how would that affect my care?

• What problems or complications in pregnancy would mean that a doctor would become my primary maternity care provider? If that happens, what arrangements would you make? Would you still have a role in my care?
Companions During Labor and Birth

- Do you have any policies that limit the number of people who may be with me during labor and birth? Can 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 the use of doula care?

  **Did You Know?** Doula care offers a lot of benefits and has no known risks.

Care Around the Time of Birth

- How do you feel about elective induction (when there is no health problem)?

  **Did You Know?** Negative impacts of induced labor on breastfeeding, mother-baby attachment and maternal mental health are plausible and haven’t been well studied.

- How do you monitor the well-being of the baby during labor? Do you use a doppler (hand-held ultrasound device to monitor the baby’s heart) or fetoscope (stethoscope for listening to the baby’s heart)?

  **Did You Know?** Dopplers and fetoscopes are safe and effective options and enable you to move around during labor. Continuous fetal monitoring is not available at home births.

- What are your usual policies and practices about:
  - Being active and moving about in labor?

    **Did You Know?** The best available research supports your freedom to be up and about during labor, which reduces your likelihood of having a cesarean birth.

  - Eating and drinking in labor?

    **Did You Know?** The best available research supports drinking when thirsty and, if you want, eating lightly.

  - Positions for birth?

    **Did You Know?** The best available research supports avoiding lying on your back when you are pushing your baby out and encourages women to choose other positions, according to their preferences.
• What is your usual approach if labor is progressing slowly?

**Did You Know?** Synthetic oxytocin (“Pitocin”) is not used at home births to speed up labor. Skillful midwives know many drug-free ways to promote labor progress. Many less invasive things can be done before deciding on a C-section.

• What percentage of the time do you find it necessary to cut an episiotomy (a cut to enlarge the opening of the vagina just before birth)?

**Did You Know?** The best available research finds no benefit and some risks to the routine or liberal use of episiotomy.

**Coping with Labor Pain**

• How would you recommend that I prepare for managing pain during labor and birth?

**Did You Know?** There are a lot of ways to relieve and cope with labor pain, with varying risks and benefits, so it’s important to know your options and learn about their pros and cons in advance.

• What drug-free measures for pain relief can you provide?

**Did You Know?** Drug-free methods and techniques (such as tubs, showers and birth balls) can help women cope with labor and have limited or no side effects. Because of risks, pain medications are not used in home births in the United States.

• What if I decide I want an epidural?

**Did You Know?** Epidurals are not available at home births because of the side effects and other interventions that usually go hand-in-hand with an epidural. In this case, you would need to go to the hospital.

**Complications and/or Transfer**

• If a transfer becomes necessary at any point, what hospital would I use? How can I arrange to take a hospital tour?

• What problems or complications in pregnancy would require me to change to a different care provider and to plan to give birth in a hospital?

• What problems or complications during or after labor and birth would require me to transfer to a hospital?
• Would you be able to be involved with my care if I am transferred to a hospital?

• Under what circumstances would my baby need to be transferred to a hospital?

• Are you certified in neonatal resuscitation? What kind of resuscitation equipment do you have?

• What percentage of your home births have involved an emergency transfer?

• What emergencies could arise during labor and birth, and how would you handle them? What emergency supplies and equipment would you have on hand? Is there anything I would need to do to be prepared for this situation?

• What percentage of the women you work with switch to hospital birth during pregnancy? During labor? After labor?

• What percentage of the babies you help birth are then hospitalized?

• What percentage of your clients who begin labor at home end up having a cesarean section?

**Postpartum and Newborn Care**

• What newborn care do you usually provide or offer to a healthy baby?

• How would you help me get breastfeeding off to a good start?

• How long would you stay after birth?

• How would I reach you if I needed anything after you leave?

• How many visits would we have after the birth? When and where would they be?
Special Health Considerations

• I have [a particular health condition or concern]. How would this affect my ability to work with you and give birth at home? How would it affect the care you would provide and recommend?

Costs

• What is your fee and what does it include?

• Are there any other possible costs I should be aware of now?

• Do insurance plans reimburse you for home birth services? If yes, has [your insurance plan] reimbursed you for home birth services? Do you have tips for me to get coverage for your services?

Did You Know? Some insurance companies cover home birth services, so be sure to call and ask. If you don’t have health insurance, you can visit HealthCare.gov. Because you are pregnant, you qualify for a special enrollment period and may be able to sign up for insurance now, or you may qualify for Medicaid. If you want a home birth, you can ask about coverage before signing up.

• Do you accept alternative payment arrangements?

Referrals

• May I please have the names of three women you have assisted at home for reference purposes? If you do not have permission to give their names and contact information, would you please ask them to contact me?