



# Your Best Birth:

Providers, Plans and Being Proactive

BY CARRIE MURPHY

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# Introduction



**There's so much** information out there about what makes a “good” birth—where it happens, how it happens, and so on. We're going to let you in on a little secret: There's no set criteria for what makes giving birth a good experience, other than that it feels good and right to you, your partner, and your baby.

Something you can do to increase the chances of feeling satisfied with your birth experience is to be informed about the choices you make regarding your care during both pregnancy and labor. To that end, Bloomlife put together a guide that can help you in your birth decision-making —from choosing your healthcare provider and writing a birth plan to respectfully and effectively advocating for yourself throughout the process. Your best birth is one where you are informed and respected throughout the entire process.

# Choosing a Provider

# Choosing a Provider

One of the best ways to ensure that your prenatal care, birth, and postpartum care go well is to find a pregnancy provider that you like, respect, and trust. This is often easier said than done. Insurance, location, health issues, and other factors can limit your choices, so it's best to approach this section through your own individual lens.

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The first thing to keep in mind is that most obstetric practices in the US today work on an on-call schedule. This means that there is no guarantee that the person you see for your prenatal visits will also be the person present throughout your labor and delivery. For this reason, feeling safe and comfortable with both your individual provider and their general practice can help you have a happier pregnancy and calmer birth.

## How to Choose—Advice from an Expert

To help you choose a doctor or a midwife, we spoke with Emma Clark, CNM, a certified nurse midwife in Washington, DC.

**Whenever possible, select your birth place first:** Often, says Clark, it's more important to choose the place where you're giving birth before you actually choose your provider, especially if you live in a place with multiple hospitals. Hospitals can vary widely in what they offer to birthing people, in terms of types of providers, level of care, and even the options within their facilities (Some hospitals have tubs and stools for labor, for example, while others don't). Usually, a doctor will have privileges at one or more hospitals, which can affect if they can attend your birth there or not.

**Schedule an interview:** You can absolutely interview a pregnancy provider before starting care with them. Make an appointment to see them in their office rather than in a clinical exam setting. After all, you'll feel a lot more confident asking questions if you're sitting with someone in your regular clothes, rather than a paper gown.

It's important to know a little bit about what you want for your birth, says Clark, so you can make sure you and your provider are in alignment. This includes specialties, particular interests, (or things providers or hospitals don't do), like

vaginal birth after cesarean, multiples, and more. Ask lots of questions about issues that are important to you. For example, you might want to learn about your provider's cesarean rate, approach to induction, thoughts on doulas and other support people, as well as their thoughts on pain relief options. Some of these things may be contingent on hospital policies, as well, so make sure that's included in the conversation.

Don't be afraid to share your hopes and anxieties with any potential provider, including past positive or negative experiences with pregnancy, reproductive or gynecological care. They should be open to discussing your individual situation and happy to share their perspective.

**Use your community:** Chances are, you already have a provider where you've gotten well-woman care—your yearly exams, Pap smears, etc. Consider, though, that they may not be the natural choice to provide your obstetric care. Clark recommends that you do your research and ask around, as if you're looking for a provider for the first time—you don't have to stick with your normal gynecologist for birth: "They could be great in the office for well-woman care, but you may find they are not in alignment with your needs and wants for birth. If you can get some recommendations from someone, ideally a few different people in your community, that's a good way to go to see who is out there and what they are offering."

More practices are offering monthly or quarterly "Meet the Provider" gatherings, where you can meet all of the people in a practice at one time. If you can attend, these are a great option for meeting people and getting the general vibe of a practice.

***"You should also get a good feeling from your provider. If something seems off, don't ignore it."***

**Listen to your intuition:** Along with feeling confident about their training, experience, and expertise, you should also get a good feeling from your provider. If something seems off, don't ignore it. Think about their demeanor, body language, and communication style—doctors and midwives are busy people, but they should still strive to make you feel heard and respected, especially before labor begins. If you don't feel in sync, do not be afraid to find someone else who you will feel better with. You can always change your mind, even after you have chosen a provider.

**Remember that it's a journey:** Pregnancy and birth are dynamic processes. Your feelings, ideas, wants, needs, and even your or your baby's medical situation can change over the course of your pregnancy or labor. If things do change, it may affect who can provide care or your current provider's approach. As tricky as it may seem, try to stay open to the change and the experience it



brings, both in developing a trusting relationship with your provider/practice and in your own evolving ideas. For example, a provider who fits perfectly in the early days of testing and making it through the first trimester without puking everywhere may no longer be the best fit for you once you start considering your birth options and needs. Or, you may find the low-tech midwife practice may no longer work if you discover you'll need a planned Cesarean.

## Midwife or Doctor?

While the default provider for many people is an obstetrician, you do have multiple choices about your pregnancy and birth provider, including a midwife. Research shows that women who have a nurse midwife are less likely to experience an episiotomy (a cut made to widen the birth canal) and are more likely to breastfeed.

The midwifery model of care is geared towards healthy, low-risk women. Midwives see pregnancy, labor, and birth as a normal biological processes that may or may not require intervention. Midwives also provide care and attention to the emotional, mental, and social aspects of the perinatal time period.

The physician model of care is focused on preventing, diagnosing, and treating potential complications of pregnancy and birth. Physicians practice only in a hospital setting and can treat people with both low and high risk pregnancies.

These descriptions are generalizations, of course. Individual doctors and midwives will have their own ways of practicing and working with their patients and clients. You may find a doctor with a more holistic approach, or a midwife who practices more like a physician.

***“Individual doctors and midwives will have their own ways of practicing and working with their patients.”***

Other considerations include whether or not you have risk factors (like Type I diabetes or other health conditions). These may cause you to opt for a doc over a midwife or, as Clark noted, you can consider a collaborative physician/midwife practices where nurse-midwives can still provide the bulk of your prenatal and birth care.

## A quick overview of the most common types of providers practicing today in the United States:



**OBGYNs:** A doctor trained in obstetrics and gynecology has completed medical school and a residency with a speciality in women’s health. They are trained and qualified to provide an array of reproductive and gynecological services, including cesarean sections. Some may specialize in other areas, like maternal-fetal medicine (MFM), fertility, or family planning. The vast majority of doctors practice exclusively in hospital settings.



**Family Practice Doctors:** Family-practice doctors are kind of like a combination of a primary care doctor, pediatrician, and obstetrician. They have completed medical school and residency with a specialization in family medicine. A doctor with a family practice can provide care to all members of a family throughout all life stages, from infancy to adulthood. Family practice doctors can, for example, provide prenatal and birth care to a woman and then also give pediatric care to her baby. Family practice physicians mostly practice in hospitals—some are trained to do surgeries like cesareans, but some are not. They are more common in some areas of the US than others.



**Nurse Midwives:** Nurse midwives, or certified nurse midwives (CNMs) are masters-prepared nurses who have completed both nursing school and an additional graduate degree in midwifery. They are qualified to work in all birth settings, including hospitals, homes, and birth centers. Nurse midwives can also provide other reproductive healthcare, like prescribing birth control. . If you are birthing with a midwife in a hospital, you will still have access to physicians in labor, explains Clark.



**Certified Professional Midwives:** This type of midwife works exclusively in out-of-hospital settings like homes and birth centers. Most often, these midwives have completed coursework, an apprenticeship, and passed a national certifying exam to become a certified professional midwife (CPM).

# Birth Plans: Yay or Nay?

## Birth Plans: Yay or Nay?

If you're a pregnant person today, chances you've considered making a birth plan. Maybe you've heard they're a must-have - "Ensure your wishes are respected!" or maybe you've heard the opposite - "Birth plans are only for uber Type A's who want to control everything about their births!" Neither is necessarily true.

Birth plans (sometimes called birth *preferences*, *lists* or *documents*) are just another tool in your toolbox. And this toolbox should also hopefully contain a birth place where you feel safe, an awesome provider, solid childbirth education, and a supportive birth team. A birth plan will not make or break your birth, but there is nothing wrong with going through the exercise and having some written guidance on your preferences.

**A birth plan is a guide, not a guarantee.** Felicia Roche, a San-Francisco area doula and childbirth educator of over fourteen years, says, "There is nothing about a written piece of paper that is going to change the outcome of your labor. You have to know how to drive what you want yourself."

**The best value to come out of a birth plan happens before the big day.**

The act of writing your birth plan (or preferences list) is a terrific way for you and your partner to get on the same page about your baby's birthday, including ways they can support you in your vision. Consider it a safety net against surprises or conflicts when you're in the throes of labor (surprises and conflicts are the last thing you'll need!)

For example, if you write that you'd like to keep the lights low in your room, your partner may understand that and take it upon themselves to remind staff of this preference (or even just turn the lights down when the time comes). To tackle these small reminders and roles, Roche suggests you set aside dedicated time with your partner to write down ideas for your birth together—and then talk them over, openly and seriously.

**The process of making a birth plan is also useful for starting informed conversations with your doctor or midwife.**

Bring your questions and ideas into an office visit so you can fully understand your doctor's training, expertise, and views, as well as how hospital policies may affect your birth. You can learn a lot from talking with your provider—you may find, for example, that skin-to-skin contact for an hour after birth is standard procedure where you are giving birth, so not something you need to waste any birth plan ink or energy advocating for.

*"Everything detailed in your birth plan should matter to you."*

**Have full confidence in what you want (and don't want) and why.** While there are plenty of easily Google-able birth plans out there, not all of them will be relevant to your personality, clinical situation, birth place, and preferences. Make every item on your list personal, with a strong reason behind it. You don't want to have any items on your birth plan just because it's something you've heard about, something a friend did, or something that was recommended in a class, book, or blog post. Everything detailed in your birth plan should matter to you. Roche says, "If you don't want an IV while in labor, you should know why that is important to you and what it means. If it's not important to you, it's not going to hold water during your birth."

## Tips for writing your birth plan

### Keep it Short

Your birth plan should be a page, max, with bullet points. You want any nurse or provider to be able to skim in easily and see what you're thinking. Even shorter, with just 5-7 of the most important items, is ideal.

If you run out of space, prioritize. What can your partner advocate for on your behalf or take care of for you (like lights, a playlist, etc.)? What are the things your hospital/birth center will already provide or have a protocol for?

### Phrase it Positively

Roche suggests writing about what you do want, rather than what you don't. For example, if you're hoping to avoid an episiotomy (a cut made between the perineum and vagina to widen the vaginal opening), phrase it as "I would like perineal support" rather than "I do not want an episiotomy."

### Don't Forget Baby

Consider plans for after birth, too, including skin-to-skin and cord-cutting as well as other newborn procedures and what you would like to happen if baby needs to go to NICU.

## Resources for your birth plan

Make sure you check your preferences against the policies at your birth place. If there is a conflict, that's something you'll want to know well before labor

### Ask Your Doula

Doulas have great insight on what works well for different birth goals and in different settings. Often, they are familiar with your chosen birth place and how things might go.

### Evidence-Based Birth ▶

This website is a veritable wonderland of up-to-date, evidence-based information about everything from "big babies" to gestational diabetes.

### ScienceAndSensibility.org ▶

Lamaze's research blog has a huge range of informational posts on everything from pregnancy to postpartum, all grounded in solid research or expert opinion.

### Preg U ▶

An ever expanding resource list for research-based insight into pregnancy and birth preferences, including the benefits of delayed cord clamping and why turning down the lights can help night-time labor.

# Self-Advocacy in Pregnancy and Labor

# Self-Advocacy in Pregnancy and Labor

Giving birth is life-changing—no matter when, where or how it happens. A healthy baby and a healthy mama is obviously what most women want above all else. But it's ok (and perfectly normal and natural!) to also want a positive birth experience, where you felt that you and your feelings were an integral part of welcoming your child into the world. It's also normal and natural to feel overwhelmed with or uncomfortable about the prospect of making sure your wishes are heard during the heady time of labor. Yes, giving birth is unpredictable but you can, and should, feel like a respected participant in your birthing process.

**You only give birth to your baby once**, there is nothing wrong with safely and respectfully advocating for yourself and your wishes, both during your pregnancy, during labor, and afterwards. To outline effective strategies for finding your inner advocate, we spoke with Cristen Pascucci, the former vice president of Improving Birth and founder of Birth Monopoly.

***“You have the basic right to be the decision-maker about what is done to your body. Nobody can touch you without your permission and no one can administer a procedure without your permission.”***

**First, it's key to understand your basic rights as a birthing person.**

Pascucci explains that you have the right to informed consent and refusal—a right that is also affirmed by the American College of Obstetricians and Gynecologists. This means that anytime a care provider or a member of the medical staff wants to perform a procedure or treat you (even something as simple as putting in an IV line),

they have an obligation to explain the procedure to you, including why it's being suggested and the benefits and risks of the procedure, and then they must wait for your decision about whether or not you consent. Pascucci says, “You have the basic right to be the decision-maker about what is done to your body. Nobody can touch you without your permission and no one can administer a procedure without your permission.” This is true in any birth setting—hospitals, birth centers, home.

Informed consent means that you will be informed of and be given the opportunity to understand whatever is happening to both you and your baby. The people who have the medical knowledge and clinical experience should always give you all of the information you need, so you can make an informed decision about your care. This goes for all of the aspects that surround pregnancy and birth, from whether or not to undergo certain testing, accept an induction, or consent to interventions during labor. Pascucci says informed consent is not “Hey we want to do this, is it ok? It’s more of “We recommend this and here is why, what is your decision?”

**Second, everyone on your birth team, including your partner, other family members, and doulas, should understand your rights and how to advocate for them when you’re in labor.** This advocacy does not require an “us vs them” mentality or adversarial tone; it could be as simple as knowing how and when to ask questions and remind staff of your goals and preferences. Pascucci recommends partners practice with a couple of role-playing scenarios before the big day: “What happens when a nurse comes in and says, ‘Ok, we’re going to need you to do X,’ or a provider says, ‘We think it’s time for Y now?’ What are you going to say that is both respectful, but also calm and assertive? It may feel a little silly, but it can prove helpful.”

*“Cultivate a human connection with your birth team.”*

**Third, remember that the people taking care of you are just that—people.** If you are asking them to do something outside of their comfort zone or normal clinical routine, be cognizant of and sensitive to that. Cultivate a human connection with your birth team: use humor whenever possible, explain why things are important to you, and don’t be hasty with the thank you’s. Keep things compassionate and respectful. That doesn’t mean compromising on your care, but rather understanding and acknowledging the work and efforts of the staff.

Pascucci says, “In an emergency, you are really trusting your providers to look out for your best interest. In a true emergency, there may not be time to explain every possible choice and its repercussions. That’s why it’s important to be with a provider that you trust. That said, it’s important to remember that most situations in birth are not emergencies, so you should have time to ask questions and get all of the information you need.”



## Finally, use your BRAIN

BRAIN is a useful acronym that you can utilize to ensure you're receiving good information and are making decisions that feel comfortable to you.

- B** What are the **B**enefits?
- R** What are the **R**isks?
- A** Are there any **A**lternatives?
- I** What is your **I**ntuition telling you?
- N** What happens if we do **N**othing?

Ask yourself, your partner, your support people, and the medical staff these questions if and when a procedure or intervention becomes necessary.

**Above all, don't be afraid to speak up to make your wishes known.** Get the information you need to feel like an informed and respected participant in your baby's birth story.



### A little bit about us...

Bloomlife is a Women's Health company on a mission to advance the state of maternal health and put better information and insight into the hands of expecting moms.

At Bloomlife, we believe that every woman has the right to the information she needs to make personalized decisions and play an active role in her own pregnancy journey. We also believe in the power of data to unravel the mysteries of pregnancy and solve the biggest challenges in maternal and neonatal health.

Join the maternal health revolution!

Peace, love and happy birth vibes,

**Molly Dickens, PhD**

Editor of *Your Best Birth: Providers, Plans and Being Proactive*

Head of Content and Community at **Bloomlife**

