



Questions to Ask When Picking an OB/GYN

When you've just found out that you're pregnant, it can be an exciting time preparing for the newest member of the family. To ensure a pregnancy goes smoothly, it is important to receive good prenatal care. The persons providing the prenatal care (whether they be OB/GYNs, MFMs, nurses, or other medical professionals) are responsible for making sure you have the information you need to have a healthy pregnancy.

Care providers may have varying communication styles, different outlooks on certain procedures, and different levels of experience. Because these differences can impact care and patient satisfaction directly, it's important to meet, interview, and screen your doctor before your prenatal care regimen begins--as switching providers mid-pregnancy can be stressful! Depending on the practice or your insurance, there may be a charge to this visit.

What Questions Should I Ask Potential Prenatal Care Providers?

Asked?	Question	Why?
	Do you take my insurance?	If an office doesn't take your insurance, you may be required to pay for services out-of-pocket, which can be very expensive.
	What's your perspective on vaginal vs. Cesarean birth?	Different OB/GYNs have very different ideas about what kind of delivery methods are needed in certain circumstances. Topics relevant to your pregnancy will vary, and this interview is an opportunity to openly discuss related risk factors.
	What kind of prenatal testing do you do?	Different pregnancies may require different kinds of tests. Many pregnancies (especially those impacted by obesity, diabetes, maternal age, and other factors) are high-risk and need more frequent monitoring.
	Will you be there to deliver my baby?	Many doctors are on call for births. If your doctor isn't on call that day, someone else may be attending delivery. It's important to know what to expect.
	Are you board-certified?	Board certification means that the provider has certain credentials and a particular level of training.
	Are you affiliated with [X] hospital?	If you have a specific hospital in mind for delivery, it's important to know whether that doctor is affiliated with the hospital. If the doctor isn't affiliated with the hospital you want to deliver at, they may not have privileges to deliver there.
	Does the hospital I'll visit for delivery have a high-level NICU and 24-hour neonatology staff? What other emergency care services and facilities will the hospital offer?	Nobody wants to think that something may go wrong during labor and delivery, but if a baby needs resuscitation or intensive care, it's better to deliver at hospitals equipped to handle complex cases instead of waiting to be transported somewhere else.
	What are your philosophies on newer/alternative birthing practices?	A lot of moms are interested in things like 'natural birth,' making a birth plan, having an unmedicated birth, or laboring in a birthing tub. Depending on the circumstances, some of these practices are safe, and some aren't. Knowing what practices your doctor is on-board with is important for both safety and patient satisfaction.



	<p>How often and in what way do you communicate with patients as situations change?</p>	<p>If a lab result indicates a problem or if an evolving problem becomes a greater cause for concern, it's important that the doctor be communicative and within reach. If you can't reach the physician consistently, or if their office lines are always busy, this may be a sign of poor inter-office communication.</p>
	<p>Do you do VBACs?</p>	<p>Many women are interested in having a vaginal birth after a C-section, though this comes with attendant risks. It's important to know whether this physician supports VBACS, and to understand the risks of delivering vaginally after a previous Cesarean section.</p>
	<p>Do you work with midwives or doulas?</p>	<p>Some physicians are experienced in working with non-medical support staff, and some aren't. If you're interested in this kind of support, it's important to know whether your physician will work well with them.</p>
	<p>Does the hospital you're affiliated with have a birthing center?</p>	<p>Some women want to have a different birthing experience from a standard hospital birth, without compromising the emergency support that a hospital can provide. Hospital-affiliated birthing centers can sometimes help strike a balance between a 'homier' environment and access to emergency services in case something goes wrong.</p>
	<p>Would you induce me with Pitocin (oxytocin) or Cytotec?</p>	<p>Some physicians will try to speed up the labor process using labor induction drugs. Knowing under which circumstances the physician tends to use those drugs is important for the baby's and mother's safety.</p>
	<p>Have you encountered stalled or arrested labor in the past? What do you tend to do if labor stalls or slows down?</p>	<p>This is a question relating to emergency protocols. Physicians are required to advise you as to what steps are appropriate should your labor stop. This may include administration of induction drugs, or delivery by C-section, depending on the circumstances.</p>
	<p>How often do you monitor the baby?</p>	<p>Electronic fetal monitoring may be uncomfortable, but it's very important for ensuring the baby is doing okay. EFM should be monitored continuously during labor, but you can ask your physician how often EFM will be performed during your office visits.</p>
	<p>How long have you been practicing, and how many births have you attended as the <i>primary attendant</i>?</p>	<p>Generally, the more experienced a physician is, the more knowledgeable they are and the better they are at carrying out clinical procedures. You can ask how many times they have been the person 'in charge' of a delivery.</p>
	<p>When do you recommend episiotomy, forceps or vacuum extractor delivery, Cesarean section, or immediate clamping of the baby's umbilical cord?</p>	<p>These are all questions that directly impact the health of both mother and baby, and they are used in emergent situations where decision-making time is of the essence. Knowing whether a doctor will try a vacuum- or forceps-assisted birth, for example, helps mothers understand what kind of emergency management will happen if delivery needs to happen fast.</p>
	<p>What kind of postpartum follow-up do you do?</p>	<p>You can ask questions about the physician's plan for making sure both the mother and child are recovering from well childbirth.</p>
	<p>What do you do when you encounter presentation or</p>	<p>Babies in presentation other than the standard birthing presentation (facing backwards, head first) are at risk for trauma</p>



	umbilical cord abnormalities (breech, face presentation, nuchal cords, cord prolapse, etc.)?	and umbilical cord issues. Your provider should be trained and knowledgeable about what care is required in these situations.
	Do you perform delayed cord clamping?	Some medical literature addresses that waiting to clamp the cord can have some benefits under some circumstances. Some doctors support this practice, while some oppose it.
	What do you do if a pregnancy is longer than 40 weeks?	Pregnancies longer than 40 weeks increase the risk of complications such as post-maturity syndrome, which occurs when babies have been in utero for too long.
	What do you consider to be a high-risk pregnancy?	Some health conditions (like diabetes, obesity, maternal age over 35, and others) require additional monitoring to ensure the pregnancy is going well. If a physician misses a high-risk pregnancy and doesn't provide high-risk care, the risk of adverse outcomes can be greater.

For a larger list of question to ask your gynecologist, please see the *Our Bodies, Ourselves* list of [healthcare provider questions](#).