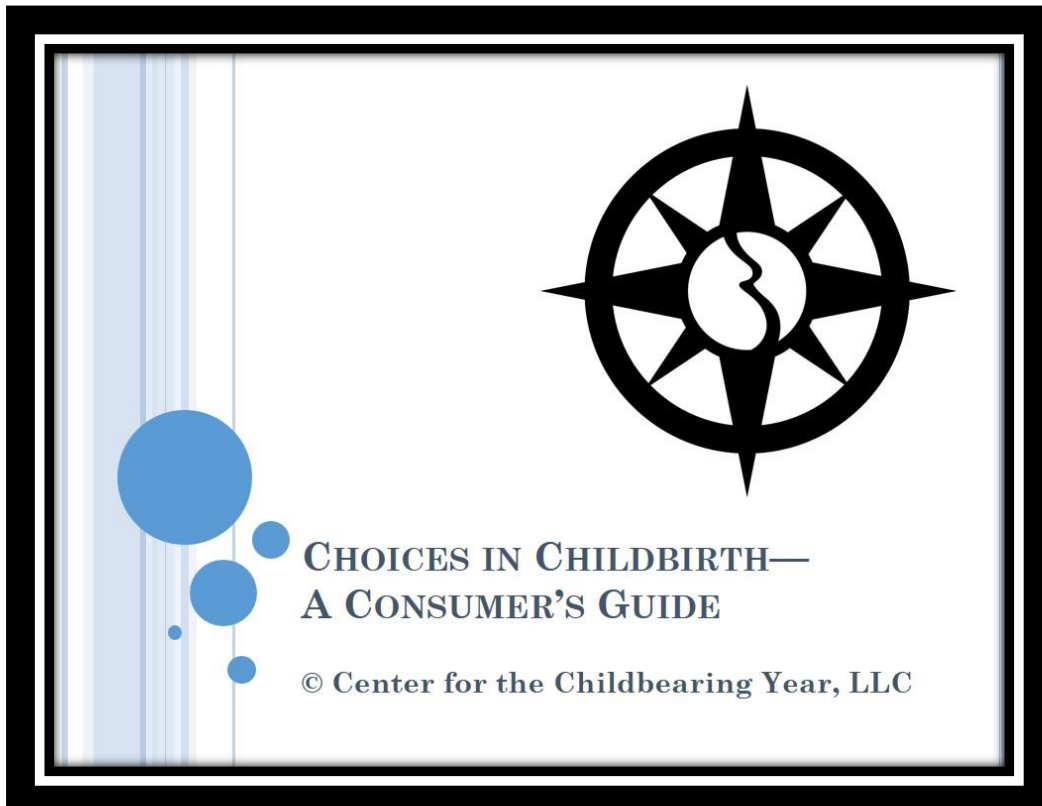


Choices in Childbirth: A Consumer's Guide



Course Pack & Additional Resources

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Choice of Caregiver and Place of Birth Best of the Web

The Birth Facts

<http://www.thebirthfacts.com/site/default.asp>

Links to evidence-based maternity care; numerous helpful articles

BirthNetwork National

<http://www.BirthNetwork.org>

Provider Guide. Encourages consumers to seek providers who support their personal philosophy of birth and allows you to create custom searches for a provider. (Only providers who have endorsed CIMS' *Mother-Friendly Childbirth Initiative* are listed.) You can also search for a BirthNetwork chapter in your area, many of which hold monthly meetings where you can get even more valuable information about local birth options. Also publishes an online ***Birth and Beyond: A Resource Guide***

The Birth Survey (from CIMS)

<http://www.TheBirthSurvey.com>

The Birth Survey is an on-going, online consumer survey that asks women to provide feedback about their birth experience with a particular doctor or midwife and within a specific birth environment. Responses are made available online to other women in their community who are deciding where and with whom to birth. Paired with this experiential data are official statistics from state departments of health listing obstetrical intervention rates at the facility level.

Childbirth Connection

<http://www.childbirthconnection.org/article.asp?ClickedLink=247&ck=10158&area=27>

This website is a trustworthy source for up-to-date, evidence-based information and resources on planning for pregnancy, labor and birth, and the postpartum period. Childbirth Connection is a national nonprofit organization dedicated to improving the quality and value of maternity care through consumer engagement and health system transformation. See:

Choosing a Caregiver: What You Need to Know

- Why is choosing a caregiver one of the most important maternity decisions I will make?
- How will my choice of caregiver influence where I can give birth?
- What are important considerations when choosing a maternity caregiver?
- What are some insufficient reasons for choosing a caregiver?
- How do types of caregivers differ from one another?
- What if I change my mind and want to switch to another caregiver?

Coalition to Improve Maternity Services (CIMS)

<http://www.motherfriendly.org/downloads>

CIMS is a coalition of individuals and national organizations with concern for the care and well-being of mothers, babies, and families. Their mission is to promote a wellness model of

maternity care that will improve birth outcomes and substantially reduce costs. This evidence-based mother-, baby-, and family-friendly model focuses on prevention and wellness as alternatives to high-cost screening, diagnosis, and treatment programs. See *The Mother-Friendly Childbirth Initiative* and *Evidence Basis for the Ten Steps of Mother-Friendly Care (PDF)*.

Lamaze International

<http://www.lamaze.org/AboutHealthyBirthPractices>

Six Healthy Birth Practices. The six practices below are supported by research studies that examine the benefits and risks of maternity care practices. They represent "evidence-based care," which is the gold standard for maternity care worldwide. Evidence-based care means using the best research about the effects of specific procedures, drugs, tests, and treatments, to help guide decision-making. PDF files summarizing the evidence in support of the six practices can be found on the Lamaze International website.

1. *Let Labor Begin on Its Own*
2. *Walk, Move Around, and Change Positions Throughout Labor*
3. *Bring a Loved One, Friend, or Doula for Continuous Support*
4. *Avoid Interventions that are Not Medically Necessary*
5. *Avoid Giving Birth on Your Back and Follow Your Body's Urges to Push*
6. *Keep Mother and Baby Together—It's Best for Mother, Baby, and Breastfeeding*

Waterbirth International

<http://www.Waterbirth.org>

Frequently asked questions, benefits of, research, pool information, and more.

All about Midwives

Midwifery is regulated state by state. Direct-entry (or homebirth) midwifery may be legal or illegal by judicial ruling. There may be some certified nurse midwives (CNMs) attending out-of-hospital births, regardless of the status of regulation in the state. For clarity, think of states as “regulated” or “unregulated” and then consider CNMs as a separate option/group (see more below). To learn more about the status of direct-entry midwifery in your state, check out [Push for Midwives](#), particularly their state-by-state [map page](#).

Certified Nurse Midwives (CNMs)

CNMs are credentialed through the American College of Nurse Midwives (ACNM). They are RNs with additional Masters-level training in midwifery. Nurse midwives attend births in hospitals, free-standing birth centers, and homes, though they are primarily found working in hospitals. You may find nurse midwives in solo practice, small group practices of two or three midwives, or large practices of ten or more who rotate being "on call." Large practices may assign one midwife whom you see for prenatal care, but it is potluck at your birth. Insurance and Medicaid are accepted.

CNMs work with doctor back-up and abide by medical protocols that may mandate consultation with, or transfer of care to, the back-up doctor in some circumstances. CNMs, for example, cannot be the primary care provider for women expecting breech or twin deliveries. When working in hospital settings, CNMs will likely be practicing under protocols stipulating induction of labor for post-dates pregnancies and so on, similar to OB/GYNs. Ask prospective nurse midwifery service providers about factors that could cause you to be "risked out" of their care.

Though practicing within the medical model, hospital-based nurse midwives are nevertheless more likely to support normal birth than most OB/GYNs who, after all, are surgical specialists best suited to providing care to high-risk mothers. All midwives tend to believe strongly in the normalcy of birth, woman-centered birth, non-separation of mom and baby, the benefits of water immersion for pain relief, use of the upright position to support normal physiology, freedom of movement in labor, and breastfeeding. The dictates of the CNMs' individual practice settings (in combination with each client's unique needs) will influence their ability to actualize these beliefs when providing care to each mom and baby.

Direct-Entry Midwives

Direct-entry midwives are an eclectic group. They primarily attend home births, but may also be found in out-of-hospital birth centers. Typically direct-entry midwives work with low-risk, healthy women who desire a normal, non-medicated birth. A complete home birth or birth center service package should include prenatal care, attendance at your labor and birth, and postpartum care, with phone consultations as needed.

A widely recognized credential for direct-entry midwives is the Certified Professional Midwife (CPM), offered through the North American Registry of Midwives (NARM). A midwife who has completed and documented experiential skills training (typically within an apprenticeship training model), and passed the NARM exam, earns the CPM credential. Twenty-six states in the U.S. have passed laws regulating direct-entry midwives and using the CPM credential as the standard. In unregulated states, some direct-entry midwives may, nevertheless, voluntarily choose to earn the CPM. While more and more midwives entering practice in the past ten years are choosing the CPM pathway, direct-entry midwives who lack credentials may nevertheless be highly experienced and well qualified to provide quality care. Most direct-entry midwives are apprenticeship trained. Some have attended both accredited and non-accredited midwifery schools or undertaken a home study course.

Theoretically, there are no complications that a birth center-based midwife can handle without medical backup (meaning transfer of care) that could not also be handled at home. While a birth center may convey a greater sense of safety, this, in and of itself, is an illusion. However, if the birth center attendant is more skilled, that is not an illusion.

When emergencies happen at a home birth or in an out-of-hospital birth center, 911 is called and the mother and/or baby are transported to the nearest hospital. However, the majority of transfers from homebirth or out-of-hospital birth center settings are NOT urgent in nature, but rather are the result of slowly developing circumstances, such as failure to progress, the desire for pain medication, or another non-urgent reasons where it makes sense to transfer care to medical specialists.

As a rule, physicians do not currently "back up" unlicensed midwives in the same sense that they do nurse midwives as members of the team. However, ERs cannot refuse care and many direct-entry midwives have friendly doctor "back up" to the extent that a physician may order necessary prenatal tests for the midwife or be willing to consult with her if needed. When care is transferred to a hospital from a home birth, the midwife generally will accompany her client to the hospital and continue to provide support, however her role becomes more akin to the role of the doula in that setting (providing informational, emotional, and physical support, but not calling the shots or giving medical advice). Once her client has birthed and all is well, the midwife may continue in her midwife role to complete postpartum care services.

Insurance and Cost

Some insurance companies are providing reimbursement or partial reimbursement for out-of-hospital birth attended by direct-entry midwives. Women on Medicaid or those covered under HMOs are currently unlikely to obtain reimbursement for direct-entry midwifery services in unregulated states. It is the consumer's responsibility to advocate with her insurance provider and make the case for covering out-of-hospital midwifery services. Start the conversation with your provider! Individual midwives should also be able to tell you which providers have agreed to reimbursement (or partial reimbursement) for her past clients. Consumers should expect to pay the midwife's fee up front, out of pocket, and then gain her help in generating a proper receipt to submit to the insurance company for reimbursement. The receipt should include the midwife's

provider number as well as standard insurance billing codes for services rendered in order to increase the chances of a claim being paid.

Midwifery fees vary widely across the country. Fees may range from \$1,500 (very low-end for midwives providing care in rural or depressed areas) up to \$4,000 or more (in metropolitan areas), with most landing somewhere in the middle. Some midwives may offer a sliding-fee-scale. Consider that, if you have a high-deductible insurance plan, it is quite possible the midwife's fee could approximate the amount of your co-pay for a hospital birth. Therefore, the home birth option may be more affordable than you think! Pre-tax healthcare spending accounts, health reimbursement accounts, or "flex" accounts can be used as well.

If you are interested in out-of-hospital birth and engaged in some pre-pregnancy planning, then you may also want to consider which potential insurance options (if you have choices) will allow for the greatest flexibility in your future choices and best meet your family's needs and preferences for type of care provider and place of birth.

Safety of Home Birth

Midwives have safely delivered babies at home since the earliest days of our history. Current studies and reports find out-of-hospital birth with a trained midwife to be as safe as or safer than hospital birth for healthy women experiencing a normal pregnancy.

- [*The British Medical Journal*](#): “Planned home birth for low risk women in North America using Certified Professional Midwives was associated with lower rates of medical intervention but similar intrapartum and neonatal mortality to that of low risk hospital births in the United States.” —*Outcomes of Planned Home Births with Certified Professional Midwives: Large Prospective Study in North America. BMJ 2005;330:1416.*
- [*The Milbank Report*](#): “...the physiologic approach to childbirth, which has most consistently been provided by midwives, has succeeded remarkably well in achieving positive outcomes for mothers and babies in diverse contexts.” —*Evidence-Based Maternity Care: What It Is and What It Can Achieve. Milbank Memorial Fund, 2008.*
- [*Canadian Research*](#): “Women who planned a home birth had a significantly lower risk of obstetric interventions and adverse outcomes...” —*Canadian Medical Association Journal, gust 2009.*
- [*The Cochrane Review*](#): “All women should be offered midwife-led models of care and women should be encouraged to ask for this option.” —*Cochrane Library, 2008, Issue 4.*

It is interesting to note that the U.S. currently ranks around 40th in quality of birth outcomes for moms and babies. A common denominator among countries who demonstrate the best birth outcomes overall is that they employ midwives to be the primary care providers for the largest percentage of birthing mothers.

Comment: *It can be difficult to study homebirth versus hospital birth outcomes because a randomized controlled trial is impossible; women would have to be randomly assigned where they are going to birth.*

Choosing a Midwife

Prevention is the hallmark of good midwifery care. Supporting rather than interfering with normal processes may prevent complications. Expect to find variety in how midwives practice. For example, some midwives may be skilled in working with herbs, homeopathic remedies, and nutritional supplements or counseling, while educating women in a variety of proactive strategies. Others may practice in a more reactive manner, recommend routine medical tests, or prefer to address emerging issues with drugs (though only CNMs would have prescription-writing capacity). It's a continuum and the letters after the name (or lack thereof) do not necessarily dictate where the midwife stands on the continuum of natural approaches versus medicalized care. The simple fact that a midwife attends births in an out-of-hospital birth center or home does *not* guarantee that her practice of midwifery is holistic or non-interventive. Consumers should interview midwives carefully to find the approach to care that is the best match for their beliefs, preferences, and needs. Following are some questions to get the conversation started and a few things to look out for.

- How many births has she attended as the *primary midwife*? This should be distinguished from "years in practice" which is essentially meaningless, as someone could claim 25 years' experience, but have very limited actual experience as a primary midwife. (Hint: most midwives worth their salt will have a ready and precise answer to this question.)
- Which potential complications is the midwife prepared to handle. How is she prepared, for example, to bring a hemorrhage under control? What percentage of her clients give birth with their perineums intact? What are her protocols for pre- or post-term babies?
- Under what circumstances will she transfer care for medical backup? What percentage of her clients end up with a hospital transport?
- Is water birth an option?

The answer to these questions will vary, depending upon the individual midwife and the practice setting. By asking the right questions, you should be able to find the midwifery practice that is most closely aligned to your beliefs and preferences. Careful interviewing of prospective midwives is in order! Ask around. Good word of mouth about a birth center or home birth practice is important. Create your own list of questions prior to interviewing midwives, a list that reflects your values and priorities, and hire someone who has her act together. Trust your instincts AND check her references/credentials.

How to Find a Midwife in Michigan

Some midwives in southeastern Michigan advertise their services in our [Directory](#) (look under both Midwifery Care and Hospital-Based Birthing Centers). This list is not comprehensive, nor is it an endorsement by the Center, since the midwives must pay to be there. However, our policy is to refuse advertising from anyone we know to be misrepresenting herself or otherwise untrustworthy. Another directory can be found at the [Michigan Midwives Association](#) website. Please keep in mind that no directory is complete. There are midwives out there, with up to thirty years' experience, who prefer to rely on their good reputations for referrals rather than advertise their services. To find these folks, you may need to do some digging. Ask your local moms' groups or childbirth educator for the names of two or three midwives.

How to Find a Midwife Outside of Michigan

- Do a Google search for midwives in your area.
- Search on Google for professional midwifery association(s) in your state and then check for a directory of midwives on their website(s).
- Check out [Mothers Naturally](#) to search a database of midwives.
- In states where direct-entry midwifery is illegal by statute, you will need to tap into the underground information flow to pursue hiring a homebirth midwife. Again, asking local moms' groups (especially those with an alternative bent) or community-based childbirth educators is probably the best pathway.

Choosing Your Support Team Quiz for Partners

A very important ingredient in your birth support team is your choice of caregiver (midwife or doctor) and place of birth (hospital, birth center, or home). If you are still in the process of choosing a caregiver and a location for your birth, then we hope this online class has been helpful in making an informed decision.

Assuming you have already chosen a caregiver and know where you plan to give birth, I would just like to add that it is your right to feel comfortable with your choice. If you have doubts about your care provider or have considered switching to another provider/setting, it may not be too late to do so (even at the very last minute). Here's a hint: If you find yourself coming home from prenatal visits in tears, then something is off. See if opening lines of communication can provide clarity or resolve any issues. It does not get easier to raise your concerns in labor; they are best addressed prenatally, in a forthright manner. You have a right to feel supported in your choices. You are the consumer here and, one way or another, you are paying the bill.

Goals for This Exercise:

- Moms: (1) Try to anticipate the types of support that you will respond to and (2) understand that your partner may not be the best person to meet ALL of your needs in labor.
- Dads/Partners: (1) Understand the type of support that your partner may require in labor and (2) consider what your role at the birth will be.
- Establish good communication regarding mutual expectations and problem solve any issues *before* the birth (e.g., before an unwanted mother-in-law shows up).
- Plan for success: Give the mother permission to get her needs met in labor. Trust me, this is MUCH better than having unarticulated needs, making assumptions that your partner will meet them, and then being disappointed or resentful when un-communicated needs don't get met. Needs don't go away when we don't honor them; in fact, they often get more assertive!
- Remember, whatever is best and safest for mom, is also best for the baby. Your birth is about you and your family. It is okay to ask family and friends to respect your wishes.

How to Do This Exercise

- Each partner fills out their section of the quiz.
- Next, find a time to come together and share your questions and answers with each other.
- Explore any topics where you might have miss-matched expectations or where one person's needs are not a good fit for the partner's ability to fulfill that need. Just identify mismatched areas or points of potential conflict, without judging them.
- Next, come up with positive solutions for identified challenges. This might involve exploring, for example, hiring a doula. It may be reassuring to know that most doulas offer a no-obligation interview with prospective clients to discover whether the doula and the couple are a good match. If you are wondering about it, go ahead and interview a couple of doulas.

Questions for the Expectant Mother

1. When feeling stressed, anxious, unwell, or in pain, what do you do to make yourself feel better?

2. What types of activity help you to relax? (warm bath, music, massage, dark, quiet room, specific activities? other?). List everything that has worked for you in the past.

3. When others have helped you through a challenging experience, what have they done (specifically) that was helpful? Was there anything that was not helpful, or perhaps even made the challenge more difficult for you (even if it was well intentioned)?

4. What are your expectations of your partner during your upcoming labor and birth?

5. Rate each of the following according to the extent you find it comforting.

	Very comforting	Somewhat helpful	Unsure	Probably not helpful	Definitely not comforting
Company of others					
To be left alone					
Focused attention and reassurance					
Verbal direction or suggestions					
Massage, touch techniques					
Just to be there					

6. **Make a list** of the people in your life who meet the following criteria:
 - Are available to be present at my baby's birth
 - Want to be present at my baby's birth
 - Would be an asset during the labor and birth process (make it easier on me)
 - Share similar beliefs about birth
 - Can provide unconditional, nonjudgmental, non-inhibiting support
 - Have confidence in me and my capacities
 - Are not afraid of birth
 - Will be able to witness me in pain without becoming overly upset
 - Possess a personality and style capable of meeting my needs in labor, especially helping me to relax

7. Now, identify the person(s) on the list who can also best complement your partner's capacities, limitations and preferences.

8. Who do you feel would be your ideal support team?

Questions for Partner

1. How active a participant in the labor and birth process do you anticipate being? (Put a check after each item below that best describes your preferred role.)
 - Primary support person
 - Part of a team providing support
 - Witness to birth and emotional support only
 - Very hands-on, help with positioning, massage, comfort measures
 - Help in making all decisions
 - Would like to help catch the baby, cut the umbilical cord
 - Want to take a back row seat; view the birth from the mother's perspective
 - Would feel disappointed if there wasn't much for me to do to help
 - It would be okay with me if I wasn't very involved with hands-on support
 - I would prefer to not be present for the birth
 - Unsure about my role; want to see how it goes

2. Is there anything your partner could do in labor that would frighten or upset you?

3. Are you aware of any expectations regarding your role at the birth that make you feel uncomfortable?

4. Are there any individuals whom you feel strongly should not be present at your baby's birth?

5. Describe your ideal birth support team.

All about Doulas: A Consumer's Guide

What is a doula?

A doula is a labor support professional who “mothers the mother” during childbirth, as well as during the prenatal and postpartum periods. Birth doulas provide support to pregnant women prenatally, through labor and birth, and in the early days postpartum. Postpartum doulas provide in-home services to families, typically lasting from three weeks to three months, or longer with special circumstances. Some doulas combine the birth and postpartum roles into a complete service package, thereby offering continuity of care throughout the childbearing year.

Doulas are non-medical care providers. Their role is limited to informational, emotional, physical, and logistical support. They do not provide clinical care such as taking blood pressure or checking dilation in labor, nor do they give medical advice. A “doula” who offers vaginal checks at home in early labor, for example, may be offering a service that you find desirable, however her role is more accurately described as “monitrice” (a clinical role which falls somewhere in between the doula and the midwife role). Postpartum doulas are not “baby nurses,” but a nurse may offer in-home care to postpartum families. Likewise, a “doula” who “prescribes” homeopathic or herbal treatments to support healing also may be offering a service that you value, but she is operating outside of the scope of practice of the doula professional.

All doulas provide information, emotional support, and comfort measures such as massage, hydrotherapy, and enhanced relaxation. Doulas enjoy providing attention to expectant parents and getting to know their clients prenatally. By the time you go into labor, your doula has become a trusted friend and mentor. During labor and birth, doulas feel privileged to be present and helping at such a sacred and joyful event. Postpartum doulas simply love hanging out with new moms and their babies! Your doula is there to support you in your choices and to provide concrete physical and logistical support. Doulas do not take the place of dads, partners, or other family members who want to help you. Their job is to facilitate everyone's optimal participation at your birth, as well as to provide support to the entire family through the postpartum recovery and adjustment period. If you are a single mother, your doula can serve as your primary support person so that you are never left alone in labor.

A selection of services provided by birth doulas:

- Nutritional counseling
- Tips for coping with discomforts of pregnancy
- Preparation for birth
- Assistance in creating a birth plan
- Support at home in early labor
- Comfort measures in labor
- Massage
- Suggestions and support for positioning in labor

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- Continuous support throughout labor and birth
- Troubleshooting for difficult births
- Facilitate communication and informed decision making with your health care providers
- Support for dads and partners
- Natural birth coach and advocate
- Support for VBAC (Vaginal Birth After Cesarean)
- Cesarean and post-cesarean support
- Respect for the bond between mom and baby in those tender early hours
- Encouragement and skilled support to breastfeed
- Postpartum home visit(s)
- Community resources and referrals

A selection of services provided by postpartum doulas:

- Breastfeeding support
- Newborn care
- Comfort measures and support for the mother's physical recovery
- Shopping, errands, meal preparation
- Laundry, light cleaning, household organization (not housecleaning)
- Sibling adjustment support (not babysitting or nanny services)
- Depression screening and referrals
- Education on infant topics
- Community resources and referrals

Shifts worked by postpartum doulas vary. Some may do over nights; others may stick to the weekday hours when their children are in school, and so on. Expect a typical shift to be from three to four hours, though some doulas may work an eight-hour day. There are no rules—it is up to you and your doula. Typically, support is more concentrated in the first two weeks and then gradually the family weans off of doula support. However, in special circumstances such as multiples, preemies, babies with special needs, or moms suffering from postpartum depression, postpartum doulas may be involved over a longer period of time.

Before hiring a postpartum doula, consider whether or not you are really seeking a nanny for your other children or house cleaning help. If those are your primary motivations, then you should hire a nanny or house cleaner and will probably come out better financially by doing so. Another option may be to start out with a doula for the first couple of weeks while mom is recovering physically, adjusting emotionally, and may be in need of breastfeeding support, and then transition towards hiring a nanny later (say, in the case of twins or multiples).

What is a certified doula?

A certified doula has chosen to complete a certification process through a doula or childbirth association such as DONA International, CAPPA, or others. While certification processes differ,

certification generally means that a person has: (1) completed a proscribed training program, (2) documented a minimum level of hands-on experience with positive client evaluations, (3) completed reading requirements, and (4) agreed to work within the Scope of Practice as defined by the certifying organization. The process certainly guarantees a minimum level of training and experience for providing doula services. Doulas represent an effort to professionalize the traditional role of the female support person at birth and during postpartum.

Is certification important?

It depends upon whom you ask. From the consumer perspective, good word of mouth in the community, or a recommendation from a trusted friend trumps certification any day. Certification is no guarantee that your doula encompasses the personal qualities of patience, humor, compassion, integrity ...

On the other hand, some insurance companies may reimburse for doula services. The National Uniform Claim Committee (NUCC) (the folks who assign billing codes and provider identification numbers for insurance reimbursement purposes) has recently defined the role of the doula and assigned a provider number and billing codes for doula services. This is not a guarantee of reimbursement (that is up to your insurance company and your own direct advocacy efforts with them), but it certainly enables the process. As the practice of reimbursement becomes more common, hiring a certified doula is likely to increase your chances of reimbursement. Ask your doula if any of her clients have been successful in getting reimbursement or partial reimbursement for her services, whether or not she has a provider number, knows which codes to use, and can provide you with a proper receipt to submit to your insurance provider.

What do doulas charge for their services?

Because individual doulas are self-employed and set their own rates, there is no precise standard to determine how much you should pay for doula services. Some doulas have a set fee, while others may use a sliding scale so that they can provide services to clients at a range of income levels. Expect doula rates to vary based on level of experience, additional services provided, geographic area, and certification status.

In general, birth doulas charge from \$600 to \$1500 for a package of services that includes the birth. Keep in mind that this fee generally includes phone consultations and prenatal and postpartum visits, as well as compensating the doula for the days and weeks she commits to being on-call for you, in addition to paying for her services at the birth itself. Postpartum doulas generally charge from \$20 to \$35 per hour. Presumably, the more experienced, and therefore more skilled, doulas are the ones charging the higher fees, with less experienced doulas starting out at the lower end of the scale.

What are the benefits of doula support?

There have now been several studies on the benefits of continuous labor support on labor and birth outcomes. Laboring women who are supported by doulas have lower c-section rates, lower instrumental delivery (forceps and vacuum extraction) rates, and are less likely to use epidurals or pain medication than women who do not have doula support. These women also have shorter labors, have more positive childbirth experiences overall, and are more likely to breastfeed. Furthermore, the newborns of these women have higher one-minute and five-minute Apgar scores (a routine assessment of the newborn's well-being immediately post-birth).

Postpartum doulas can have a strong impact on early parenting success. The evidence shows that women who use a postpartum doula have increased rates of breastfeeding, decreased rates of postpartum depression, a stronger bond with their newborns, greater self-confidence in their parenting abilities, and increased understanding of newborn care.

Is it appropriate to have a doula if my partner will be at the birth?

Yes! The doula's role includes supporting the laboring woman and supporting her partner. Your doula should be able to work alongside your partner and/or other family members and show him/her/them how to best support you. If you and your partner have taken childbirth classes, the doula can remind you of techniques you learned in class and provide guidance through the physical and emotional challenges of labor and birth. Your doula can enable your partner to take a break, facilitate communication with your care providers, and, in short, be an excellent addition to your birth team.

Is a doula appropriate if I have an epidural?

Yes! Many women are unsure of whether they will want an epidural (or know they will want one) prior to going into labor. While you should ask your doula if she is comfortable working with women who choose a medicated birth, the role of the doula is not to critique your birth choices but rather to support you and ensure that your wishes are respected. A doula can improve your chances of having an unmedicated birth if that is what you prefer, but she should also be able to provide you with non-judgmental emotional and physical support in the context of a medicated birth. Women who choose to use an epidural during labor can especially benefit from a doula during the pushing stage, as this stage can take longer for medicated births due to the decreased physical sensations intrinsic to the use of epidurals. In addition, because the medications used often make babies less alert than normal, it is extremely helpful to have a doula during the immediate postpartum period so that she can support early breastfeeding efforts. Epidurals provide pain relief, not emotional support!

Is a doula appropriate if I am having a planned cesarean birth?

Yes! Although women having planned cesareans do not experience labor in the same way as women planning vaginal births, a doula can still be helpful to prepare you for the experience. Your doula can help you learn about the choices that you have in the context of a cesarean birth and can also provide emotional support before, during, and after the surgery. Because recovery from a cesarean often takes longer and is more complex than recovery from a vaginal birth, a doula can be an asset to parents during the postpartum period. A postpartum doula can help with newborn care, provide breastfeeding support, prepare meals, and help take care of your home while you recover from surgery.

How can I find a doula?

Center for the Childbearing Year maintains an [online directory](#) of service providers in Michigan. The doulas listed there are, by no means, a comprehensive list of doulas practicing in the area, nor should listing on the site be interpreted as an endorsement of any one individual. You may also want to try the [DONA International](#) website. If you live in Michigan and cannot afford to hire a doula, check out the nonprofit [Michigan Doula Connection](#). This website enables low-income families to find volunteer birth or postpartum doulas who provide services free of charge. Some bilingual doulas are available through this website.

If you live outside of Michigan: (1) try a Google search for doulas in your area, (2) check the DONA website for listings of certified doula, or (3) ask your local childbirth educator or moms' group members for recommendations for professional doulas. There are also doula programs that serve low-income families in many areas. Ask at your local Public Health Department for a referral.

If your baby's father is unavailable to support you because he is away on active duty in the military, there may be free help available to you through various state and/or national organizations providing free doula care to the wives of military personnel. [Operation Special Delivery](#) is one such organization.

Tips on hiring a doula

- First, screen to see who is accepting clients around your due date.
- Ask how much the doula charges and what services are included in her fee.
- If the answers to the first two questions lead you to want to pursue the possibility of hiring this person, then you could ask for some time for a short phone interview.
- Ask about her level of experience, whether or not she has been formally trained as a doula, whether or not she is certified, and what her philosophy of care is (i.e., what are

her thoughts and experience with breastfeeding?). You might want to know if she is a mother herself, what she thinks her biggest strength as a doula is, what she enjoys most about her work, etc. For a more complete list of questions, see below.

- An enthusiastic but inexperienced doula with whom you feel a warm rapport may be preferable to a more experienced doula with whom you feel uncomfortable, for any reason. Trust your instincts. This is all about getting your needs met.
- As you move through this process, you will likely have narrowed down your selection to one or two people with whom both you and your partner (if any) should meet in person and interview.
- Ask for and check references. The most useless doula in the world is the one who is unreliable (if she doesn't answer her phone when you are in labor, who cares how skillful or "nice" she is?). Doulas who have created good word-of-mouth about their services are likely to endeavor to ensure that you too are a satisfied customer.
- Check credentials. If the doula claims to be a DONA International-certified doula, you can confirm her certification by using the DONA online [doula locator](#). I expect other certifying organizations have a similar system.
- Does the doula have an agenda (my way or the highway)? If so, is her agenda congruent with yours? Try to think of a few questions before the interview that are designed to get at the answers most important to you. Have your partner articulate any questions or concerns he/she may have as well. In the end, make sure you hire someone who can provide non-judgmental support for you and your family. You don't want to have to hide your diet pop cans or your toddler's play guns when your doula comes to your home, nor apologize for a medicated birth if those are your choices. (I'm having a hard time letting the diet pop statement stand, because it's SO bad for you, but I hope that makes my point about non-judgmental support ... I would not be the doula for you if you wanted me to bring you your diet pop in labor, or at least, I would be very challenged in this regard.)
- In the case of hiring a postpartum doula, many couples find themselves in a rather urgent frame of mind ("Can you start today?"). Consider starting with a one-week commitment from your doula with the possibility of extending beyond that time frame. If integrating a stranger into your home proves more stressful than helpful, you may have chosen the wrong doula.

Sample questions to ask a prospective doula

The best way to choose your doula is to consider the fact that the doula will be present at your birth, or providing in-home support at a time when you may feel vulnerable. Ask yourself with whom you (and your partner) feel the most comfortable. Just what are you looking for? What helps you when you are feeling stressed? Information, humor, kindness, massage, a flexible attitude, a good listener? Are you looking for a mother figure or more of a big sister? The

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personality and beliefs of your doula may well be more important than any other factor. If you choose to interview one or more doulas, it can be helpful to ask the following questions. In the final decision, trust your gut. A less experienced, uncertified doula may resonate better with you than the most experienced doula in town.

- How long have you been in practice as a doula?
- How many families have you served?
- What training have you completed to prepare you for this role?
- Are you certified?
- What is your philosophy about your doula work and its purpose?
- Are you a mother yourself? (This may or may not be important to you. Doulas who are not mothers themselves may have more time to focus on you and your needs, while doulas who are mothers themselves certainly will bring an added dimension of understanding to their care. On the other hand, experienced mothers may be more opinionated about the “right” way to do things, based upon their own beliefs and experiences. Look for someone capable of flexible, non-judgmental support or, if she has an agenda, make sure it’s the same as yours!)
- Do you have experience with other clients whose situations are similar to mine (e.g., first-time mothers, natural/medicated birth, same hospital, home births, older mothers, single mothers, VBAC moms, etc.)?
- How much do you charge?
- Do you require payment up front? If so, under what circumstances would I receive a refund?
- What is included in your fee (prenatal/postnatal visits, phone support)?
- Do you work with a backup doula?
- Do you have any references from families with whom you have worked?

Additional questions for birth doulas

- How certain are you that you will be able to attend my birth? Do you have any other commitments during that time period?
- How do you picture yourself supporting me and my partner during the birth?

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- Do you provide labor support at home in early labor for women planning hospital deliveries?
- Do you only work as a birth doula or can we also hire you for postpartum work if needed?

Additional questions for postpartum doulas

- Are you available for overnight help, weekend help, daytime help, etc.?
- How much experience do you have providing breastfeeding support?
- What services do you provide or exclude? (For example, some doulas may be willing to do some sibling care, scrub out a bath tub, or walk the dog, while others may not. Really think through what it is that you need and then ask questions to determine if the doula can meet your needs. In some cases, parents might be better off hiring a babysitter or nanny if their concerns revolve around balancing the needs of a two-year-old and newborn twins.)
- Do you have any add-on services (such as bringing meals, massage, etc.)?

Additional Resources

Online Childbirth Class from Center for the Childbearing Year

[*Navigating the Medical Setting: What Parents Need to Know about Epidurals, Cesareans, Birth Plans & Informed Consent*](#)

Provides information on benefits, risks, and alternatives to medical interventions in the birth process. It is essential to understand that one cannot intervene in the normal physiological process of labor and birth without introducing risks and potential complications. In some cases, the benefits of intervention will outweigh the risks. Data does not support that an overall astonishing cesarean section rate near 33 percent nationwide is in the best interest of moms and babies. All expectant parents should become informed about the downside of the “cascade of interventions” that commonly come into play when childbirth is medicalized.