

Who Should Be My Pregnancy Care Provider?

and most important
THE FIRST  DECISION IN PREGNANCY

ALL PARENTS WANT WHAT'S BEST FOR BABY.



THE BEST CARRIER, CAR SEAT, STROLLER –
AND OF COURSE HEALTHCARE PROVIDER!

When it comes to finding a provider for you
and baby, pick the one who will support
you in the **safest, healthiest** birth possible.

DID YOU KNOW?

85% of women who birth in
hospitals are considered low-risk...



...and **100%** of those women are
candidates for midwifery care.

YET in 2012... the CDC reported **86%**
of births were attended by **physicians** and
only **8%** attended by **midwives**.¹

ASK QUESTIONS TO GET THE CARE YOU WANT!

- ✓ What is your care provider's cesarean birth rate?
- ✓ Do you routinely induce labor at 39 weeks?
- ✓ Are there policies against going to 40 to 42 weeks?
- ✓ Do you limit the length of labor?
- ✓ How do you describe your support for a low medical intervention birth – including epidural, episiotomy, moving around during labor or eating and drinking during labor?





UP TO DATE!

IN THE UK, THE NEWEST
GUIDELINES SAY THAT MIDWIFE-LED
CARE DURING LABOR FOR WOMEN
WITH **UNCOMPLICATED, LOW-RISK**
PREGNANCIES IS **SAFEST**.⁴

YOU MIGHT BE CONSIDERED HIGH-RISK IF:

- You're pregnant with multiples
- You have a health problem (pre-existing or pregnancy related)
- Your baby has a health concern

WHAT ARE YOUR OPTIONS?²

Provider	Specialty	Location	Intervention Rate
 Midwife	Complete women's care, prenatal, labor, birth and postpartum care for low-risk women. Physician support, if needed	Hospital, in-hospital or freestanding birth center and home	Low rates of medical interventions (induction, continuous EFM, episiotomy), low cesarean rate
 Family Physician	Complete healthcare for all ages and genders. About 25% deliver babies, manage routine care and refer to OB for complications ³	Hospital, in-hospital birth center	Many may recommend medical interventions, including cesarean
 OB/ GYN	Complete women's care, prenatal, labor and birth care, expertise in high-risk pregnancy and surgery	Hospital, in-hospital birth center	Many may recommend medical interventions, including cesarean
 Maternal-Fetal Medicine Specialist	Non-routine women's care, prenatal, labor and birth care for high-risk pregnancy and surgery	Hospital	Higher rate of interventions, due to complicated health conditions of mom or baby

PICK THE RIGHT PROVIDER TO CARE FOR YOUR BABY.

1

Take a Lamaze class
and get educated on
all of the **options**.

2

Talk to friends and
family about their
experience.

3

Trust your instincts
and pick the provider
that's **right** for you
and baby.



**REMEMBER – IT'S NEVER TOO LATE TO
MAKE A CHANGE IF YOU HAVE CONCERNS!**

TO LEARN MORE ABOUT CHOOSING THE RIGHT HEALTHCARE PROVIDER FOR YOU AND
BABY, SIGN UP FOR A LAMAZE CHILDBIRTH EDUCATION CLASS IN-PERSON OR **ONLINE**.

PUSH FOR THE SAFEST, HEALTHIEST BIRTH POSSIBLE. VISIT WWW.LAMAZE.ORG/PUSHFORYOURBABY TO LEARN MORE.

Lamaze
INTERNATIONAL

Push
for your baby

1. Moore, E.R., Anderson, G.C., Bergman, N., Dowswell, T.(2012). Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systematic Reviews* 2012, Issue 6. Art. No.: CD003519. DOI: 10.1002/14651858.CD003519.pub3. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003519.pub3/abstract>
2. American Academy of Family Physicians. (2007). Breastfeeding, family physicians supporting (Position paper). Retrieved from <http://www.aafp.org/about/policies/all/breastfeeding-support.html>
3. Rabe, H., Diaz-Rosello, J.L., Duley, L., Dowswell, T. (2012). Effect of timing of umbilical cord clamping and other strategies to influence placental transfusion at preterm birth on maternal and infant outcomes. *Cochrane Database Systematic Reviews* 2012, Aug. 15 Art. No: CD003248 DOI: 10.1002/14651858.CD003248.pub3 <http://www.ncbi.nlm.nih.gov/pubmed/22895933>
4. Orenshaw, J. (2007). Care Practice #6: No separation of mother and baby, with unlimited opportunities for breastfeeding. *The Journal of Perinatal Education*, 16(3) 39-43. Retrieved from <http://dx.doi.org/10.1624/105812407X217147>