

OOH Provider Question Worksheet

BY JEN KAMEL

Background

How many births have they attended total? Over what span of time?

Date: Provider Name:	Date: Provider Name:	Date: Provider Name:

How many births have they attended as the primary midwife versus as a doula or an assistant?

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What is their training?

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What equipment do they bring to the birth? How often do they use it?

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Do they carry Pitocin, Methergine, or Cytotec? If not, what is their post-partum hemorrhage protocol?

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What are their thoughts on ultrasounds? Do they recommend them for VBAC/VBAMC parents to rule out previa and accreta? When do they recommend you get one? Where would you go? Is that cost included in their fee or paid directly to the ultrasound tech?

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Do they work as a monitrice?

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Your Care Team

Do they do concurrent care with a physician?

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Do you live in a state which requires you to obtain a physician consultation for home birth and/or VBAC? If so, when would you meet the physician and how many appointments would you have over your pregnancy?

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Do they have any partners or are they a sole practitioner? What is their training and education?

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Do they have any assistants? What is their training and education?

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How many midwives and assistants will be attending your birth?

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How many births do they commit to per month? How often do they miss a birth because they are at another birth?

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Who's their backup midwife? What is that midwife's training/ experience?

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Do they recommend a doula for homebirth?

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Which doulas do they work with most often?

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Licensing and Payment

Are they licensed in your state?

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Do they have the ability to legally attend HBAC in your state?

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What's the process for obtaining a birth certificate?

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Do they have liability (malpractice) insurance?

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How does medical insurance reimbursement work? Do they work with a billing agency or will you have to submit a superbill to your insurance?

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Do they accept payment plans and what is their preferred payment schedule?

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Transport

What is their emergency, emergent, and overall transfer rate? What are the most common reasons women transport?

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What happens in the event of a transport and how does that protocol vary for emergent versus non-emergent reasons?

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Would you transfer to different hospitals for emergent vs. non-emergent reasons and why? How long does it take to get to the hospital by car or by ambulance and does that vary greatly depending on the time of day?

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Do they have a local contact at your closest hospital who they can call in the event of an emergency transfer that can ready the operating room and assemble appropriate personnel so when you arrive at the hospital, they are ready to assist you?

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If you do transfer, are they able to stay with you?

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Has Child Protective Services been called on other clients who transferred?

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Do they have familiarity with local hospitals?

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Can you tell me about your last three emergency transfers? How did those complications play out and what were the outcomes?

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A note to the birthing parent: Do you have any particular concerns or issues from prior births? Would you like to know how this practitioner would address that same issue if it reoccurred?

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Your Questions

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