

## PROS AND CONS OF VARIOUS BIRTH ATTENDANTS

### Obstetricians

- Pros: Obstetricians have the knowledge and skills to diagnose and treat serious complications of pregnancy and childbirth. Rarely would you require transfer to someone else's care.
- Cons: Obstetricians are surgical specialists in the pathology of women's reproductive organs. This high-risk mentality often spills over onto the care of low-risk women, where it does no good and considerable harm. Unlike most midwives, typical obstetricians have a limited repertoire, and all their options carry considerable risks, or, as someone once said, "If you don't want to get cut, don't go to a surgeon." Typical obstetricians think of pregnancy, childbirth, women, and the role of the obstetrician in ways that are adverse to healthy physical and psychological outcomes. Few obstetricians attend births at freestanding birth centers and virtually none attend home births.

### Family Practitioners

- Pros: Family practitioners tend to be less interventive than obstetricians. Instead of shuttling among an internist, pediatrician, and ob/gyn, all members of the family can see one person. This fosters building a relationship and increases convenience.
- Cons: Pregnancy or labor complications may mean transferring care to an obstetrician. Although the average family practitioner is less interventive than the typical obstetrician, typical family practitioners still tend to intervene more than typical midwives. Few practitioners attend births at freestanding birth centers and virtually none attend home births.

### Midwives

- Pros: As a class, midwives offer care that is flexible, individualized, supportive rather than interventive, and attentive to emotional issues. Midwives apply a broad array of low-risk strategies for correcting problems arising in pregnancy or labor. The typical midwife's use of tests and procedures, come closer to guidelines recommended by official physicians' organizations than those of the typical obstetrician. Many midwives offer well-women gynecological care, which allows you to continue your care with someone more likely to be sensitive and knowledgeable about such issues as postpartum depression, sexuality, and eventually menopause. Most midwives attend births at freestanding birth centers and hospitals. Depending on state laws, some also attend home births (this varies from state to state).
- Cons: Pregnancy or labor complications may mean transferring care to an obstetrician. Many midwives only have hospital-based practices.

## **RED-FLAG RESPONSES FROM YOUR CARE PROVIDER**

These behaviors will tell you that you have the wrong person, someone who wants to coerce rather than convince you. All the examples are statements made by real doctors. I don't want to stereotype caregivers, but the fact is that these tactics are common among obstetricians, occasionally found in the family practitioners, and almost unheard of in midwives.

- Scare tactics. "We can do that- if you don't care what happens to the baby." "If you don't do this your baby could die." "Which would you rather have: a nice birth experience or a healthy baby?" You can have both. In fact, the things that make a nice experience also make for a healthy baby.

- Anger. "And where did you go to medical school?" "I can't take care of you if you don't trust me." Of course you should trust your caregiver, but that trust must be earned.

- Ridiculing your concerns, desires, opinions, or competency to participate in decisions about your care. "I see you've been reading those women's magazines." "You want a natural childbirth? I think that makes about as much sense as natural dentistry."

- Patronizing you. "Don't worry about a thing; just leave everything to me."

- Vagueness. It's a bad sign when you can't pin a caregiver down enough to get at least ballpark estimates of personal statistics such as cesarean rates or percentages of women who give birth without an episiotomy. It is also bad when the caregiver says you can do anything you want during labor and won't specify what situations might preclude that.

- Attempts to co-opt your partner. This usually occurs with male doctors and male partners. You'll know it's happening if the doctor addresses himself to your male partner and ignores you. The hidden message amounts to "You and I together will take care of the Little Woman," and it can be seductive to caring, protective, expectant fathers. Conversely, acting as if your partner is a fifth wheel isn't good either.