



Advocating for Yourself & Your Baby in Pregnancy

Questions to Ask Your Prenatal Care Providers

“No one is going to be a better advocate for your baby than you.”

Nice work, moms and dads! You've got your next **prenatal care appointment** all lined up and you're ready to roll! But don't put those (probably aching) feet up *quite* yet.

Remember: These appointments are a **team effort** between you and your doctor (or midwife, nurse, doula, you name it!) to keep track of this beloved baby as they grow. While it'd be nice to let your healthcare provider lead the way, a more collaborative approach involving YOU will give you and your baby the best chance of a safe arrival. **After all, no one knows your baby or your body better than you!**

So at PUSH, we highly recommend that parents show up to each prenatal care appointment with a list of questions. This is a time where your intellect and curiosity can really make **a huge difference** in the care you and your baby receive! Questions tell your doctor that you are **informed** and **paying attention**, and so they should pay attention, too. When your doctor asks, “Do you have any questions?” we want you to answer with a confident, “YES!”

But... what questions to ask?! Figuring out where to start can be tough, especially when you're asking about something you've never experienced firsthand, or maybe never even heard of before! **Don't worry - we've got you covered!**

There are TONS of great resources out there about what questions to ask during pregnancy, and we've compiled the best of the best **just for you.**

So let's jump in! Remember to save/print a copy of this doc, and refer back to it throughout your pregnancy! That's how you have an **#EmpoweredPregnancy!**



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Questions for All Families

Recommended Resources

Following are some great resources to help you make sure you're hitting all **the basics**:

General Pregnancy Questions

- Recommended Resource: [Questions to Ask Your Doctor About Pregnancy \(from Grow by WedMD\)](#)
- Recommended Resource: [Crucial Questions Every Woman Needs to Ask Her OBGYN During Pregnancy \(from What to Expect\)](#)

Week-by-Week Questions

- Recommended Resource: [How to Make the Most of Your First Prenatal Appointment \(from Mommy Labor Nurse\)](#)
- Recommended Resource: [Five Questions for Every Maternity Appointment \(from Anthem Health\)](#)

COVID-19 Pandemic Pregnancy Questions

- **PUSH Guide to Covid-19 & Vaccination During Pregnancy:** www.pushpregnancy.org/covid
- Recommended Resource: [Navigating Pregnancy During the Covid-19 Pandemic \(from UNICEF\)](#)
- Recommended Resource: [8 Questions to Ask Your Doctor if You Are Pregnant During the Pandemic \(from Parents.com\)](#)

PUSH's Empowered Pregnancy Questions

And here's *our* list of questions that you probably **won't see elsewhere**, and which **we recommend all expectant families ask their healthcare providers**.

What's different about these questions, you ask? Unfortunately, doctors often **don't talk about stillbirth** with their patients, perhaps because they do not want to make their patients anxious, or want to avoid what they think might be an uncomfortable conversation. But does anyone really think that NOT talking about stillbirth will lead to **better outcomes??** Of course not!

We're gonna call it like we see it: **This is a backwards, harmful, unscientific notion that does not belong in modern medicine.** And it stems from a [paternalistic](#), sexist, and completely unwarranted and unjust stereotype accusing women of being "overemotional" and not able to "handle" difficult situations. (Cue major eyerolls.) **We call BS on that.**



Your concern for your baby's well-being is your superpower, not a “problem” to be dismissed. Would a pediatrician discourage you from discussing car seat safety to protect your baby? Does anyone think you're too “hysterical” to handle information about safe sleep practices to prevent SIDS? No way! So why the **double standard**? We don't get it, and we're not going to listen to it any longer. **You shouldn't, either.**

Here's the bottom line: **For the best care for you and your baby, stillbirth is an important topic you need to bring up with your doctor, especially if they don't!** Being informed about stillbirth risk factors, causes, and prevention techniques **EMPOWERS** you to reduce the risk of stillbirth and deliver a healthy baby. And since stillbirth and **maternal mortality/morbidity** share a lot of the same root causes, it also helps to keep *you* safe, too! Stillbirth is no one's favorite topic (except maybe us at PUSH, haha!) but having these conversations **could literally mean life or death** for you or your baby.

You are an **empowered patient** ready to parent your baby before birth. **You've got this.**

General Questions for Your Care Provider

- What is a stillbirth? What are the chances of it happening in my pregnancy? (Check out www.pushpregnancy.org/stillbirth-facts to get you started!)
- What are the risk factors for stillbirth and how many of them apply to me?
- Can a person with zero risk factors still have a stillbirth? (*We'll just go ahead and answer this one for you: YES*)
- Is it possible to request that I see only you (also known as “continuity of care”) during my pregnancy, rather than rotating through providers?
- How often will I have prenatal care appointments? In person or telehealth? Can I opt for more of one or the other? If I have a telehealth appointment, can I still come in for a quick nurse check to hear my baby's heartbeat or have an ultrasound or non-stress test (NST)?
- Can I come in anytime for a heartbeat check/ultrasound/NST/any other types of quick reassurance? If so, how do I convey that it's urgent for me to get on the schedule?
- What prenatals or vitamins should I be taking?
- Am I a good candidate to take low-dose aspirin (to prevent or delay the onset of preeclampsia, or for other reasons)?
- Am I a good candidate for progesterone in early pregnancy?
- Am I a good candidate for Lovenox to reduce blood pressure?

Questions About Knowing Your Normal

- What can I do to lower my risks of a stillbirth? (Check out www.pushpregnancy.org/tips to get you started!)



- What are the warning signs of dangerous pregnancy complications? Are there any red flags that I should contact you about immediately or go straight to the hospital to have checked out? (Some ideas: www.pushpregnancy.org/knowyournormal)
- How will I know if my baby is in distress? What should I be looking out for? (Red flags to know: www.pushpregnancy.org/alwaysask)
- How should I monitor my baby's movement and get to know their personality? Are there any tools or apps you recommend? (Start with www.pushpregnancy.org/movement & countthekicks.org)
- At what point in my pregnancy should I start monitoring my baby's movements?
- What should I do to ensure I'm getting quality, safe sleep during my pregnancy? (Tips: <https://www.pushpregnancy.org/sleep>)

Questions About Your Provider's Protocols

- Am I able to receive additional monitoring or tests if I have concerns? (If not, find a new provider! www.pushpregnancy.org/advocate)
- What aspects of my baby's placenta are you monitoring? How do you know if the placenta is healthy?
- Do you measure my baby's placenta to see if it is large enough to sustain my baby, especially at the end of pregnancy when the fetus grows quickly relative to the placenta? If not, can I request this measurement be added to my ultrasound scans? (Learn more: www.pushpregnancy.org/epv & www.measuretheplacenta.org - print a copy of the 5 Fast Facts About EPV flyer for your provider!)
- What aspects of my baby's umbilical cord are you monitoring? What kind of cord insertion is present and how might that impact my risks? Do you measure cord blood flow? Do you scan the cord to look for structural abnormalities, knots, or entanglements? If not, can I request this be done in this pregnancy? (More info: www.pushpregnancy.org/cord)
- Do you routinely collect urine samples to look for protein in my urine? If not, can I request that this be done? (More about preeclampsia & HELLP Syndrome: www.pushpregnancy.org/preeclampsia)
- What is CMV? Can you screen me to see if I need to be concerned about a primary infection during this pregnancy? How do I protect myself and my baby from CMV and other communicable diseases? (More about CMV: www.pushpregnancy.org/cmv)
- How will I know if I'm having early cervical dilation or other warning signs of preterm labor? (More about cervical screening: www.pushpregnancy.org/cervix)
- Will I be tested for clotting disorders?
- What genetic testing do you recommend? What are the risks and benefits?
- Can I have a third trimester ultrasound scan to rule out undetected IUGR/SGA (Intrauterine Growth Restriction/Small for Gestational Age) that was not caught on the 20 week scan?



- What if I'm near but not at the 35 year old cut-off for "advanced" maternal age? Can I request the extra testing/care I'd be entitled to if I were a little older? (See: www.pushpregnancy.org/35plus)

If I'm Worried Something's Not Right

- How do I get urgent attention if I have a concern? Is there a number I can call to reach you directly? If not, what should I say to the receptionist/nurse to convey that I need an immediate response? (IMPORTANT: do NOT wait to call if you have any concerns! www.pushpregnancy.org/always-ask)
- If I feel altered fetal movement from my baby's usual frequency, patterns, or strength (including reduced movements or episodes of wild/frantic movements), what would the best course of action be? Should my response be different at different gestational ages? (IMPORTANT: "10 kicks in 2 hours" is outdated information! www.pushpregnancy.org/movement)
- Will I be perceived as an "overly worried mother" if I come in because I'm worried about my baby? (We'll answer this one for you: Maybe. But don't let that stop you! That's your provider's problem, not yours. Do NOT let this factor in to your decisions about getting your baby checked!)
- If I'm concerned during business hours and need someone to check on me and my baby, should I come to the clinic, or the hospital? Do I need to call ahead to be seen at the clinic, or can I just show up if I'm concerned?
- What if I have concerns outside of normal business hours? What should I do?
- If I need to go to the hospital to get checked out, should I go to the Emergency Room (ER) or directly to the Labor & Delivery floor? Do I need to call ahead, or just show up?
- Which hospital in the area do you recommend I go to for urgent concerns? (Tip: it's worth researching in advance to find out which hospitals are in-network for your insurance provider!)
- If I show up to the hospital because I need my baby to be checked, will my insurance cover this? What billing codes do you think might be charged so I can check with my insurance provider?
- What should I do if I have concerns about the well-being of my baby or my pregnancy while I'm out of town? (Note: Any ER in America is legally required to accept you, even if you can't pay, if you come in saying you're worried there's something wrong with your baby.)

Questions About Labor and Timing of Delivery

Important: These questions might only apply to the end of pregnancy, but ask them early in pregnancy to avoid surprises!

- What is your/the hospital's policy on timing of delivery?
- I know stillbirth risks double after 40 weeks. Will I be able to request an induction at 40 weeks if I'm not comfortable going overdue? If I have concerns about my baby's safety, what about 39 weeks? 37 weeks? (See: www.pushpregnancy.org/birthtiming)



- How confident are you in my due date? Is there any possibility that our estimate is off by a week or more? Will any uncertainty about the due date affect decisions as my due date approaches and timing of delivery?
- How accurate are the pregnancy dating scans? What is the error range?
- Is there a hospital checklist of requirements I need to meet before they will allow an induction before 40 weeks? 39 weeks? 37 weeks?
- If you decide I should be induced early, will the hospital allow this? What if you see a problem, but I do not meet the standard checklist criteria set by the hospital administrators? Who has final say about when this baby can be born?
- What actions might you consider or recommend if my baby is not growing well? (Also known as IUGR or SGA, Intrauterine Growth Restriction/Small for Gestational Age)
- What actions might you consider or recommend if my baby's placenta is not growing well, or my baby is growing too fast relative to their placenta at the end of pregnancy?
- Am I allowed to have a support person such as a doula attend my birth, in addition to my partner/family?

Questions About Mental Health

- How can pregnancy affect mental health? What mental health issues are more common during pregnancy?
- What can I do to care for my mental health during pregnancy?
- What signals or red flags would indicate that I need to reach out for help with my mental health?
- What do you recommend for sleeping problems?
- What do you recommend for women who are worried about or experiencing depression or anxiety?
- Are antidepressants and/or anti-anxiety medication safe during pregnancy?
- If my partner's mental health is struggling during my pregnancy, do you have any resources for them?
- Can you direct me to a mental health counselor? (This might be good to have on hand, even if you don't need the info at the moment.)
- What phone number can I call if I or someone I love is having a mental health emergency?
- What resources do you recommend reading to educate myself on baby blues and postpartum depression/anxiety/psychosis?



Special Considerations

High Risk Pregnancy Questions

If you or your baby have any factors that would classify your pregnancy as high risk, there are additional questions you should ask to help evaluate the level of support you are likely to receive in your pregnancy:

- Recommended Resource: [What to Expect in a High Risk Pregnancy \(from Intermountain Health\)](#)
- I'm over (or [nearing](#)!) age 35. What additional precautions will you take due to my age? Am I allowed to request more monitoring beyond what you recommend?
- How will care change because this is an IVF/surrogate/multiples/etc. pregnancy?
- I know I have the following risk factors: [e.g., maternal age, race (as a proxy for racism), obesity, diabetes, thyroid disease, high blood pressure, heart disorder, blood disorder, epilepsy, asthma, infections, tobacco/alcohol/drug use, etc.]. What steps will be taken by your practice to help keep me and my baby safe? What can I do to lower my risks?

Equity Questions

If you are a member of a marginalized group due to race/ethnicity, gender, sexual orientation, socioeconomic or marital status, or any other factors, there are some specific questions you should ask to help evaluate the level of support you are likely to receive in your pregnancy:

- How do outcomes at your clinic and hospital compare across racial lines? How can I be assured that my concerns will be heard and not dismissed due to my race, even if unintentionally or unknowingly?
- How many LGBTQ+ pregnant patients have you and your practice served? How do their outcomes compare to those of your other patients?
- If I am not legally married to my partner, will they have the same rights to be with me and my baby during my prenatal care and delivery as they would if they were my legal husband/wife? What about if my main support person is my parent, friend, or other loved one?
- What should I do if I feel like my concerns are not being heard or that I am not being treated with sensitivity and respect?
- If my pregnancy care is paid for by Medicaid (which insures more pregnancies than anyone else in the US!) will that change my care in any way compared to someone not on Medicaid?



Pregnancy After Loss Questions

Let's get real: **pregnancy after loss (PAL)** is not all rainbows & butterflies.

All of the questions above apply to you in your PAL, and below are our top questions specifically for parents embarking on a subsequent pregnancy after a loss. Having a provider you trust and who makes you feel heard is absolutely *essential* for PAL - do not skimp on vetting your healthcare team, and do not hesitate to change providers if you aren't getting the support you deserve.

There are more tips & recommended resources on our website (www.pushpregnancy.org/pal) for every stage of your next pregnancy after the death of your baby. PAL is hard, but **you are not alone**.

Finding Answers

- What testing was done on our baby, the cord, the placenta, and me?
- What other tests can be done?
- What was sent to pathology? Who will review those results with me?
- Is the pathologist trained in perinatal pathology? If not, is there a perinatal pathologist who can review them? (If there are no local resources available, you can likely request a placental review from a leading researcher at Yale - instructions here: www.pushpregnancy.org/answers)
- If an autopsy was done, who will review the results with me?
- What do you believe was the cause of my baby's death? How confident are you?
- What else can we do to better understand why my baby died and what risks are elevated for us in future pregnancies?
- How was my birth experience different than it would have been for a live baby?

About Your PAL

- When can we start trying for another baby? Tell me about your thinking to reach that conclusion. How much of the risk is to my or my baby's physical health versus my mental/emotional health?
- What are the chances of this happening again?
- How will we monitor/address each of the following in a future pregnancy?
 - **2-vessel cord** (also known as single-umbilical artery or SUA): If a future pregnancy has a 2-vessel cord, how will that be better monitored?
 - **Preterm labor**: How can preterm delivery be prevented moving forward? Am I a good candidate for a cerclage and/or bed rest?
 - **Genetic issues**: What type of genetic testing will be available in future pregnancies? Do you recommend IVF for pre-testing?



- **C-section:** Does having a previous c-section increase my risk of placenta accreta or any other conditions? Should I have an MRI in subsequent pregnancies to better assess risks?
- **Placental issues:** Can you measure the placenta in a future pregnancy to ensure the placenta is growing at a rate to support the baby? (More info: <https://www.pushpregnancy.org/epy>, and we can put you and your doctor in touch with expert Dr. Harvey Kliman if this is a concern)
- **Cord issue:** How will we be able to get a full view of the umbilical cord in a future pregnancy? What can we do if an issue is seen? (We can put you and your doctor in touch with cord expert Dr. Jason Collins to talk to if this is a concern)
- **Clotting disorder:** Will I be tested for clotting disorders? Should I be on Lovenox or aspirin in a future pregnancy?
- Are there any specific prenatals or other supplements or medications I should be on before trying again?
- I want to do everything in my power to ensure that this does not happen again. What can I do to help prevent this with future pregnancies, and what will be done on your end to help prevent this from happening? What will be done differently with my subsequent pregnancies?

PAL Protocol at Your Provider's Practice

- Is your practice a PUSH for Empowered Pregnancy Certified Rainbow Clinic offering specialized care for parents who are pregnant again after a perinatal loss? (More info: www.pushpregnancy.org/rainbowclinic)
- How often will I see you in a future pregnancy?
- At future appointments, is there a private room I can wait in so I don't need to be in a waiting room full of pregnant women?
- Similarly, can you put a note in my file about our loss so the staff knows about our baby who died and knows to be sensitive in certain situations?
- Can I see you exclusively (also known as "continuity of care") or will I have to rotate through all doctors in the practice? What about for delivery?
- What's the fastest way to reach you directly in the event that I am concerned about my baby's or my own wellbeing?
- Can I come in anytime for a heartbeat check/ultrasound/NST/ any other types of quick reassurance?
- If I need to come in for a reassurance check, should I call ahead? How can I be sure to get through quickly? What can I say to ensure that whomever I'm speaking to understands that I am a PAL patient and my request is urgent?
- What if I have an urgent concern outside business hours?



- In the future if I feel altered fetal movement from my baby's usual frequency, patterns, or strength (including reduced movements or episodes of wild/frantic movements), what would the course of action be?
- If we see concerning results on any of tests/monitorings such as a non-reactive NST, low score on biophysical profile (BPP), abnormally small baby or placenta, baby or placenta falling off their growth curves (even if they do not meet clinical criteria for "growth restriction"), protein in my urine, etc., what will be the course of treatment?
- Will I have a choice in when I deliver my baby in my pregnancy after loss? If the practice or hospital has rules about "elective" inductions/deliveries, will I meet the criteria to be delivered whenever you and I decide is most appropriate? (Even if that's before 39 or 37 weeks?) Who is the final decision maker about birth timing in this practice/hospital?
- What are the signs we should look out for to help differentiate between grief, depression, anxiety, and PTSD? Can you direct me to a mental health counselor with specific experience in perinatal loss and grief?

My Other Questions

There's no such thing as a bad or silly question! **You are your baby's best advocate.** Ask away!

If your questions aren't being taken seriously, don't hesitate to change providers or **reach out to us for help** (www.pushpregnancy.org/contact) - we can connect you with international experts who are happy to assist, and to other families like yours who have been where you are and can help support you.

You deserve to be heard. Keep asking questions, and don't ever hesitate to advocate for yourself or your baby! That's how you have an **#EmpoweredPregnancy!**