

The Doula and the Partner: How They Work Together to Help the Birthing Woman by Penny Simkin, P.T. - Author, Doula, Childbirth Educator, Birth Counselor

When a doula discusses her role with women or couples, she may feel a little uneasy when asked exactly what she has to offer. She may find it difficult to give an answer that reflects her usefulness without seeming that she is bragging. The most common question regarding doula care for birthing couples: what about the woman's husband/partner/loved one? There are many valid concerns often raised by couples considering doula care for childbirth. For example:

1. Partners who have taken childbirth classes may wonder, "Why bother with a doula?" The classes theoretically prepare the father or loved one for that role, and it appears that a doula is redundant.
2. The doula might interfere with the couple's intimate experience, since she is nearly a stranger to them.
3. The doula may try to make the woman have the kind of birth the doula wants, not what the woman and her partner want.

Some couples worry that the partner will be pushed out, that the doula will assume that she can do the job better and will relegate the partner to a minor role. On the other hand, some women worry that their partners will not be able to help very much, but are hesitant to suggest a doula for fear of hurting the partner's feelings. And some partners want help, but they feel insecure about their ability to meet all of their wife's or loved one's needs.

Here I will discuss some of the myths or concerns about doulas, along with the realities. They may clarify how a doula works with a woman's partner.

Myth #1: If a woman has her partner, the doula becomes redundant.

Reality: The doula may be the only person at the labor beside the partner who is there solely for the emotional well-being of the woman. The nurse, the doctor, the midwife have other priorities that compete with the emotional care of the woman; for example, breaks, shift changes, clinical responsibilities, office hours and hospital policies. The doula has few or no other priorities. She stays through shift changes, and until after the baby is born. She is not just another stranger with the couple. She has the woman's needs as her sole priority.

In some cases, the couple will bring several other friends or family members into labor with them. Sometimes these people can be uncertain of how to help, which leads to confusion and actually adds to the woman's stress. The doula can direct and coordinate the efforts of a group of people, giving them all something useful to do, so they work as a team on the woman's behalf.

Myth #2: The doula "takes over," displacing the partner and interferes with their intimate experience.

Reality: The doula can actually bring the couple closer. By making sure that the partner's needs are met (food, drink, occasional back rubs, and reassurance), the woman and partner can work more closely together.

The doula allows for the partner to participate at his or her comfort level. Some partners prefer to be there only to witness the birth of their child and to share this experience with the woman they love. They may not want to play an active role and do not want to be responsible for the woman's comfort and emotional security. The doula can fill in and allow the partner to participate as he or she wishes, without leaving the woman's needs unmet.

When the partner chooses to be the major source of emotional support, the doula can supplement his or her efforts by running errands, making suggestions for comfort measures, and offering words of reassurance, and comfort. During a long tiring labor, she can give the partner a break for a brief rest or change of scene.

For the partner who is shy, uncertain, or unversed in his or her role, the doula suggests simple but truly useful tasks, such as timing contractions, holding the woman, supporting her in a particular position, massaging her. In such situations, the doula might take the lead, but the partner plays an important secondary role.

While the doula probably knows more than the partner about birth, hospitals and maternity care, the partner knows more about the woman's personality, likes and dislikes, and needs. Moreover, he or she loves the woman more than anyone else there. The combined contributions of partner and doula, along with a competent, considerate and caring staff give the woman the best chance of an optimal outcome.

Myth #3: The doula has her own beliefs about how the birth should go, and imposes it on the woman or couple.

Reality: The doula's true agenda is to help ensure that the woman's or couple's agenda (their birth plan) is acknowledged and followed as much as possible. If the doula is thoroughly familiar with the couple's wishes and their birth plan, she may actually think more about it than the couple, especially when labor is intense and things are happening rapidly. The doula can remind the staff or the couple of some items on the birth plan that are forgotten, but which later might be important. Sometimes if a birth plan is not followed, the couple later look back with regret or disappointment.

The doula helps with decision-making by asking questions that will ensure that the right information is given to the woman or couple so that they can make an informed decision. She may also suggest alternatives (like waiting awhile) for the couple to consider. She does not, however, make decisions for the couple.

In summary, the doula helps make the birth experience to be as rewarding and satisfying as possible. As one father said, "I heaved a big sigh of relief when she (the doula) walked in. I hadn't realized how much pressure I had been feeling. She not only calmed my wife, she calmed me down."