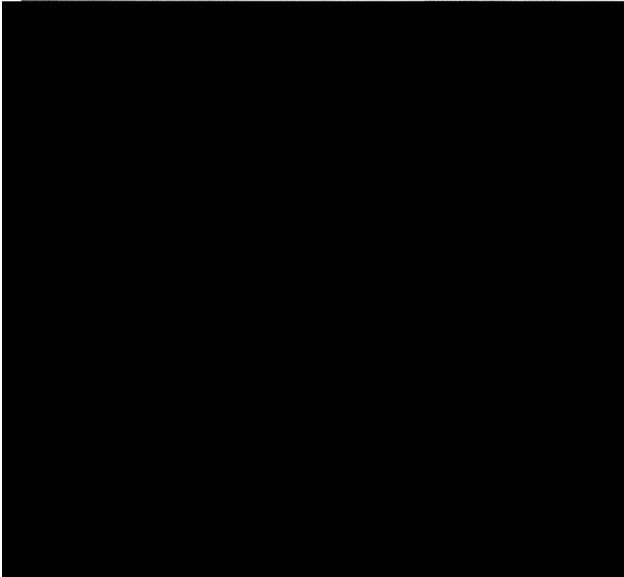


Doulas and daughters

Leslie Schear



How can we provide or facilitate the kind of labour support that serves the mother we should care about the most? This question forms the background to some personal reflections on the need for, and provision of, support in labour.

I'm going to confess two things in this piece about labour support. One: I once seriously considered doing an episiotomy, for severe maternal discouragement and exhaustion. The baby's heart tones were fine, there was progress in late second stage but it had been exceedingly slow. The labouring woman had been in every imaginable position and it felt as if every measure to facilitate progress had been taken. I picked up the scissors from the rest of the instruments, but put them down again. Maybe you're thinking, isn't maternal exhaustion and discouragement sufficient reason for an episiotomy? Yes, probably, if the mother in question is the one having the baby. In this case though (and that's why it's a confession), the mother in distress was the mother of the labouring woman. She'd really had it. The length of her daughter's labour along with her own squeamishness (she had carefully placed the standing mirror to allow her daughter to see the baby's head coming down, while blocking her own view of the event) had combined to make her into a complete wreck. She had already expressed to me her deep discomfort with her daughter and son-in-law's decision making at several junctures in

the lengthy but normal (nullip) labour. Now she looked so desperately unhappy and anxious that I really wanted to make it better for her. I knew talking to her wouldn't really work, as we had already had several chats in which she had urged me to take action and DO SOMETHING for her daughter. No amount of reassuring by me was going to be effective. What she wanted was action, and she wanted that baby born now.

This story has a happy ending. The mother really didn't want an episiotomy (the labouring mother I mean) and I didn't do one, partly because the words of her birth plan came back to me (she emphatically did not want an episiotomy unless it was absolutely necessary — a reasonable request), and partly because a glance behind me at that carefully placed mirror brought me back to my senses. In the process of helping the mother get out of the lithotomy position she would have needed to be in for the episiotomy, the baby's head moved very subtly and descent finally became more rapid. A healthy baby boy arrived at last, with both hands up around his ears. The placenta soon followed. The mother had very minor skid marks requiring no suturing.

The ending isn't completely happy though, in terms of the mother who was in distress. As far as I know, throughout the labour she never understood her daughter's decisions. She was unable to rejoice that all her daughter and son-in-law's perineal massage had really paid off, much less to see the wisdom and maturity in her daughter's focus on normal labour and what was right for her, her husband and her baby.

Confession number two, for the people I haven't yet offended. I have read most of the considerable literature on doulas, and I understand that having a doula has been shown to reduce the use of interventions in labour and increase maternal satisfaction. However, I also know that the settings and circumstances in which many of those studies were conducted were not very conducive to normal birth. I think that in order to radically influence how our culture thinks about birth, what needs to happen is not the creation of another class of paraprofessionals trained to cope with the labours of relative strangers. One of the things that is needed to change our birth culture is for labour support to come from the people that the labouring women knows best: her mother, sisters, friends, extended family, close neighbours.... And if this kind of

labour support were to become commonplace, if everyone had stories about the births they'd been to, we would be living in a culture healthily supportive of birth rather than ignorant and fearful.

There are two things that doulas are thought to bring to births: support and advocacy. When we talk about labour support, we really are talking about fairly simple skills: encouraging ambulation, rest periods and position changes, offering food and drink, wiping brows, simple massage and hand-holding... all things that, if not intuitive, could be taught in a simple prenatal class. Doing this in the context of a labour, particularly an unmedicated labour, is of course made more complicated by whatever philosophy about birth, and/or pain, the labour support person brings to the job. In our current culture, depending on the mother's community, there may be no one around who can fulfil this role for her, especially if the mother's birth wishes are not understood or supported by those closest to her. For this woman, a doula might be a good idea, although where those with the closest ties to her are in disagreement with her birth plans, she could also be a woman in a variety of kinds of trouble, and possibly most in need of professional midwifery help for other reasons.

Advocacy is a slipperier slope, and I will go out on a limb here again, in stating that in the best of all worlds, with good communication, there shouldn't be need for a doula to advocate because the midwife (or other provider) and client should need no go-between. The word 'advocacy' implies both an inequity in the status of mother and maternity provider, and an assumption of ill-will, or perhaps just insensitivity, on the part of the provider. Women can put doulas in a difficult position when they choose providers who are unsympathetic to their birth plans, and then expect the doula to be able to put those plans into action. Perhaps without the idea that doulas can somehow rescue them from dubious providers, women could achieve more of what they want from their births by choosing providers who will try their best to honour their wishes. If open discussion occurs prenatally, so that the provider fully understands what the woman wants, and the woman understands about the nature and often unpredictability of birth, I think that the woman and her supporters (friends and family who know and love her and presumably have a working knowledge of her birth plan) should easily be able to express what they want. The provider should be expected to welcome give-and-take communication, and put the woman's wishes into action whenever possible.

Some doulas can be so determined to see a previously set agenda achieved that they advocate against, for example, an IV for a dehydrated or heavily bleeding woman, because they are convinced that an IV is an intervention, and interventions are bad. The truth is, childbirth can be complicated and doula training is pretty brief, and an appreciation of appropriate technology (I want to emphasise the word 'appropriate' here) is a learned skill. Doula classes, because they are aimed at equipping doulas

to work mostly with obstetric providers, can create labour support that is not in touch with the realities of the situation when intervention is actually necessary or even life-saving, rather than reflexive. I am not saying that midwifery providers are perfect, or always completely attuned to client wishes (it would be unrealistic to expect that from any class of maternity provider) but I have often felt that, here in the US, the energy spent supporting the doula movement might have been better spent ensuring that midwives can actually provide appropriate care in all settings, and that midwifery is the model of care for low-risk women.

So, I am well aware that my two confessions conflict. I have found myself on the verge of trying to pacify misguided familial labour support, but I am profoundly sceptical of the need for paraprofessional labour support for most women. There is one notable exception — when women are receiving care in a language not their own or in which they are not fluent, though in these cases a unbiased translator may also be essential. Coping with labour is for some women a state in which verbal communication is challenging. A familiar person who understands both the language the care is being conducted in and more about the care itself is probably a great idea. And there are a variety of other special circumstances in which doulas can and do provide a valuable service. I want to encourage labouring women to choose support from their friends and family, and I consider it part of my job to support those people through the hours of labour: the best I can, so that they can support the labouring mother. And yet, so often friends and family aren't quite suited for the job. That doesn't mean that those same people can't provide great sensitive support in other realms of the woman's life, but births are different. Labour support requires stamina, patience, confidence in women's bodies, a certain amount of well-placed detachment (so as to remain strong and steady for the labouring mother) and the ability to put a cold cloth on someone's forehead when she retches violently, without retching back. Interestingly, many of these skills overlap with the skills needed as a parent, so it is probably a great sign of future parenting skills when a partner does brilliantly in labour.

It is possible that a special exemption from labour support should be made for mothers of labouring mothers. As mothers, our job from our children's births on is to keep them safe and make sure they don't get hurt. Even the most supportive and informed mother, when confronted with her daughter's real pain in labour, can struggle to stay calm and helpful. A knowledge that the pain is physiologic and indicative of labour progress might not be enough for many mothers. I will always remember the mother of an Ontario midwife, who had full knowledge of how important an unmedicated home birth was for her daughter. Finding her daughter's labour noise difficult to deal with, she stepped outside for a length of break in the back yard. She was looking thoughtfully into the middle distance when I went to talk to her, sitting on the backyard picnic bench in February, in Toronto.

She was surrounded by snow, but not appearing to notice. The one thing she was doing, was supporting her daughter by absenting herself from a scene she found too painful to participate in.

I have been to many more births, and friends and relatives are the most helpful labour support anyone could have. They use their deep knowledge of the woman, their private jokes and their store of love, to buoy her up as no one else can. In the process, they create a memory of support that the woman will always have, and their care of her extends naturally to tic them to the baby. Participating in the births of loved ones is one of the most profound experiences in life; it is simply too valuable an experience to be commodified into a paid service.

But it is difficult when women pick as labour support people who are really quite uncomfortable with their birth plans. In my experience it is not at all uncommon. The mother in my story above really wanted her mother at her birth, and despite all the evidence that her mother wasn't comfortable there, and so was not able to be helpful to her daughter, she couldn't possibly have asked her to leave. I couldn't ask her to leave either, though I have to say the thought crossed my mind more than once. Would it have helped to meet her beforehand, get a sense of where she was in terms of her own feelings about birth and express my reservations to my client? Maybe. Though with her daughter's heart set on her presence, this discussion would have been a minefield. Prenatal classes, movies, books? These things might help the truly open-minded, though they are all based on information and thus elicit an intellectual response. When labour gets difficult, when labour takes over and becomes the real thing, and the woman you know is transformed by it, it seems quite probable that book learning goes right out the window and what is left is the instinctual response to the situation.

Like many midwives, I have an interest and respect for the Dutch model of midwifery. I remember when prominent midwives from the Netherlands came to Toronto, partly to promote a book they'd written. They showed a film and then took questions from the audience, made up mostly of Ontario midwives. One of the questions was at what point in the labour did they come to births. Their answer was: like you, we come to labours when the women think they need us. Further questioning brought out the fact that most Dutch women (at least the ones whom this practice served) thought they needed their midwives in transition. I was so struck by this piece of information. What made these Dutch women call their midwives in advanced labour rather than with their first contractions? A greater confidence in the natural process of labour and in their bodies of course, but didn't the people around them also contribute to their feeling comfortable without a midwife by their side?

It is vitally important that labouring women get the kind of labour support that will help them through one of the most important experiences of their lives. Being at a birth

can forge life-long bonds among the people in attendance, and create lasting support for the new family. How can we as midwives provide care that includes and supports the woman's loved ones, never losing sight of what the labouring woman needs? It is hard enough for our clients to overcome all the fear and ignorance of birth that our society produces. How can we expect family members and friends to feel and convey a confidence in the physiology of birth that is mostly at odds with the expectations of our culture? And when they can't and don't do that, how can we provide or facilitate the kind of labour support that serves the mother we should care about the most?

Schear L. MIDIRS Midwifery Digest, June 2007, vol 17, no2, pp 185-187.

Original article written for MIDIRS by Leslie Schear, midwife, Seattle. (c) MIDIRS 2007.

Editor's note:

From time to time we take personal opinion papers and it is my view that they should provoke discussion and thought and we welcome any responses to this article from those with a different view — mothers and doulas included.

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