

CHAPTER V

RESULTS: FATHERS AND DOULAS

Introduction

This next chapter explores the relationship between fathers and doulas. The word doula originated as a noun. However through the improvisational flexibility of language, through common usage it has also become a verb. “When I was doulaing her...” or “doulaing is...” were common expressions used by study participants. Sometimes I heard the word used in non-birth contexts, such as, “I needed someone to doula me through being a mother of the bride”. “To doula” developed its own connotation as the interviews were analyzed. I derived the definition of doulaing to be the activities involved in doula care: the processes of providing emotional, physical, and informational support to laboring mothers and their partners. To “doula” a father was to direct actions towards him that were primarily for the benefit of his emotional experience. Doulas also offered him instrumental support, a type of physical support. They also acted in ways that benefited the father indirectly but were mostly for the mother’s benefit.

Through interviews with doulas and mothers it became clear that there were certain conditions that influenced how support was delivered. Two of those conditions came from the doula: how she saw her role and how she viewed fathers. A third condition identified was the level of physical and emotional engagement a man had with his laboring partner. This chapter is structured to cover these three conditions, to closely examine the process of doulaing fathers, and to examine the father’s unique contributions to labor support.

How Doulas Viewed Their Role

When asked about working with fathers at birth, it was evident that how a doula perceived herself influenced her interactions. Serena was articulate in explaining that the relationship between the doula and the father needed to be complementary. However, in Serena's opinion, the relationship was always based on what the mother wanted. As Serena observed, "I've had women who never wanted anything from their husbands or their partners, and some that wanted everything from their partners, so I think the relationship between the doula and the woman's other partners and companions in birth needs to be complementary. And ideally something that is sort of designed prenatally so that everybody has come to terms with what their roles are." As Stella put it, "A good doula is able to assess the involvement the partner wants...I think you are able to learn just by looking at a partner, how involved he wants to be." Sonia added, "I talk a lot with my clients ahead of time, because I really want to—I just feel like the more I know them and understand how they work together, the easier it is." Therefore, according to the doulas interviewed, effective labor support of a mother meant including and building a relationship with the father. The foundation of that relationship was understanding what mothers needed and balancing that with what fathers were able and desiring to give. As Serena and Sonia acknowledged, gently assessing a couple's unique dynamic was necessary to effectively support both people. Teresa added:

"Their relationship is crucial to how supported she feels he's being. She feels loved and comforted and nurtured by him however that is defined by their relationship. It's kind of like looking in someone else's marriage and saying 'that's not for me but it works for them' kind of a thing. When it works for them that's a great element to the labor, that's just literally irreplaceable. I can't do what he's doing either."

So the doulas' first perception of their role was to complement the father's involvement and the couple's relationship dynamic. Several doulas mentioned that they perceived their role as enhancing the connection that the couple already had. Ashley became very enthusiastic when she said, "Love. That's what it is. It's just love. It's just the opening of love between people. And a lot of the times the husband is in with it too, very much so, and it's just this whole circle of love, this energy. And then when the child comes out, comes in, you just, Ah! It's just an amazing thing." To Ashley it was very important to support this loving circle and not interfere with it in any way. Shenise expressed something similar. "It's most important that they hold it, not that mom holds to me as that primary...I think of it almost like a dance. Like we're in a rhythm together. There's this dance of intimacy that really happens, many times without words." Other doulas felt the same purpose of enhancing the connection between couples. Doris recalled one of her favorite strategies.

"Sometimes I will ask them how they met. If I want to reach out and take his hand and pull him in, figuratively, I'll ask him, when was the first time he saw her? Does he remember the first time he ever saw her and what did he think? Sometimes he thinks she was silly or not his type or something, and they laugh about that then. It's often very easy to get them to talk about falling in love and how all that part went. And then I'll say something like, 'So this baby's really been a long time coming, hasn't it? This baby's been coming for eight years.' And they'll look at each other and...I realize as I say these things, it sounds a little bit like shtick. But when I'm there in the moment, it doesn't feel that way at all."

Several other doulas mentioned this same technique of asking parents about when they first met or fell in love. Colleen went into detail about what she does at a birth to connect people to one another.

"I think things that you say and using your voice and trying to do as much as possible to bring the couple together in the process, and not interfering with that and not becoming the focus of it myself. I want them right there. I mean I don't

stand where he's standing and I don't get myself in between them. And if he's been out of the room and he comes in, then I kind of like to say, 'Come on over', and I don't just stand there and stand in his way."

Other doulas acknowledged that the reality of labor is that plans go awry, and the people who are there can be different than expected. They noted that fathers may be more or less involved than anticipated. According to the doulas interviewed, the dynamics between couples were influenced by their relationship issues and whatever incidents had occurred that day in their lives. Doulas took seriously their ability to influence a couple's relationship, their memories, and their future intimacy. Several times doulas discussed making the partner the center. Serena articulated, "If I'm letting them have their relationship and I can protect it, that's great. Because they're going to go home together! And better that mom has the best possible memory of what he or she did for her rather than me. I'm the facilitator then." Jo Anne continued to try to enhance the couple's connection postpartum.

"I think helping them to sort in their own mind what happened, especially all the integrating stuff after the birth. It's just helping them to sort it in their minds what really did happen. What was good, what was bad. 'Did you remember when your husband came up and hugged you and told you how much he loved you?' She says, 'No, I don't remember that.' 'It was a beautiful moment.' And he beams, and she beams and they look at each other and they think, 'How sweet'. Then she adds it to that long term memory."

Another important dimension of role perception for doulas was viewing themselves as labor guides for the father as well as the mother. Doulas expressed the opinion that fathers had to accept the doula in this role and want to be guided. Mia gave fathers a perspective on how she sees herself fitting into their lives, into the culture of family life.

"So I say we're just bringing back that ancient ritual of having women 'be with'. I'm not your aunt and I'm not your sister and I'm not your mother, but that's what

I represent, the way it used to be. The crone, the women that we lived with were with us. So I think that a lot of men really respond to that and they really understand that they want to be there but they will need to have some help in understanding the process, and also the quick fix isn't going to be there necessarily, especially when their women say they really want to do it naturally.”

To doulas, being a labor guide meant facilitating the father's experience and the couple's experience. Sonia detailed one of her strategies that helped fathers feel good about themselves and their labor support skills as well as her insights about why it was useful.

“Whether it's a New York City thing or just a modern woman thing, a lot of my guys don't help their women. Their women bring in the groceries and they lift heavy things and lots of times they're more comfortable with a hammer than they [the men] are. You know this is the modern age. So the idea that at some point in the labor they're going to need to be a little bit more forceful... 'I can't tell her to do something!' 'Yeah, you just tell her. You tell her, 'Sonia told her she has to go,' if you can't. And I'll hear them in the other room, 'Sonia said you have to get out of bed and take a shower. Because she said you're going to feel much better. Now Sonia said you have to. [Laughs] So let's go.' And then two seconds later they're in the shower and Mom's going, 'Oh, my God, I can't believe I didn't want, this is so much better.' And they [fathers] are so proud of themselves, they're like, 'I did that!' And they know that they wouldn't have had that idea on their own, but at the same time they feel like they did it, that they were the ones who made Mom more comfortable.”

Sonia's technique of encouraging couple interaction and not just doing it herself was not unique. The doulas in this study saw their role as flowing with these changes but preserving the essence of the mother's and couples priorities. Colleen had an entertaining and apt metaphor for supporting couples.

“So I just kind of watch what's happening, and just kind of feel my way with it. It's kind of like the luge, sometimes you have to lean this way and sometimes you have to lean that way. And looking at the track ahead, you can't tell ahead of time where you're going to have to shift, but you know it when you get there.”

Teresa articulated a different dimension to her role in working with fathers. Many doulas mentioned that women often have a caretaking role in regard to their husbands.

Surrendering to laboring and giving up that role was perceived as difficult for them.

Teresa explained further.

“Women are too worried about how the husband is doing and that is definitely true. When they have a moment of clarity their first thing is, ‘Have you eaten? How are you doing, are you okay?’ I think they’re so worried that they won’t be able to be there for him when he needs them, that they tend to really go out of their way to watch out for him. And it’s kind of nice but at the same time you kind of wish that they didn’t worry about that either. That they’ve got enough going on.”

Teresa reported that she reassured her laboring mothers, “You don’t need to worry about him, I’m taking care of him. I’ll make sure Jim eats, don’t worry about it. You go on to the next contraction.” Doris added, “I’m watching him, and many times, feedback I’ve gotten is gratitude for—from her—how I made it easy for him. Easeful—not easy...It comes up at times in the prenatal too, that they’re anxious about what it’s going to be like for him.” Marci recalled one mother’s experience. “She knew that at one point the husband became faint. So I was able to sit him down, get him a glass of juice and make sure that he was okay. She didn’t need to worry because she knew I’d kind of take care of everybody.” In her role as a professional care worker, doulas reported that they agreed to accept the role of caretaker of the father so that mothers could labor without worrying about him.

Overall, doulas interviewed said that they recognized the significance of the birth experience in their client’s lives even if the clients themselves did not fully understand its possible impact. To some doulas, some fathers were slow to contemplate the birth experience as personally important to them and not just to the mother. Doulas indicated that they valued a high quality birth experience for their clients and directed their actions towards that end. However, doulas said that it was over time that they became aware

how their own actions contributed to this experience. Both Lani and Teresa had interactions with fathers that changed how they perceived themselves as doulas and their involvement with fathers. Lani spoke of a time when she substituted for another doula at the last minute. "It was really interesting because the husband said to me, 'When I met you, I knew you were going to be important in my life and I didn't know why.' For Lani, this father's comment alerted her that she was facilitating his rite of passage into fatherhood as much as she did for a mother.

Teresa told a tragic story in which the father was a family practice physician. He was eager to learn all he could about Teresa's practices and ideas about birth and was open to incorporating them with his own patients. He was an involved father from the very beginning and their interactions at the birth went very well. When the baby was four months old, the father was killed in an auto accident. After his death, his widow showed Teresa the journal they had kept, which had frequent entries about their relationship with her. On the day of their interview, he noted, "We hired a kickass doula today!" Teresa went on to say:

"[I was] literally reading their perceptions of my impact on their life. Because every day they wrote to the baby...and to read the impact those classes made on him...But what little I was there in the overall course of their relationship I'm a little blip on their radar. But to have read in the books in both of their words what a difference I've made in their lives."

Teresa recognized her own influence while reading their words, and understood how much her presence could facilitate a couple's relationship and memories. Several doulas recalled receiving photographs and holiday cards for years after they had last seen the family. Doulas saw their impact on families through these lingering communications. This understanding informed their behavior with their current clients. So doula

participants saw the main elements of their role as complementing the father's involvement, enhancing the couple's connection, acting as a labor guide, and temporarily taking on a caretaking role of the father from his laboring partner when needed.

How Doulas Perceive Fathers

Doulas' anecdotes and observations about fathers were interwoven into their storytelling throughout the interviews. In addition, all doulas were asked, "What do you feel contributes to good labor support between a doula and fathers?" Upon detailed line by line analysis, perceptions of fathers could be grouped into three categories: father as partner, father as protector, and father as constrained by his gender conditioning or role. When fathers were interacting as partners, they were seen by doulas as taking part equally with mothers. There was a sense of cooperation and of equality recognized as occurring between both members of the couple. According to the doulas interviewed, this usually began with the hiring process, although not always as expected. Camille recalled:

"I think I've only had maybe one or two situations where I felt that he was just not on board at all with even having a doula there. And so even though they said, 'Yes, this is something we both want,' on some level, it clearly wasn't the right thing for him. But I guess to his credit he was able to say, 'Well, given that I'm not the one actually giving birth.'"

For the most part, doulas saw fathers as partners when they wanted to be the primary support person for their wives or actively participate alongside the doula. Lani recalled a couple who had several children but never felt they worked together very well. She assisted them prenatally and strategized about ways to bring them together during the labor. "And lo and behold, I got to that birth, and this couple was in the most amazing place, totally in a groove. She was relying on him so beautifully and so incredibly, they

didn't need me. I was like, that is the coolest thing! They didn't need anything."

Because of all the work they had done together with Lani prenatally, Lani felt that they did not need her to facilitate their connection during the birth.

As Lani alluded, doula participants felt that they helped fathers prenatally to prepare for their partner role during labor. Carmen explained her goal as, "I'm always hoping that the partner can participate in the way that they want to participate. And the doula just sort of being open to that and feeling it out. And of course if you have the time to flush it out that's great, but it can be different in labor." Doulas indicated that part of the prenatal process was helping fathers to maturely examine themselves. Mia made this appraisal: "But for the most part, the women who hire me have done a lot of reading, sometimes too much; have done a lot of research, know what a doula can offer them; have a partner who's sometimes a little under-involved, but sometimes involved enough to the point that they know their fears and they know their limitations." Several doulas noted that not all fathers were ready to be partners in labor, and it was something they seemed to grow into. But what doulas indicated as most important was the doula allowing fathers to be who they were, without pressure to change. Regina contributed to the understanding of this concept:

"Her husband didn't even want to be in the room at all when she was laboring. And as it turned out, he felt comfortable enough to be there and be a support for her. Right until the end where she was calling on him and he was right there in her face the whole time... I didn't put any pressure on him. At all. I spent that night and the next day with his wife until she felt she was ready to transport [from home to hospital]. When we transported he just kind of followed along into the room and everything. She wasn't that far along so we went for a walk. Well, it just became a natural thing that he was there with her. Spent a lot time talking and stuff. So going back to the room, he was just already in labor with her, you know? So it was just a matter of seeing what his comfort level was and working with that."

To summarize, fathers were perceived by doulas as partners when they were engaged in the labor support process along with the doula. Prenatally, doulas saw fathers as partners when there was a dialogue of mutual respect and involvement with the mother, especially when it entailed making decisions.

Another role perceived by doula participants was father as protector. In this role, men were described as acting as guardians of their family members, making sure they were safe. There were two main ways this was described by doulas. They evaluated decisions by being rationally minded and detached, and they may have made decisions with little consultation with the mother. Alternately, fathers who acted in a protective role were sometimes more emotional and confrontational. When fathers were in the protector mode, doulas reported that they sometimes felt challenged or that they had to prove themselves. Sonia gave two different examples of fathers displaying these protector qualities in these two different ways.

“I have a lot of really hard-core, businessmen dads, who are not so sure about the fuzzy, spiritual part of all this. And I think it really appeals to them to have a doula who is very down-to-earth and drinks coffee and [laughs] will eat a hamburger if necessary to prove that it’s not about herbal tea and feelings, that it’s about hard science and really showing and sharing with them. ‘Let’s talk about physiologically what’s happened. Let’s talk about these different things,’ and being able to answer all their obscure questions.”

“[He] was very confrontational, very brusque in our first meeting. Wanted to know particularly a lot of the informational stuff. And I think once I started to have answers, he calmed down a lot more. But you need to be able to know how to handle people. You know, this dad’s not, doesn’t have issues against you; he’s a nervous first-time dad who wants to know why he should let a stranger into his house to do this.”

According to Sonia, doulas needed to prove themselves to fathers in order to be accepted, including needing to pass a level of scrutiny. Sonia felt that if some fathers did not investigate fully, they might see themselves as letting down their family. Camille

observed that a father correctly assessed his own inability to be a good support for his wife. To be a good protector, he looked out for her needs.

“So I think because her husband seemed to be so unavailable to her, and maybe she knew that was going to happen, I don’t know. Although it was interesting because he seemed to be the one who was, ‘Douglas, that sounds like a good idea. A midwife, that sounds like a better idea.’ He seemed to be calling a lot of the shots.”

Iris recalled a time when she was called on the phone by a father who wanted to protect his wife from a second cesarean surgery. They spoke on the phone at length about ways Iris could help his wife, but it turned out the surgery was scheduled in two weeks. They were going out of town for ten days, and then delayed the meeting until the night before the surgery. Of course there was very little Iris could do but she met with them anyway. Here is her account of their interactions.

“I had a woman who was twenty-four from California...she was married to a man who was fifty-seven, and he was a very, very wonderful, sensitive, gentle man. Loved her to death!...She had an emergency cesarean with the first child, which was so traumatic. The father called me, and the father said, ‘We need help. She’s going to have another baby and it’s going to be cesarean, and she can’t sleep, she can’t eat.’...So I went out to their house and it was a zoo, because this spoiled brat kid was running all over the place and screaming and her 16-year-old sister was visiting from California to come and to help her with the new baby when the baby was born, and she was clueless and useless and watching MTV. And it was just, this poor woman was overwhelmed and traumatized. She was like a deer caught in the headlights. And she just looked at me and my nationality is Cuban, so she looked at the dark eyes and the dark hair—she was Mexican—and she just, poow! And I could feel her just grab me. I said, ‘Okay, let’s talk.’ We started talking and he was talking, and she was just sitting there staring at me. And he’s, ‘Blah, blah, blah, blah-blah, blah-blah.’ And he said, ‘And the first doctor and then, and I was going to sue that bastard, and then this other one and blah, blah,’ because he loved her so much. But I knew he was talking from love. And she’s sitting there, and I said, ‘Could you tell me in your own words how it was for you?’”

In all of the stories that contained a “father as protector theme”, doulas interpreted love and caring as the motivation for this vigilance. Even when the criticism was directed towards the doula herself, as Lani shared.

“I was with her already for over sixteen hours. The midwife happens to be a very chatty midwife, and, sometimes it’s really hard not to chat with her. And so she was trying to chat with me, and for one minute I responded to the midwife. And the husband looked at me and said, “You know, Maria really needs you right now.” Frankly I was a little pissed off because I had already been with them for sixteen hours and all I said was one thing to the midwife. But you know what? He was right. Maria really needed me right then.”

In the advocacy chapter, Lani told the story of standing up to equalize power between a short man and a very tall physician. She did this spontaneously and it encouraged the father to confront the doctor about his orders. In this instance the father was advocating to guard his wife from something she feared, having Pitocin administered to augment her contractions.

“As soon as I stood up, the husband came over and started talking to the doctor...The doctor said, ‘You guys talk about it,’ and he left the room. And we talked about it, and the mother said, ‘I will not have Pitocin.’ So the father went out and talked to the doctor and told him that she was not having Pitocin. The doctor said, ‘You have an hour.’ He was nasty. ‘You have an hour.’ The husband comes back and says, ‘We have an hour, and then he wants us to have Pitocin.’”

In this instance the doula felt that the father’s advocacy behavior was centered in a desire to protect his wife from something she did not want. He successfully negotiated with the doctor an additional hour for the woman to labor on her own. In Lani’s story, the father appeared calm and rational. In contrast, Ashley told of a time when the father lost his patience when the nurse had difficulty locating a vein for his wife’s intravenous (IV) line. “At one point she [the nurse] left in tears because the husband said, “Get the needle out of my wife’s arm right now, because you’re fishing around for a vein when

you can't find one. Just do it later. Try it again later.'...She was trying in different veins. He just—'Get out, what are you thinking? The woman's in labor.'" This father saw himself as protecting his wife from further pain that was preventable.

All of these instances illustrate the role of father as protector that doulas in this study perceived. No doula ever mentioned cultivating or teaching these behaviors; doulas felt that they arose from the father's feelings and self-definition of his role. In all instances, the primary motivations for acting protectively were viewed by doulas as loving, caring, and desiring to minimize harm.

The last role for fathers as comprehended by doulas was that as men they were constrained by their gender role and conditioning. These views were expressed by doulas with kindness but not condescension. Like Teresa expressed earlier in this chapter, all doulas felt that the father's presence was positive when the mother wanted him there and it was an expected part of their relationship. However, doulas expressed an awareness of men's limitations and felt that those limitations resulted from a variety of factors. The first factor that doulas noted was a lack of exposure to labor and birth and a lack of preparedness for the role of primary support person. Doulas noted that women grew up knowing that if they wanted to have their own genetically related children, they needed to become pregnant and give birth. There was a corona of awareness about these issues that exists for most girls and women. However, this was probably different for boys and young men. As Allison said, "As much as I like Doctor Bradley, I think he did men a disservice by making them coaches because they're like required to coach for something that they have no clue about. [Laughs] You know, it's not fair to them." In sports terms, being a coach implies experience and advanced knowledge of a subject in order to assist

another to grow in their skills. As Allison said, most men were seen as not knowing what they needed to know in order to be effective coaches.

Iris took this idea even further, stating that it was not a lack of knowledge that impeded men, but a lack of empathy. They had not had the experience of living in a woman's body or giving birth. She used an analogy to develop her point.

“But very rarely do fathers get it. And I think for me what I do is – you know what? I suffer from migraine headaches. And they're horrible; I've suffered from them my whole life, and they're horrible. And I know how I feel when I have a migraine, and it's kind of like a compassion thing. I know what I need when I have a migraine, and after thirty some odd years of marriage, my husband is only just beginning to understand what I need when I have a migraine. Yet my son, who has migraines, knows exactly what I need when I have a migraine, you know? And my mother, who got migraines, she would drive to my house and I wouldn't have to say, 'Please take my baby. Please cook the dinners.' She would just come and do, and I knew I could let go.”

Iris felt that because he did not have direct experience, her husband was not able to empathize with her even after three decades together. She reported her idea that men had the same inability to relate to women in labor for the same reason. Other doulas felt that some men also had difficulty empathizing, but gave alternate explanations. For Mia, it was a lack of knowledge and exposure to birth, but also because they were men.

“And I always tell them, this is one of my favorite spiels, that in ancient times, in the tribal times, women always birthed with women, and the men have only recently been invited into the birth arena. And we expect them in the last twenty years to know everything. And while they're great at fixing things, you can't fix what's going on with a woman in labor; patience is the mainstay.”

Mia's statements reveal her view of men as desiring to fix the woman in labor; they had been gender-socialized to actively solve problems. However, in Mia's opinion there was no problem to solve during labor and birth; patience and attendance to the process was what was required. Other doulas saw fathers' limitations not because they were men, but because they were not women. These doulas suggested that women have

capabilities than men lack. Eve, Teresa, and Gladys explained their thoughts and reflections.

Eve: “I guess it’s a bonding thing, where we kind of... I’m trying to explain but it’s – it’s something I guess that’s unexplainable, you have to know it to feel it, that we share with each other. Like I said, it’s definitely a woman thing, and I kind of feel bad for men that they don’t – or maybe they do and they don’t share with us that they do. I know my son is going through a hard time with pregnancy, his wife’s pregnancy and stuff like that. And I tried to explain to him certain things and it’s just, I don’t know, not there for some reason... Sometimes I see fathers who really are into it in their eye contact and their presence there helps Mom as well. But like I said, I don’t see that special, that click that moms and I get at that one part. They wanted that there, that’s for sure. But it’s just something that, like I said, maybe it’s a woman thing and not a man thing. I’m not too sure what it is.”

Teresa: “And in some senses I think when women are tuned in and have that nurturing connection, he can’t do that either. That’s an extra element that’s added by having a doula. Or having like a supportive midwife who spends a lot of time, or a mother who is very attuned to her daughter. I mean lots of people can fulfill that role but I do think that when its women supporting women, I think there’s a, a lack of tension, mostly in a doula client relationship.”

Gladys: “It’s almost magical, because it’s like you suddenly know when it’s time to suggest another position, when it’s time to massage her a certain way, when it’s time to hold her hand, when it’s time to step back and make sure that Dad’s getting in there enough and that she’s feeling enough of his [gestures]. And there are times that you just know and you sometimes—there’s a sense that you know when to sort of give him a signal of: ‘Don’t say anything. She doesn’t want to hear from you right now, she just wants you to be there with her.’ And there are sometimes that he could say something and it will annoy her, but if I say the same thing, it’s okay coming from another woman. And you know, there are just times that you can just sort of feel that the energy is going that way. But it’s really, it’s—I don’t know what to call it except magical, because you just know what this woman wants, what she needs now, how to move, what to say. It just seems—it’s almost like—oh—it’s almost like my personality disappears and in some way she’s telling me without verbally telling me, what she wants. And I can just be there to give her that.”

To these five doulas, being a woman mattered a great deal to the effectiveness of their empathy and their core understanding of each laboring woman. They indicated that they felt what she felt because they had had similar experiences. Not just from having

been laboring mothers but from sharing the sorority of womanhood. Having the same body parts and feminine socialization mattered. Iris stated that one of her clients said to her, “Brian is perfect, but there’s something missing I can get only from you. She didn’t mean me personally, she meant from another woman.” Three other doulas shared similar statements. According to all of these doulas, being a man was a constraint and a limitation on his ability to give satisfying labor support. They also indicated that it was important to acknowledge that men were going through their own deeply transpersonal experience of birth and of their child’s journey into the world. Doulas felt that men are co-laboring and their labor support abilities were influenced by these factors. The doula’s responses did not seem to deny these experiences. While there was compassion for men, there was also a strong sentiment that men could not do what doulas could do because they were men and not women.

Paternal Levels of Engagement

The previous section explored the influences that doulas brought to the birthing room that impacted the labor support dynamic between doula, mother, and father. The process of delivering support was interwoven with each individual person’s relationship with the other, perception of their role, and labor events. Doulas brought their perceptions of fathers and of their own role as doulas. It has been explored in the previous chapter that some fathers behaved differently at the birth than they planned prenatally. Personality characteristics and personal history events were mentioned by doulas as influences on father’s behavior. Doulas also described paternal behaviors that had different levels of physical and emotional engagement. Some fathers were intimately involved physically and emotionally with their partner’s labor support, which I have

labeled as fully engaged. Other men were emotionally engaged but physically distant, which is termed less than full engagement. A third group was considered partially engaged in either aspect. Lastly, a small group was disengaged, which was described as being uninvolved in both aspects. (See Table 13.)

Table 13.

Paternal Levels of Engagement and Labor Support Involvement

Paternal Level of Engagement	Paternal Level of Involvement with Physical Support	Paternal Level of Involvement with Emotional Support
Fully Engaged	High	High
Less Than Fully Engaged	Intermittent or Low	High
Partially Engaged	Intermittent or Low	Intermittent or Low
Disengaged	Low to None	Low to None

Different levels of engagement demanded different doula support behaviors for both the mother and the father. This section illustrates these different aspects of fathers as seen through the eyes of doulas.

Full Physical And Emotional Engagement

According to doulas, the first group of fathers envisioned their role to be the mother's primary support person. All doulas had experiences with this kind of father, but

none of the doulas mentioned the majority of the fathers in their practices took on this role. As Colleen explains:

“Sometimes I find that she’s really turning to her husband more, and I don’t exclude him by any means. There are just times when I can just feel the dynamics of it. It’s better for me to take a more active role. But if I see that she really is very bonded to him and really wants to hang onto him, then I don’t get in the way of that. I’m just there for whatever they need me to do. I may give him suggestions if he needs them, but usually in that case he doesn’t.”

Repeatedly doulas commented on the need to be flexible. Sometimes fathers who planned on being very involved became unexpectedly ill with food poisoning or influenza. Other times fathers become drawn in, as Regina recalled in the last section. Mia recalled a time when a father gave “wonderful support”.

“He was one of the ones where I was truly secondary. I helped him to understand some of the things that were going on and helped him deal with the fact that she was really having a hard time at certain points. But he was very, very active. And my role in, for the most part—when she was like in transition, I was much more there—but for the most part, my position there was to support the both of them as they were doing it. Because he was wonderful and he was very attentive, and he was right there for her every time she needed him: slow dancing, back rubbing, lying down in the dark in their bed. We got to the hospital and she was seven, with a first baby. So we were really ecstatic over that. She did great. So he was a wonderful support for her.”

When the father was the primary support person, the doula’s role became to support the mother and father as a laboring couple. It may have been accomplishing more instrumental tasks or making suggestions of position changes and reminders to use the bathroom. Sonia told a similar story to Mia’s.

“And this couple, Dad really wanted to do it. So I really was there to help him, more so than to help her. And there was, it was again, an unusual apartment in that it had an upstairs and downstairs. So I came and sat, just checked in with Mom, and sat upstairs. Would kind of, ‘Ooh, that’s starting to be good noises.’ And Dad would run upstairs, and showed me her underwear, and tell me what was going on. And I’d say, ‘Well try this, this and this.’ And he’d go back downstairs for half an hour, an hour, whatever, and come back upstairs. I sat upstairs going, ‘Oh! I hope I’m making the right call. It sounds like this.’ Sometimes I’d be on

the edge, and so I'd say, 'Can I just come down? I just want to see her and just make sure that I'm hearing you right, what you're telling me.' 'Okay, you guys are doing great.' When she finally came upstairs, I knew that was a big turning point for her in her labor, that it basically ended up being transition. We ended up arriving fully [dilated]—but there she needed more help. Then the three of us worked together. It was really amazing, and I really knew what they had been doing so I was able to just keep working with Dad and do some moves that needed, like the ball, where I'm behind and he's in front. You know, positions that need two people, just to get her through."

From these doula's stories we can glean that doulas perceived their role as to support the father's involvement and not interfere. Doulas also interpreted mother's behaviors and cues and assisted with physical support tasks. When additional encouragement was needed, the doula stepped in to help. Iris recalled a birth where the father was very involved physically and emotionally. Her job was to keep the rest of the family from interfering.

"When I got to the house the husband was a Godsend. He was by far the most wonderful husband I have ever seen in my life. When I walked in the door they were in the kitchen doing the dance, he was holding her and she was going, 'Hmmm.' And they were doing everything, and they're rocking and they're dancing and moving together. And I just quietly came in and I let them. Then she would go up and down the stairs every once in awhile, and she was going to her room and she would put on her music and relax. She didn't like laying down, she didn't like that. She was doing everything beautifully. The husband was so great! I really felt like I was intruding. And every once in awhile he would just look to me and I would say, 'Get a washcloth,' or do this or do that. And he would. They were wonderful.

Then about three-quarters of the way through the labor her sister showed up. And [the mother] said to me [whispers], 'I don't want my sister here.' I said, 'No problem.' She said, 'It's going to upset me,' because her sister had taken over the position of mother when her mother died and she didn't like that relationship. So I said, 'No problem.' So the sister came up and the sister was loud and, 'What, hey, what,' you know this kind of thing, and we just continued, and she said, 'What's going on? How come she's not in the hospital? What are we doing and what are we waiting for?' I said to her, 'As you can see, they're doing very well.' I explained to her what they were doing, in a low voice. She answered in a low voice, and she slowed down to our pace, and she went over and sat on the bed next to her sister, put her hand on her sister, and the sister accepted it, and it was good. But after awhile I could see that she didn't want the sister around, so I said, 'Why don't your sister and I go downstairs and you and your husband do your

meditation.’ That she had developed herself. I said, ‘And get back down to the basic point.’ And she said, ‘Good idea.’”

As we shall see later in this section, some fathers preferred to be involved with the family members and leave the main support role to the doula. But in this instance, Iris took over gatekeeping duties for the rest of the labor. Doulas reported that when fathers stepped into the role of the primary support person, it was often because they felt confident to do so. Doulas speculated that it might have been the presence of their doula, her indirect encouragement, or her direct communication that spurred him into that role. Delia told a very poignant story of encouraging a young man to be involved with his partner.

“I remember supporting this young girl. She had a partner, the baby’s father. Bad circumstance. The parents didn’t like him, they didn’t want any part of him there, they knew he was gonna be there. The contact that I had with him, I didn’t like him. I really didn’t like him at all. And labor began. I think it was one birth that I really didn’t quite get. Why am I here? She really doesn’t need my support. We have family support and we have good support around her. Why am I here?... I saw a young man when I got to this birth who was an outsider and this was his child. And he wanted so much to be a part of it and I saw it. The sister of the laboring mom was there taking control. I saw Grandma there taking control. And he was pushed so far out that the mercy side of me went, ‘This is not the way it’s supposed to be’. This young man is here, right now he’s here and he deserves to be a big part of the birth of his child. This girl wasn’t responding to her sister, wasn’t responding to her mother, so I just said maybe we could try a different way. And would you want to just sit there and just give me a chance. And if it doesn’t work, you guys come back in and just do what you need to do. So [Grandma] sat in a chair and said ‘Go for it’. Sister kind of looked a little ticked off, but it’s not about her. And I tried supporting Mom. I remember looking at her and seeing this wasn’t going to work with me. The person she wanted to be there with her was this boyfriend.

So I took him kind of, I steered him by the shoulders and I said, ‘Come on over here. I want you to sit on the bed, take her hand and talk to her. And this is what you need to say. ‘Now, breathe with me, you’re doing a beautiful job. I love you and I’m here.’ Eyes went wide open, she looked into his eyes, she started breathing with him. And he ended up doing most of the labor support. When he wasn’t sure he’d look back at me and I’d say, ‘You’re doing a good job, I’m really proud of you.’

At the end of that birth, Mom was of course delighted. And the family members stepped back and were just astounded. They saw a side of him that they didn't think he had in him. And I was so proud of him. I was proud of the mother but I was so proud of him. He was only sixteen.

He was out in the hallway after the birth and I think I'd gone to get a drink and come back in while everybody was settling down. He took me aside and was crying. And said, 'Nobody in my life ever did that for me, and encouraged me in that area. And thank you so much for teaching me how to do this.' And I just cried. I just cried. They went on to get married, they have a third child, and he is in the military. They're doing so well. I mean talk about a success story when you just lent some support to a young kid and I didn't like him and I didn't know what my point was. And I really had to just dig down and say, 'Hey I'm going to see you through a different set of eyes here.' And that's all he needed was somebody to believe in him. That's why I was there. That was my purpose at being at that birth."

These stories were so detailed because they were memorable and emotionally touching. Primary support by the father involved a level of physical and emotional intimacy that was unparalleled by other relationships. Because they were lovers and created this child together, there was often a bond that was palpable to the doulas who were witness to it. Teresa recalled a labor when she witnessed deep affection between a husband and wife.

"But the father was very, very emotionally involved and attached. In a manner I don't always see. So he was more intent, if she needed rubbing, whatever I was doing was great. I even offered to switch off with him. He liked the way that I was supporting her because it enabled him to hold her and kiss her and talk to her in her ear the whole time. Other than that little nap on the bed, he never wavered for a moment. He didn't want to leave her even when there was a lull. None of that ever. He was very affectionate and lots of kissing. He kissed her after every contraction. Always three or four kisses after every single contraction. Told her how great she was. When she was pushing and she was in such pain, he had tears rolling down his face and he would shake his head every time. Like, 'No, we're not going to do this, this is hurting her too much.' Like we're all being mean to her. It was sweet. He was very sweet. Very bonded to the baby from the get-go. They both were. That was one of the things that was so much fun prenatally was how excited they both were about the baby. He was helping her breastfeed. So I kind of stayed out of it as much as I could. If he knew what he was doing, which unfortunately he did not. So I helped a little bit too."

In this instance the father was affected emotionally by the pain his wife was in and allowed himself to express it. His affection and expression of vulnerability and emotion stood out to the doula, even though she had been to several hundred births. Shenise told a home birth story in which the emotional connection and intimacy between the couple was palpable and supported by the other members of the birth team. The midwife was extraordinarily empowering and cultivated the intimacy between the couple.

“So I would just hold her back cause they would dance and it was a very quiet, not many words but very intimate, just beautiful setting. Her midwife came, and her midwife really doesn’t like to do vaginal exams. So we kind of didn’t have an assessment as often as it would have happened in the hospital setting. But we kind of watched her and were gauging that she was in pretty good active labor. And they had wanted to use water so at this point I went and filled the tub. And we had a six foot tub that we set up in the baby’s room so it was really nice to kind of get the water going. And we waited a little bit longer and she kind of said, ‘Okay I want to get in the tub.’ And so they got in and her partner got in with her and they just kind of floated and cuddled and both the midwife and I sat on the outside of the tub. Each contraction she would lean forward and put her face kind of between the midwife and I. And I would hold her hands and the midwife would talk a lot and her partner would do counter pressure on her back. And I really could feel that circle of support that we surrounded her with, allowed her just to totally let go. You could just feel it and see her opening. Another hour went by in the water and she said, ‘I think I have to push.’ And so the midwife said, ‘Well, do whatever you need to do.’ And the mom said, ‘Well, where’s the baby’s head?’ And so the midwife said to her, ‘I don’t know, do you want to check?’ And the mom said, ‘You mean me?’ And the midwife said, ‘Yes.’ And it was such a wonderful moment to give the power back to the mother. That she can check, why does she need someone else to tell her where her body is? And so she just put her finger inside and only had to go in a short distance and hit that baby’s head and I’ll never forget that expression on her face. Of just the tears, the joy, the excitement, and that she discovered it herself. It was so different than someone saying, ‘You’re ten centimeters and your baby is at plus two.’ She found it out. And the best moment was her partner looked at the midwife and said, ‘Can I feel too?’ And the midwife said, ‘Well why are you looking at me? Ask your wife, it’s her body.’ So he said, ‘Honey, can I feel it?’ And she said, ‘Sure.’ He was behind her and he just kind of reached under and I realized at that point I better grab a camera. I can’t believe I missed the first moment. And I have this beautiful photograph of his face kind of embracing her and feeling his baby’s head inside. Of just, starburst kind of happening in his whole body and being.

Her partner also wanted to catch the baby. So as the head started to emerge it was just wonderful because I was able to feel her power and really connect. Again that circle of support was around her. At the same time I was able to watch and be in that unique position here to see everyone and to see the midwife holding the father's hands but allowing the father's hands to catch baby. Which was so beautiful and the baby came out. This father as he was holding his baby, a magical moment, and he was giving the feedback to her. 'Honey, I have the head, honey, I have the hand.' And of course being on all fours, she couldn't see. So having him kind of talk and explain it all. And as soon as the baby was born, I said to her, 'Why don't you turn over?' And we passed the baby through her leg and up on to her chest. And it was a really wonderful birth because the intimacy held throughout."

The story of this birth was extraordinary in many ways. But when we focus on the father, Shenise interpreted his behaviors as co-laboring. He seemed to have his own distinct and direct experience of the labor and birth, plus he had the indirect experience that was mediated by his wife's body. The doula described him as thoroughly engaged when supporting the mother, both mentally and physically. The doula felt that her role with these types of fathers was to assist them and provide secondary support.

In describing another form of relationship between doula and father, doulas described how doulas and fathers worked together to support the mother. The father was described as still fully physically and mentally engaged with the mother but he was not leading. Rather than the doula being in a supporting role, the doula described how they were both leading and following one another. There was a sense of equality in these stories. Thalia affectionately recounted a birth with a father who was initially reluctant to have her there.

"Anyway, this gal came and said that she wanted a doula. We met and she says, 'I really would like to go completely natural. I have to tell you that my husband is very reluctant. He feels as though, 'What do you need this for? We'll do it together.' She says, 'I know that he means well. I know Ricky means well, but I really wanted you.' I said, 'Is he okay with it? I could reassure you it's a two-handed job. I'm going to use him and I need him there. And if he doesn't know what to do, I'm going to help him.' He turned out to be the best labor assistant

that I ever had. I said to him, ‘Ricky, can you hop up on the bed and let your wife sit right in back of you and you hold her around?’ ‘Yeah!’ And he got right up. I said, ‘Ricky, we’re going to do the two hip squeeze. I’m going to do the right hip, you do the left, and together that’s going to ease that cramp that she gets.’ He was wonderful. He was wonderful. He touts, he thinks that doula work now is the best work in the world. He was so thrilled! They wrote me this beautiful letter. ‘Without Thalia we wouldn’t have done it. It was just wonderful.’ And I had that because of him. He was such a great help. He wasn’t threatened. He went out for twenty minutes. He took a little walk around. He also said the funniest thing to me. ‘You know once you came and you put on that music, and with the feet massage, I fell asleep in the chair. I was fine up until you came. I was alert. You almost put me to sleep.’ That was when I first came to the hospital and met her there. So he was very, very cute, and he turned out to be the biggest supporter of the doula. But he was the most reluctant.”

Less Than Full Engagement

Discomfort with providing primary support. Some fathers were emotionally supportive of their partner’s birth plan and wishes but were uncomfortable with providing her primary support. Different doulas described these circumstances in these ways:

Doris: “It may or may not be that they want him to be hands-on involved—and sometimes they articulate that—and I can do that, I can make that happen. Unless he really, really doesn’t want to. But more often he just wants to know how. And sometimes they don’t care. They’re both easy together with him maybe not doing any hands-on.”

Mia: “He was just there. He’s been a great dad and he’s a great guy, but he was not – and I guess she knew that right from the beginning that she would need someone. We all learn that. We have a lot of really great in-there dads, where they’re more doula than I am. But also the other way, where Dad’s perfectly happy to just sit in the chair.”

Marci: “It was the second baby and this is like my favorite person to birth with. She’s like totally peaceful, and I don’t know why she needed me. Just kind of held her hand, her husband was on the other side and he didn’t really want to participate on any level but he wanted to be there.”

Delia: “I was her total labor support. Her husband was there but that wasn’t his, his niche. And he was very up front to say, ‘I’ll be in and out of the room, I don’t think I can do all of this. But I’ll be there when the rubber hits the road and she’s pushing this baby out, but I may not be good support with her.’ So I was it. He’d come and go. At home he would sleep and I would labor with her through this whole birth.”

Serena: “Its just so neat to be with them. Because her husband, he has his way of dealing with it and that’s ‘let the ladies do it’. And so he’s standing at the kitchen sink and at the stove, cooking dinner for the three kids...her husband made us food. Each of our births, each of his births, their births, he’s made us breakfast or dinners and cooked for us. He was supportive in that way. Let the ladies do everything else.”

These doulas described men who wanted their wives’ needs to be met but did not desire or feel capable of meeting them themselves. Underlying these stories, doulas appeared accepting of the fathers’ way of being. That acceptance was pervasive for all fathers who were less than fully engaged. Commonly fathers were squeamish or scared of the birth process. Mia, Doris and Angela’s stories about squeamish fathers are all very similar.

Mia: “He was one of those dads that was a little bit more fearful. He didn’t really want to see the baby coming out. And so many of the dads say that but then change their mind, but he didn’t. He didn’t. And it wasn’t because he was disgusted, he just knows that he would have been really woozy, he would have passed out or something. So he was really glad I was there. He was in the chair and he was watching, but he wasn’t a big participant.”

Doris: “They told me at the very beginning, he’s very, very squeamish about anything bodily. He wants to be way back up behind her head always. May not want to see the baby being born. Neither of them felt as though that was anything to fix. And they were right. I took care that he wasn’t going to faint or whatever. It was easy because of the way we had talked about it.”

Angela: “He’s very squeamish. At the first birth, he passed out. So I guess she knew that she needed to be more connected to me than to him because she was afraid that he was going to do the same thing. He’s not one to really be a part of it but he’s there.”

Support of the fathers who did not want to see any body fluids required the doula to predict what might happen next so they could steer fathers away from certain stimuli. Doulas reported that they needed to guard what he might see, hear, or smell in order to protect his experience. This in turn, enabled such a father to remain available to support

his partner emotionally. The fathers in these stories appeared emotionally engaged to the doulas interviewed but not that physically involved.

Fear of childbirth or medical environments. Another barrier to full engagement was the father's fear of childbirth or medical environments. Marci explained, "I had a client a couple of years ago who was very dedicated to attempting an unmedicated, all natural sort of birth. She was very well prepared and real live positive energy. And her husband had very negative hospital experiences. One of the reasons they hired me was because he wasn't certain he'd be able to stay in that environment." Delia concurs. "I've been hired by dads for their wives because they're scared out of their mind and they do not want any part of their birth. They want to be there to say I love you and hold your hand and they want you to do the work." These stories seem to imply a husband who was present and calm while his wife labored with the doula. However that is not always the case, as Marci illustrated.

"This woman just was incredible. She was very independent, she didn't need me for a lot. But her husband and this sister in law were freaking out. The sister in law thought it was taking too long and the husband was just overwhelmed. If she'd have a pain, he'd be like, 'Marci get over there and do your thing, do your thing!' Give it a rest! I think if she had been there without me, maybe she would have been strong enough. But I'm sure that level of anxiety would have eventually eroded her positive spirit and positive energy."

In this instance, the doula reported that the father was very emotionally engaged with the labor but not in a way that was supportive of his wife. According to the doulas interviewed, sometimes this level of fear leads to almost complete disengagement.

Gladys shared a story of a woman who she barely knew, desperate to have a doula because of her husband's inability to support her in labor.

"She went into labor and her doula had had to fly out of town on a family emergency, and the backup doula couldn't cover when she went into labor. So

she called me, desperate. And I said—of course I wasn't prepared at all for this, so I said, "You have to give me 45 minutes to change my life, shower, and get there." So I got to her in about 45 minutes, and when I got there, her husband was standing there with sort of this deer-in-the-headlight look on his eyes, like no clue as to what to do. And she was—out of control isn't really the right word I'm looking for, but she was really afraid and tensing up and totally fearful with every single contraction. Her husband basically I think was just terrified of the whole thing. She was having trouble [urinating] at one point, which isn't unusual in labor. She said, 'As long as he's here, it's making me nervous.' You could tell he didn't really want to be there. She had a lot of family down in the family room waiting. So I asked him how he felt about going and sitting with the family for a while. He was like relieved. So she and I just worked together for a number of hours, and it was just the two of us."

Physical disability. Besides fear, another motivation for a lower level of engagement included physical disability. A person with a disability may require frequent rest breaks. In other cases, there are not many options for a good labor support position involving his wheelchair. Sometimes it is just a poor physical match, as Sonia described. "She was a large woman, and he was tiny with a bad back, bad knees, and completely—what do you call that when someone's blind but not completely blind? Legally blind. Coke-bottle-thick glasses and literally can't see across the room." Sonia said that she usually uses non-verbal signals and touch when communicating with fathers, but that did not work in this situation. She reported that she included him as much as possible, but because of his limitations he did not do much physical support.

Religious or cultural beliefs. Both Lani and Stella described how they supported parents who were Orthodox Jews. Part of their belief system, according to the doula, is that the father needs to be physically separated from the mother and not touch her. Lani describes, "They're Orthodox Jews and they're very strict. So she was wearing the thing on her head, and she kept having to tuck her hair under, she didn't want any of her hair showing. And he was singing, praying the Psalms in the corner." Stella, who is also

Jewish, said that she was very comfortable in this situation which led to feelings of affinity with this couple.

“I was joking about her husband, I mean I would have never said this at another birth. But this is how, I mean with an individual—her husband, being orthodox, could not be there with the actual birth. But he sat like behind a curtain and prayed. And we all knew he was there and everything. And at one point I said, like you remember from the Wizard of Oz, I said, ‘Pay no attention to that man behind the curtain!’ And oh, I’d never say that in other situations! [Laughs] Why some people, they’d look at me like, ‘Out of her mind!’”

At other times, the reason for a husband’s desire for less engagement is his cultural beliefs. But as has been stated previously, plans change. Sonia told this amusing story of a husband who was more involved than he ever planned to be.

“Dad was convinced that at some point his mother was going to come in and take over his role, because men just didn’t do this. It was a Russian couple; men didn’t do this. And Grandma was out in the waiting room. Finally I had to take him aside, because she would get hysterical every time he’d say, ‘Can I bring in...?’ I said, [laughs] ‘Can you please, she needs you to be here with her. She has said that. You are not apparently going to be leaving anytime soon. I’m sure if she feels the need for your mother-in-law, who she barely knows, to come in and help her, she will ask for it. But I really need you here; you can see how upset she gets when, she needs you. You’re her husband, she needs you!’ ‘Oh!’ And from that point, luckily, he didn’t say anything else about it. But he still, I think until that baby came out, thought he was not going to be there.”

As Sonia told this story, it can be seen that the father was pulled in by his partner’s need for his presence. Whatever the reason, it appeared that the fathers who were less than fully emotionally and physically engaged in supporting the laboring mother were met with acceptance by their doulas. In recounting their experiences, doulas conveyed an attitude of respect, detachment, and sometimes affection for these fathers. Such fathers were not judged negatively by the doulas interviewed but accepted fully for assessing their own abilities and seeking out a doula who could provide what they could not.

Partial Engagement

Situations in which fathers were only partially engaged with their partner's laboring were recounted with mixed responses by their doulas. Some doulas were accepting of these fathers, whereas others expressed both negative and positive emotions. Partial engagement referred to fathers who communicated some emotional connection to their laboring wife or partner through their presence, but were either intermittently or not involved emotionally in the process. As Ashley explained, "Her husband was nonexistent as far as support really—I mean physically he was absolutely there, but he doesn't have the range, he didn't have the emotional range at all to be helpful to her." Camille recounted working with two couples where she anticipated a more supportive communion between them.

"They weren't in my life for very long, but they were pretty high needs for the amount of time that they were. It was one of those things where I really sort of thought her husband—because he's sort of a sensitive, touchy-feely kind of guy—I thought he would be pretty good. And it turned out that he just kind of froze. And her parents were there from the second that she started contracting, and all this kind of stuff, and their house just wasn't a good layout to really be at home. And the husband was more with the family...When I got there I kind of realized that the husband was so involved in keeping his in-laws happy that she was kind of laboring on her own. It just sort of stayed like that from there."

"Like one [time], it was a friend who was giving birth, and her oldest son and my youngest son are the same age. Her husband had a big deal going on and he literally was out and in the bathroom on his cell phone for a lot of her labor. I know him and we're friendly and stuff. But I was so pissed at him, that I certainly didn't feel that I was able to be connected to him because I so identified and I could tell that it was very hurtful to her. So that's a situation where I know more than I would normally know about people's relationships."

As Camille recalled, the first father's energy was directed towards his in-laws rather than his wife. He was not in the room with his wife. Camille appeared to be accepting of this unanticipated level of disengagement when she told this story. But she

appeared more judgmental of the second father's behavior. Perhaps it was because she attributed the first father's behavior to some inner failing or to his focus on the demands of his wife's parents. The second father's prioritizing of his business deal over his wife's need for his presence was less acceptable to the doula interviewed. The labor cannot be delayed; the business deal might have been. Camille identified with the mother in the second story; they were friends. She was more emotionally involved and less detached from her feelings and the birth's outcomes.

Doulas indicated that sometimes husbands were only partially engaged because of their own fears and concerns that they were not able to surmount in order to be present for their wives. Serena attended a birth where the mother was a medical resident who was birthing at the hospital where she worked. The mother's father was an obstetrician and in charge of the hospital's unit. The mother's husband was a high-powered attorney, specializing in litigation. But he also had more history that lent another layer of complexity to the situation, according to the doula interviewed. Serena explained, "Further come to find that this dad had lost his mother when he was a young boy to cancer. He had horrible guilt over the fact that the last thing he said to her in an effort to get her not to die was, 'Don't you want to see your grandchildren?' And he was terrified of hospitals, terrified of them. And this was just a time bomb waiting to go off." The father's disengagement was due to his past history, his relationship with his father-in-law, and being observed in his wife's workplace.

At other times, the father's anxiety was obvious to the doulas interviewed but the reason for it was not. In Doris' story, the father was physically present and in close proximity to his wife. But his comments revealed his emotional disengagement from her.

“A husband who was driving me crazy with his behavior, because every couple minutes he’d say in a very, very nervous way, ‘You’re doing great, Hon.’ And it seemed to have nothing to do with whatever was going on; or possibly it was when she seemed to be more in distress. He would this have this automatic, ‘You’re doing great, Hon.’ And maybe touch her in a way that I just felt so strongly she didn’t want at that point.”

Lani told a story about another father who was physically present but also emotionally disengaged.

“And her husband was sort of in a different space. He was sort of in a watching space. And from across [the bed] he would watch. But he was not like right, right in it with her. He was more watching what was going on. In fact, he got wet from the water [the bag of waters broke] because that’s where he was. He was sort of like watching around at them doing everything... So then she got to fully and she pushed her baby out. She did a fabulous, amazing job. And she was a VBAC, so she was just screaming. And her husband, who was just standing there, said, “It’s a girl.” And the entire room like, the girlfriend, me, she, the husband, were like weeping, because she’s screaming, “It’s a girl?! And I pushed her out?! And she has a vagina?!” I mean she was just like beside herself to have this little girl. It was just the most beautiful thing.”

Sometimes when fathers were partially engaged they were present and available, but not perceiving correctly what the mothers needed. There was some emotional connection that the doula was striving to nurture and not interrupt. But the mother needed the doula to accurately assess her needs and meet them. Allison gave an example of this.

“She got to a place where she just wasn’t going anymore, like no more dilation happening. I wasn’t seeing the labor change emotionally or anything, and she was stuck. She started to cry a little bit. There was a nurse standing there and he [the father] goes, ‘Oh, don’t cry, honey, it’s not that bad.’ I’m thinking, ‘Oh, my God.’ So I waited for the nurse to leave. I said to her, ‘Just let the tears come. It’s okay. You need to do this to have your baby.’ And then something went off in my head, that little light bulb. I said, ‘You deserve to have this baby. You’re going to be a good mother.’ When I said, ‘You deserve to have this baby,’ she just started sobbing. I thought, ‘Aha. She’s not done grieving for those abortions.’”

Complete Disengagement

In the last situation described by doula, the father appeared completely disengaged from a supportive role. According to the doula interviewed, this may occur because he is not present or has a mental condition that preoccupies his emotional state.

There were two examples:

Eve: “She called me, I believe it was like 6:00 in the morning, and said she was in the hospital and her water had broken and would I come? So I went there, and she was all alone. He dropped her off. [Laughs]...I was there with her alone for a long time. I would say sometime late that afternoon her mom finally showed up, but her mom was out of town or something like that.”

Lani: “The husband was really, really, really wacky. He was sick; abusive, sick. He threw a chair in the middle of the birth at the hospital. He was crazy...I mean, there have been difficult people that I’ve worked with, and you just get, you just do it; you just get through it and you move on.”

Eve’s laughter seemed to be a result of her discomfort when discussing this situation. The mother’s boyfriend had dropped the mother off at the hospital and did not call to inquire about her welfare for the next day and a half. It was difficult for Eve to know that her client was involved with someone who showed little care for her welfare. So she laughed anxiously, as if to cover her sadness. In Lani’s example, Lani wanted to leave the hospital to get away from the father. She hoped that either she or he would get kicked out. However she did not want to leave the mother without any support. Nor did she want to say anything and make herself a target. In both of these examples, the doula had their own feelings generated by their need to cope with a difficult situation. They seemed to mask their feelings in order to effectively support the mother through labor. The doula felt that she needed to be fully engaged with the mother in order to make up for the lack of a partner or family member.

“Doulaing the Dad”

To “doula a father” was to direct actions towards him that were primarily for the benefit of his emotional well-being. This section will explore the doulas’ reports of their support activities involved in “doulaing the dad.” These activities were categorized into four groups that reflected different purposes: providing emotional reassurance; accepting the father’s emotions without judgment; facilitating his involvement; and giving breaks at opportune times. However, these categories were not mutually exclusive, as the doula’s actions often accomplished multiple purposes. These support activities also utilized some of the same emotional support strategies that were directed towards mothers: reassurance, encouragement, explaining, accepting, reinforcing, and reframing. Allison introduced these ideas: “Half the time you’re doulaing the dad as much as you are the mother. Helping them not be afraid and to participate, and to tell them that they can participate when they didn’t realize they could do certain things, and stuff like that.”

Carmen said, “Sometimes it’s about bringing the partner in and sharing things, the duties. Other times it’s about normalizing things for the partner. Other times it’s about just being, supporting the partner so they can be the primary support person. How the partner wants to be.” In these ways, the doula perceived herself as working as a guide for labor, taking her cues from the father to meet his needs.

Providing Emotional Reassurance

Doulas indicated that they provided emotional reassurance by explaining and normalizing the birth experience for fathers. In their role as labor guide, doulas reported that they shared information about usual occurrences and circumstances.

Marci: “[When] she made noises I could go and say to him, ‘I know that it sounds like she’s really struggling but she’s doing such a wonderful job. This is her way of directing the energy’, and that kind of stuff. So I kind of modified the atmosphere.”

Sonia: “Usually the Dads are asking and you’re saying, ‘Yeah, really this is fine, this is absolutely normal.’ Or, ‘You can see what I mean now. Remember I told you that she would change in labor? This is that change. Isn’t it beautiful? Like doesn’t she look,’ and just providing that kind of calm reassurance.”

Sonia: “Dad said afterwards, ‘Were you telling the truth or were you lying to me when you said that this was really one of the hardest kind of labors to have?’ I said, ‘No, this is really one of the hardest kind. [Laughs] You don’t have to have any issues about her choosing pain medication. This was really tough.’ We talked about that baby being right against her spine and whatnot.”

Allison’s example about an infant warmer appears to be only information but it serves a dual purpose of reassuring the father. His baby was healthy and will be returned to him soon.

“You know, it’s a little counterintuitive, but that’s how they do it,’ and I said, ‘Look at the temperature. When it reaches 37 you can have your baby back.’ He said, ‘Oh, it’s 36.5.’ I said, ‘Yeah, just wait here. As soon as it gets to 37, start knocking on the glass.’ He said, ‘Oh, okay.’ So he had something to do.”

Doulas reported that sometimes they offered emotional reassurance through touch rather than words. Doris used the word “easeful” which sounds like another form of reassurance.

Doris: “I’m aware of him. And a great thing about my age, 59, I can touch him without there being any garbage, complication. And I don’t a lot, but I put a hand on the middle of his back, or do the shoulders a little. I’m watching him, and if...many times, feedback I’ve gotten, gratitude is for how—from her—how I made it easy for him. Easeful—not easy.”

All of these doulas mentioned different strategies designed to calm the male partner’s overt and unexpressed concerns about their partners during normal labor. Doulas also told stories about reassuring men during challenging or difficult labors. In Eve’s account, it was possible to discern the reassurance, explaining, and accepting strategies of emotional support.

“I’ve held dads, hugged dads when we’ve labored for awhile and it winds up that there’s going to be a cesarean birth. I’ve had a couple of dads who have actually started to cry and I’ve taken them to the bathroom and say, ‘It’s okay. We’re not in any really bad danger, but this baby’s just not going to come out the right way it’s supposed to.’”

Accepting The Father’s Emotions Without Judgment

Underlying Eve’s account was an acceptance and acknowledgement of men’s vulnerability and fears. Many men appeared to feel strong emotions during labor, and the doula’s response seemed to facilitate their experience. Tierney felt it was important to accept the father’s emotions without judging him for what he feels.

“When I sense from them that they’re feeling emotionally overwhelmed, checking in with them and giving them the space to experience this birth as their own as well. And not that they have to have all the pressure and be the coach and be this and be that, but...we talk about that a lot prenatally, that that’s okay for him; just as she’s going to experience the birth in her way, he’s going to experience the birth in his way, and how can we all work together.”

Sonia echoed Tierney’s sentiment that men experience birth in their own way, and went on to say that it was important to keep his confidence and allow him to mention his emotions to his wife.

“I’ve had more Dads cry; it’s been another, it’s another Sonia trait. I seem to bring it out in men. They’ll come out of the shower, into the room, bawl hysterically for three minutes, pull themselves back together, and go back in the shower. And it’s one of those things I never mention again, they never mention again. I’m sure their wife never knows. And it’s just one of those things of, just being able to be there as this really neutral party who’s not in the thick of it, who’s not going to tell anybody anything again.”

According to the doulas interviewed, being respectful and neutral towards men’s emotions seemed to be an important part of doulaing fathers. In Iris’ story, her words seemed to help keep a father from embarrassment toward his physical response to a quick labor. She framed her response with his emotional well-being in mind.

“I came around and I could see the husband was white as a sheet, clammy, sweating. I said, ‘Why don’t you have a seat?’ He started to do this, you know, and the nurses caught him and they set him down. And I said, ‘Yeah, I know what you’re feeling. This is quite a shock. You’re a father all of a sudden.’ I was trying to help him save face because here he was a doctor and he was passing out, you know. He goes, ‘Yeah. Yeah, it is. That’s it, it’s a shock.’”

Several times doulas mentioned fathers having difficult times with challenging labors or medical problems. However, the most poignant time sometimes was when a mother needed an emergency cesarean section. In these circumstances, the father was not allowed into the surgical area. Angela shared two of these stories.

“There was a time when a mom had to be rushed into an emergency cesarean and he wasn’t allowed in the room so I stayed with him the whole time. And just kept on telling him why this might happen and what they think might be going on and that she’s safe. Otherwise, he’d be in the room all by himself and they aren’t going to let other family members come into the room because he’s sitting there. So it was good, that allowed him - he cried, he hugged me. He just needed to release all of those things. And had he been alone, who knows how he would have handled that by himself.”

“She was a VBAC [vaginal birth after previous cesarean] and she was doing perfectly wonderful until they tried to give her pitocin and then [the baby’s heart rate] started to decel and she started to get a lot of pain. So they would take the pitocin off and everything would be fine. But the contractions were far apart and they thought that they needed to do something to hurry up the labor. Every time they put on the pitocin the baby’s heartbeat would decel. They were just going to do a regular cesarean but they couldn’t get the epidural to work and she had a latex allergy and they didn’t have any of the equipment for the teeth and stuff that didn’t have latex, or the tube that went in or something. I can’t remember what it was but they didn’t have the right thing. So then they had to quickly put her under before her pressure started to really rise. They would come back and say, ‘No, I’m sorry, you can’t go in. We have an emergency birth.’ And there really wasn’t anything really majorly wrong with the baby because every time the pitocin came off it was fine. But I think that was the biggest - because just to see him cry. He needed to release so much, being left all alone has got to be so scary. So when you think about all the men that are in there that don’t have anybody when a situation like that comes up. I’m sure they have a lot of processing to do too, but they don’t have anybody to talk to about it. And then it’s hard because she really had a hard time adjusting to the fact that she had another cesarean.”

According to the doula interviewed, sometimes acceptance of the father's emotions was not sufficient to doula him effectively. In the next examples, each doula described herself as being actively involved in redirecting the father's emotional state. In the first example, Marci reframed the father's point of view, offering him another possibility.

“Her progress was slow. So then they talked about starting Pitocin. The husband was getting, he was having a really difficult time by now. He was real tired and said, ‘What’s the point of doing Pitocin, we’re just going to end up with a cesarean anyway.’ Just started getting really angry and agitated, and I talked to him and I said to him, ‘You know sometimes you just need to increase the strength a little bit. She’s fairly comfortable now, try a little bit of Pitocin. It may not take much but you may not have to have a cesarean. Don’t give up at this point. Give it a chance and see how it works. The doctor is watching the baby, the baby has been doing fine. Let’s give it a chance. Get her comfortable.’ So we got her comfort level up. Then they added the Pitocin. Despite everyone, at this point everyone except me had given up. Then she was completely dilated. I’m like yeah! Then they kind of got reenergized.”

Ashley had to help a father who was upset with the midwife to get over his anger. She actively redirected him towards the main purpose of getting through the birth.

“There was an incident with the husband right before we started to do the pushing. He walked out and he had said something to [the midwife] in passing about, ‘Oh, I want you to let the cord drain or something before you cut,’ and she had apparently turned to him and said something very caustic, ‘Look! This is the way we’re going to do it. We’re going to do it like this, and do it like this, and that’s it!’ And he came into the room and he was livid. ‘How dare her!’ I’m like, ‘Whoa, what? No, no.’ I went, ‘Joe, no, no, no, not now, no. Whatever it is, Joe. Just, you’ve got to let it go.’ Because we’re pushing. I’m like, ‘No, Joe. I know. I know. She’s hard. But just, whatever it is.’ Because he was like really upset.”

In each example, the doula reported that she acknowledged the father's feeling and concern, but then refocused him towards the activity of laboring. Marci and Ashley directed each father toward the immediate need, explaining what needed to be done and facilitating their involvement.

Facilitating Paternal Involvement

A main activity of doulaing fathers described by doulas was facilitating their involvement in labor support. Doulas felt that getting fathers to participate comfortably was more of an emotional task than a physical one. Based on the doulas' stories and examples, it seemed to take a deft touch and often subtle communication skills for a doula to find an effective way to get fathers involved in labor support activities. The doula's strategies ranged from more subtle to very direct. Teresa reported that she begins with creating an atmosphere that she thinks will be soothing for both mothers and fathers, with the idea that this will ease tension and encourage the connection between them.

“When you have a nice atmosphere in the room and you've got the lights dim and the music playing and it smells good and its very soothing and relaxing with the massage, I really do think it helps her to let go in a very strange surrounding that's not very relaxing to most people, including me. I think it's just as much for her husband as much as it is for her as well. Because I think he is a little bit intimidated in that setting. And it's also trying to keep it comfortable for him. As comfortable as she'll let him be [laughs]!”

The next strategy doulas employed was to model appropriate behavior. Teresa said that this was an extremely important function to her. In this way, she could indirectly let men know what was expected of them and how to respond to a laboring mother.

“For some guys, you know, they're bored or they're not used to, they're not on the same page always because they haven't done this yet. So they're wanting to talk too much or they're not focused on her the same way. So to me its part of preserving what I have with her is making sure he's in tune to what's going on with her. So to me, part of my job is mirroring appropriate supportive behavior towards her. And that's with the tone of voice that I'll use in the room, I talk very quietly. I don't talk about her in front of her and act like, talk about her in the third person like she's not with us. Like we're a team, we're a tight knit group together kind of an atmosphere. But always keeping him as involved as possible. But to me, and I hate to say the word appropriate because it sounds like I'm judging, like he's not helping right. Because obviously there are so many

different situations in births where what he's doing is exactly what she needs. You know, his sense of humor, his whatever.”

So Teresa appeared to encourage involvement by modeling effective support, including her tone of voice, how and what she talked about, and creating a sense of everyone being in tune with one another. Angela utilized the same strategy to shrug off rejection when the mother did not like her touch.

“Every time we would touch her she would... ‘No no no, don't touch me’, and put up her hand. ‘Don't touch me.’ So yeah, I have to be a different doula in order to do that and not be offended that she doesn't want me to touch her. Whereas if it were her husband, he would be very hurt and very upset about that. And there's another example where labor support is so beneficial to the dads as well as the moms. Because they would probably feel hurt and disappointed that their wife doesn't want them to touch them. But for me, it's no big deal.”

By modeling appropriate supportive behavior and having a welcoming attitude, these doulas seemed to create an opportunity for fathers so that they could comfortably become more fully engaged with labor support. Without being explicitly instructed, fathers could step in and follow what their doula was doing. Another strategy doulas utilized was indirectly inviting fathers to participate more. Carmen reported that she used this indirect strategy by asking the mother how she felt about the father's participation level. Each time, she left it up to the mother to decide what she wanted. In this way, Carmen may have acted as a prompt.

“I noticed that he wasn't participating quite the way they had talked about him participating prenatally. I said, ‘Is this okay with you?’ She would say yes at the time, but then I would notice just a few minutes later she would bring him over. She would say, ‘I need you to push, she can't push on my back the way I need you to push on my back.’ So it was almost like the fact that I even brought it up. Even though she said it was okay, it made her think twice about pulling him back in to the scene.”

Sonia indicated that her first indirect strategy was to do an assessment and then share that information with the father. She then collaborated with him on ways to best

support the mother. Once he had participated in the problem solving and strategizing process, Sonia felt that he was more likely to feel comfortable being more engaged with supporting the mother.

“Letting go of her face, and really having my hands on her body, and giving her some of my calmer energy, and really letting that stabilize, and getting her into a more comfortable position; figuring out, where is the baby, what’s going on for them, so I can figure out: Do they need cold? Do they need hot? Do they need pressure here? Do they need me to rub their feet? What’s going to help them get into something? And then sharing it with Dad.”

Sonia’s said that her second strategy was to utilize Dad as a restful element with mom. She mentioned “just leave them there” in a peaceful environment so they can create an important memory of their labor. This was an indirect strategy of facilitating paternal involvement because Sonia soothed the mother as best she could and then gently left them alone.

“So if Mom thinks she can be restful and we can get Mom into the tub, into the shower, bring down the energy, and get her with three hundred pillows into bed, and get Dad into doing something restful with her—sometimes I’ll even just try to leave them there and let them have some of those intimate moments that they’re going to remember about how they were together in an intimate way at their birth.”

At other times, doulas gave examples of actively encouraging fathers to be more involved. Sonia said, “I think with dads, it’s a lot of really just keeping them busy.” Eve said, “I always tell my male partners that they have a whole lot more strength than I do, so I need them there to hold them or do certain pressures on the back and stuff like that. That that’s what men are there for, I need them for their power and physical strength.” Eve framed the man’s presence as necessary, that he can do support in a way that she cannot. She saw him as vital to the mother’s successful coping. Angela gave a specific

example of utilizing the father's strength that also established his intimate involvement with support.

“She says, ‘I just wish there was a chandelier in the middle of the room so I could just hang from it!’ And so with that I said ‘Great!’ I’m shorter than her, [Mom] is six foot, so I said, ‘Great! [Dad], you step up on the stool. [Mom], you hold on to his back and you just hang.’ And it worked great, but that’s just following by leading because she had the urge to do that so, we did that. Every contraction, that’s what she would do. She would sit down and then he would come, she would stand up, he would stand on the stool, she would hang from him and I would massage her back.”

Regina had a different style and appeared to be more subtle in her approach. “A lot of times what I do with partners is I’ll signal them silently and take their hands and put them where mine would be. And I put my hands on top and give the kind of pressure that I need to give.” Rather than using words, she reported that she used her smile to encourage and her hands to teach. Other doulas also mentioned using touch rather than words to communicate during labor. During our interviews, there were side comments about how little they talk during labor. They talked prenatally about what was important, so their words were more powerful during labor. Both Sonia and Colleen discussed this.

Sonia: “I kick under the - [laughs], a kick, a nudge, a glare, raising eyebrows and looking at the clock if I want them to ask, ‘When will you, how long do we need to, until what time does she need to be on the monitor?’ You know, those kinds of questions. Or I’ll say, ‘Oh,’—, some kind of a nudge to Dad to get him to remember what he’s supposed to.”

Colleen: “When I meet with them ahead of time too, I also suggest to them that they spend some time together talking about what would she like to hear him say during labor. He can write the stuff down because he’s not going to remember it later. You know, take some notes and write down some things that—because women don’t want their husbands to say, ‘You’re doing fine, honey. You’re doing great. You’re doing great.’ ‘No, I’m not! You don’t know anything about it!’ Because that’s about the only thing they can think of, ‘You’re doing great.’ So we kind of diverge from that and think of other things that they might be able to say too.”

Colleen discussed using prenatal time to plan what to say during labor. In this way, she felt that she actively encouraged the father to be more involved but did not tell him exactly what to do. She said that she avoided having to redirect the typical phrase of “you’re doing great” during labor. Colleen prompted the father to offer verbal praise and encouragement as the mother became more seriously focused. Sonia indicated that she also prepared fathers prenatally to seek information and advocate for mothers. Then during labor she subtly reminded him of these responsibilities. This was actively encouraging involvement but it was not yet directive. Being directive was the last method of facilitating involvement. Colleen explained it clearly, “If it’s a guy that’s kind of at a loss as to what to do and is nervous and concerned, then I give him specific things that he can do. I’ll show him ways to rub her back or use this kind of effleurage type of thing, or to rub her feet.” Angela elaborated on why she felt that this was effective.

“Okay dad, why don’t you get that face cloth over there and put some cool water on it? And they feel so good by actually being able to do something constructive instead of being yelled at for doing the wrong thing. You know, massaging, hip squeeze, getting that going and things.”

Doulas reported that giving fathers specific directions was helpful when fathers felt nervous, were not certain what to do, could not seem to find the right touch or words on their own, or a situation arose they were not prepared for. As Angela mentioned, she redirected the father’s efforts to an action that she was certain the mother would like or that did not directly affect her. At that time, the father needed to feel good about his involvement, so that he would not withdraw or view himself as a poor labor partner. There was one more circumstance in which dictating the father’s activity was advised, according to these doulas. When a father seemed unprepared for a situation, he would

look to the doula for a cue. Ashley gave an example of this in her story about a baby who was born with thick meconium and was suctioned deeply before taking his first breath.

“I had my wits about me enough to say to the husband, ‘You go over to the warming table, go stay with the baby. I’m with her. She’s fine. She just tore a little bit.’ I’m with the mom and I’m like, ‘Listen, the baby is crying, the baby is great. Listen to this.’ The father is over there and I told him, like I always do, I said, ‘Talk to the baby,’ because you’re the one voice the baby recognizes. He needs to know that everything is okay. So you talk to him.’ And the baby did, you could tell, the baby stopped and was looking over. It was so wonderful!”

According to the doulas interviewed, facilitating the father’s involvement in labor support was a major purpose for a doula whenever a father was present. Doulas reported that they took into account his prenatally expressed preferences and his displayed level of engagement as the labor unfolded. Doulas indicated that they matched their strategies towards the individual man and the labor events. Emotional support activities were interlaced with facilitating involvement strategies; the separation of the two is an artificial construction of the analytic research process. Rereading the excerpts in this section with that in mind, the doula’s actions can be perceived for the benefit of his emotional experience and well-being, which is how “doulaing the dad” was initially defined.

Giving Breaks At Opportune Times

The last category of doula support was instrumental as well as emotionally supportive. The presence of a doula allowed a father to eat, rest, visit with relatives, refresh himself, or escape from the demands of labor support for a while. Sometimes it was the doula who recognized that the father needed a break. Other times it was the father’s main reason for hiring a doula.

Gladys: “After I finally got her calm, her husband’s still sort of standing there dazed. I asked him when the last time was he ate or drank anything. He said, ‘Oh, sometime last night.’ This is now 9:30 in the morning. So I asked her if she

would be comfortable if he left for breakfast. She said yes, so I sent him to get something to eat and I got her in the shower.”

Allison: “So I got there and she’s on her side and she’s got her epidural, and she’s smiling and she’s watching her show. And her husband is there. His big thing is, ‘Yay, you’re here, I can go eat.’ I said, ‘Bye. Go eat.’”

In both of these examples, it appeared to be a natural time for the father to leave and take care of his needs. In Allison’s example, the mother was settled with her epidural and resting. In Gladys’ example, the mother was calmed down and coping well. Finding the right time for a father to leave was an important part of the process of giving a break.

Sonia: “Dad will say to me, ‘I need to go. I’m going to [facial expression].’ ‘Well, you know what? I think we could really use some cups of ice. Here Bob, can you go out and get us some cups of ice?’ I try to talk to Dad alone at least once, to be able to give him, ‘If you need [to leave] it’s really okay. I need you to be communicating with me too. If you need a break, we’ll find some way of getting you a break. I’ll have you do something for me, whatever it is, so that it makes sense. So you’re not going to hear any stories of Mom saying Dad left the room at an inopportune moment.’”

In this way Sonia’s care of the father appeared protective of him and of the couple’s relationship. In her example, she described how she had power to influence their memories. Through her understanding of labor and the hospital’s routine, she could help select the appropriate timing for his break. In these examples, the emotional support strategies were also clearly seen. Doulas reported that they respected the father’s needs, reassured him that they were normal and the mother would be alright, and reinforced his desire to take care of himself.

Doulaing the father was an important function of doula care. It involves some of the same emotional support strategies applied to mothers in labor (Gilliland, 2004), all directed towards increasing his emotional well-being. These examples showed doulas employing acceptance, reassurance, encouragement, explaining, reframing, and

reinforcement in their support of fathers. Four key purposes of doulaing the father emerged from the analysis, although these seemed to be artificial distinctions at times. There was a great deal of overlap between each category. A more functional application of these ideas is to think of these activities as having a primary purpose as well as secondary and possibly tertiary purposes. For example, in primarily providing emotional reassurance, the doula also accepted the father's emotions without judgment. By facilitating the father's involvement, she also provided reassurance and accepted his emotions. When giving a break at an opportune time, doulas may also reassure fathers and accept their need for relief.

Father's Unique Contributions to Labor Support

Earlier in this chapter, doulas stated their perceptions that part of their role was to honor and nurture the parents' unique relationship with each other. Doulas recognized that fathers made a unique contribution to the mother's laboring that the doula cannot imitate. On the surface these contributions might seem like simple support actions. Instead, they were snapshots that revealed the essence of a couple's loving relationship. In the first story, Eve showed respect for a couple's need to be alone together and protectively stayed outside their door to ensure their privacy.

“They were talking and it looked like they needed special time so I told the nurses, ‘Let's leave them alone for a little while.’ So they had a little quiet time, personal time. They wanted a hug and whatever, and that was fine, so I told them, ‘Let's give them some time.’”

Privacy may not seem like an unusual thing for couples to ask for in labor.

However, it is unusual for several reasons. If the mother had a labor ritual that incorporated the doula, she would not want the doula to leave the room. But the doula sometimes granted a couple visual privacy by distancing herself between contractions.

Second, hospitals run on their own schedule and are not based on a patient's needs. If a doula was not present, any staff member can enter a patient's room at any time. When couples request private time, doulas needed to remain posted at the door(s) to explain and remind staff of the couple's wishes.

According to the doulas interviewed, fathers also brought their unique understanding of what their partners needed in times of distress. Doulas remembered fathers who used prayer, affection, and humor.

Ashley: "The husband was so cool. They're Christian, very Christian, he got—she was asleep at this point, or resting, and I guess the epidural had—I forget at what point. He went up to his wife and put his hand on her head and started to pray. I was like, this is so good."

Teresa: "He liked the way that I was supporting her because it enabled him to hold her and kiss her and talk to her in her ear the whole time. Other than that little nap on the bed, he never wavered for a moment. He didn't want to leave her even when there was a lull. None of that ever. He was very affectionate and lots of kissing. He kissed her after every contraction. Always three or four kisses after every single contraction. Told her how great she was."

Stella: "Once she got the epidural, she didn't stop talking. She didn't stop talking. And then her husband came in, he was a tall, skinny guy, and she said, 'Do your Jerry Lewis imitation.' So he's doing his Jerry Lewis imitation. It was precious."

In a previous section in this chapter, Doris mentioned that she asked parents to share the stories of when they first met and when they knew they were in love. Several doulas stated that they also used this technique. "We always save how they met and how they first fell in love and all that kind of thing, we always save as labor stories," said Sonia. Angela recalled what it was like for her when a man was very engaged with supporting his wife, and how she incorporated that into her labor support repertoire.

"He would bring up stories of things that they did together in their life. Now they had a nine-year-old son and then this newborn and they had a lot of fertility problems in between. But they've done a lot of things in their life and he would, 'Remember the time we went to Paris and we were under the stars', whatever the

story for them. All the things they did in their lives is what he would talk about. And yeah...you know what, for a long time there, I just sat there and didn't do anything but massage her feet and do gentle touch so she knew I was there. And then later when I was needed more then I got involved more...but it's not...I'm not, its not my place to jump in...and I can't tell her stories of things that they've done...I have no idea what she's done...so I find that yeah, if sitting there and doing nothing is what they need, then I'll sit there and do nothing for a while.”

Seen through Angela's eyes, storytelling seemed to provide continuity and a unique backdrop for this mother's labor. Angela's role was to stay on the periphery and not interfere with their connection. This father's reminders of their shared history revealed his bond with his wife and his special feelings toward her. In these ways, fathers' actions symbolized their deep affection and concern for their partners. Lani told a story that was revealing in a similar manner. Some doulas had mothers use a code word if they truly wanted pain medication.

“He chose the code word for this woman and it was, ‘Joan of Arc.’ The reason he chose Joan of Arc is because she was a VBAC, and he wanted her to know that even if she decided that she needed medication, that she was still a strong woman. And I loved that, it was very cool, because she was very afraid that he would think that she was weak if she went the epidural route.”

All of these stories were memorable to the doulas because of the unique and special contribution fathers made to labor support. Throughout the chapter, little things were mentioned that fathers do – a kiss, a joke, a touch that reassures and relaxes a tense mother. But these actions stood out in the doula's memories as unusual or extraordinary, and as gifts.

Conclusion

Doulaing fathers did not follow a set recipe, as described by doulas. Father involvement appeared to be a dynamic mix between the father, his needs, history and level of engagement; and the doula, her attitudes and abilities. Doulas said that they

needed to be perceptive, adaptable, and supportive of many types of people and behaviors in a variety of circumstances. By accepting the father's responses without judgment, providing reassurance, and facilitating his involvement, doulas felt that they moderated the father's experience of the labor. How he saw himself as a father and a partner was likely influenced by her perception of him and her responses to that unique situation. Doulas recognized the father's unique contributions to his wife or partner's coping and enhanced that through her own attitudes and behaviors.

Doulas saw themselves as complementing a couple and their relationship dynamic. They wanted to build a relationship with the father as well as the mother so that each would be supported in their experience of birth. Based on what the mother wanted from the father and how the father wanted to be involved, doulas shifted their behaviors to complement these needs. They felt this was their primary role, to support their relationship and make sure her involvement reflected their dynamic. The doula's next concern was to serve as a labor guide, facilitating their experience and preserving the essence of what they indicated prenatally as their priorities. Doulas also served in a caretaking role for men during labor; which was especially important when their wives usually took on this task in their relationship. Lastly, doulas saw themselves as impacting a couple's relationship as well as their birth experience. Some doulas told powerful stories about how they recognized their own capacity to influence how people viewed and interacted with each other. They appreciated more fully the vulnerability of the parents they served.

Based on their experiences with families, doula told stories of different kinds of paternal behaviors. Many doulas had developed ideas about fathers' needs and

capabilities. Men were seen as partners, protectors, and constrained by their gender role and conditioning. Fathers also had different levels of engagement. From their stories four levels of physical and emotional engagement were perceived. Some were fully engaged, less than fully engaged, or only partially engaged; and a small minority were completely disengaged. Each of these paternal roles and levels of engagement demanded different behaviors from the doula. Doulas mentioned prenatal plans going awry or men behaving in unexpected ways. Any plans the doula made for her involvement were tentative; the reality of the labor situation may have changed her preconceived ideas. What these stories told us is that doula care of fathers was an intricate task. Developing skills in communication and understanding men's needs was important to serving them effectively.

Fathers and Doulas: Through the Eyes of Mothers

In examining the relationships between fathers and doulas at birth, it was impossible to separate out the influence of the laboring mother on that relationship. She was the center of all activity and emotional concern. The mother was actively laboring and in an altered state of consciousness because of the hormonal changes and activities of labor. Yet omitting her perceptions of what was occurring between her husband or partner and her doula would leave this exploration incomplete. In this next section, the mother's narratives of their birth stories were analyzed for any content about their husband or partner. Mothers were asked specifically to comment on how their doula and male partner interacted, but the length of their responses varied a great deal.

This section begins with two original themes found in the mother's birth narratives. The next section examines the sections of their stories that directly related to

the doula originated concepts. Lastly, a negative case analysis of a mother whose husband had primarily a negative experience of their doula is examined.

Original Themes

Two original themes emerged that were not present in the analysis of doula interviews. The first theme was that mothers perceived that the presence of the doula gave the couple power that they would not have had without her presence. Georgia articulated this concept.

“But he didn’t know all the stuff she knew. I would not have been comfortable with only him. I mean he was great for a husband, but I just felt like everything that was happening, like I know I would have been so anxious and felt so powerless when people would come in and just say all this dumb stuff. The one thing he could say was, ‘Hey, you didn’t look at our birth plan, you’re not supposed to be offering drugs.’ But everything else that was going on, he didn’t know the answers to it. He didn’t know what the equipment was or what the drugs were or anything...I would say it was like a peace or a trust or, I mean I felt very trusting of her, and I felt more in control, like I had more, like I wasn’t scared of becoming – I mean I don’t know if I felt powerful per se, but I felt like my power wasn’t going to be taken away from me. And I felt like whatever happened I could ask her, and that she was like a strength or something for me.”

Georgia used the word “power” three times: “I would have felt so powerless”, “I don’t know if I felt powerful per se”, and “I felt like my power wasn’t going to be taken away from me”. In the vulnerable state of labor and in an antagonistic relationship with the hospital’s standard protocols of interventions, having a doula appeared to give Georgia more feelings of control over her labor. She seemed to trust that the events of labor would unfold with her and her husband’s active participation rather than passively to her. Natalie was another mother who preferred to have an unmedicated labor with few interventions. She felt their doula served a gatekeeping function as discussed in the advocacy chapter.

“And just knowing she was there and I just felt good having her there because I don’t really trust doctors or the whole like hospital environment. I think also having her there kept the nurses from offering drugs and they’re being in [the room] too much, they just kind of monitored things.”

Natalie did not use the word power in her narrative, but “felt good” implies something more than reassurance. She attributed her doula’s presence to keeping the nurses and doctors out of the room, which revealed some imbued power.

The second original theme was that husbands were caught up in their own emotions and could not focus on accomplishing the task at hand; the doula could be trusted to do this. Jeanne felt this occurred as she was pushing her baby out. She needed to stop pushing and breathe through the contractions, allowing the baby to emerge slowly.

“Bless my husband, I know he wouldn’t have been able, he wouldn’t have even known to talk to me at that point to try to get me to hold back, in a calmed sort of way; to be present in the moment and find a calm place with holding things back. He’d be like, ‘Don’t push! Don’t blah blah blah!’ You know. Just, bless his soul, but I just don’t think that comes, that’s not something that they think about.”

Jessie revealed similar thoughts about second stage labor. Even though her husband had been involved in supporting her, she did not feel she could count on him because of his own emotional state.

“He was not helpful, in any sense. I mean he was really happy. He was really happy; I mean he loved the intensity. He loved the intensity. And I knew he loved the intensity. I was really glad that he was there watching this intense moment. I thought that was really cool to share. He’s there to share all this intensity. That’s really cool and I was glad for that. But as far as supporting me emotionally, no.”

In this second theme, mothers felt that fathers were having their own emotional experience of their child being born. They were seen as caught up in the moment. It is important to recall that many parents hired a doula so that he would be free to do so.

Doula's Role

Overall, the mothers' memories of their doula's behavior confirmed the doulas' perceptions of their role. Doulas were seen as building a relationship with the father based on the couple's dynamic and the needs and wants of both the mother and the father. They were also seen as having served as labor guides, and as having a long term impact on the couple.

Building a relationship with the father. All of the mothers discussed how their doula built a relationship with them. For many, building the relationship with the father was seen as occurring simultaneously. It depended on the mother's needs. For example, Melissa expressed that she had wanted a companion, someone who would listen to her feelings during her pregnancy as well as assist in labor. She saw her boyfriend as less engaged in the pregnancy and felt he would behave similarly when it came time to do labor support. By the time labor began, her doula knew Melissa much better than she did Melissa's boyfriend. Other couples met their doula at an open house event or as their childbirth class instructor. They started out as a couple seeking support from the very beginning. Gail spoke about the transition her husband, Howie, made. Her comments were very similar to those of two other mothers in the sample who took birth classes from their doula, but her's were the most articulate and complete.

“And we knew we wanted to have a doula because Howie was much more nervous initially about having a baby, about the birth and all. Just very tense and he imagined himself smoking in the hospital lobby and pacing and things like that. But he really, really bonded with Beverly, so we were pretty sure pretty quickly that we would like to ask her to be our doula. So we did. So she was in the picture, and the classes really helped Howie to become very excited about having [the baby] and interested in helping me. And he really, I mean he'd been reading, and made a completely 180 degree turn, to really want, be excited about it. He's going, 'I think this is going to be fun!' And I said, 'Boy, honey... I don't know if fun is the word.' But he was very excited about it.”

Some parents did not feel 100% positive about their doula from their prenatal visits. Moira explained her and her husband's concerns.

“When she was here with us, we both felt like she talked a lot, she didn't listen enough. Like I was telling her about my ideal birth and she kept interrupting. And so we went into it thinking, ‘This could be great, but it will probably be good.’ But it turned out to be better than we thought, our connection with her. So the pre-meetings we weren't like totally feeling connected or good. So I don't think we really trusted her until she came over that night and just was a big help and really great.”

Complementing father's involvement. The next category that doulas perceived as part of their role was to complement the father's involvement based on his previously expressed wishes and his behavior during labor. In order to be effective at this endeavor, it was assessed that the doula needed to accurately perceive the separate desires of the mother and the father, their dynamic as a couple, and the events of the labor. It was also perceived that the doula's first allegiance was to meet the mother's needs, and she also wanted to enhance the couple's long term relationship. Matching her skills to the individual circumstances presented by a couple made every labor and birth unique. Different mothers expressed that they wanted different things from their doulas. For example, some mothers knew prenatally that their husband or partner would be less than fully engaged during labor. Alicia was very clear about this.

“I didn't know that he wouldn't be there for me because it was something that was [going to be] such a positive experience. But I knew how he was when I was sick, and so I thought, ‘You know, there's a good chance.’ But I have always been very afraid of the whole like childbirth pain, all that kind of stuff. So I wanted a doula the first time I ever heard of one. And then it just turned out to be a really good thing to have because of the person I'm married to also. Like I said, he was a first time Dad too, he'd never been through it before and all that...He's like, ‘Oh, my God, you're the one who's in control. I can't like function if you're not like in control.”

Keiko did not want her husband to have an active coaching role. She wanted his presence and support. “A more experienced, or an experienced woman leading me through it. Because I really felt led. I felt led through the entire time. And that’s what I wanted. Exactly what I wanted.” Georgia had projected that her husband would be fully engaged in their labor support but not capable of providing everything they might need.

“He just kept doing all his Bradley stuff being like, ‘Oh, no, you don’t, you’re fine, you’re doing great,’ whatever. Which would work for several contractions, sometimes because I couldn’t talk in between them. But then finally I was like, ‘No, you have to go get Peggy and bring her in her and ask her.’ And so he brought her in and she just came in and said, ‘All the drugs that there are still out on the table, but those are all the things you said you didn’t want,’ or whatever. And then, I don’t know, I think I passed out after she said that or something.”

Jeanne was a second time mother who had the same doula at both of her births. Because of the differences between the two experiences, she expressed the opinion that different couples have different needs and the doula needs to adapt.

“The one great thing was that both Dylan and I could relate to Peggy, and we need different things and she can easily slip into whichever one of those that we needed. And I don’t know that all doulas need to be able to do that because I think it’s different for every couple as to what they need and what their doula’s role needs to be for them.”

Another way the doula was seen as having morphed herself into the best doula for a particular couple was based on what the father wanted. Keiko and Jeanne described what they thought their husbands wanted based on his desires and behavior.

Keiko: “I wouldn’t say I know Beverly well, and I guess I can’t say that, as far as feeling like we really, really clicked. But what was important to me probably more so was that my husband, who is a more reserved person...he just had the utmost respect for Beverly as a teacher...And he felt that he needed to defer to Beverly, because obviously you’re hiring someone for their experience and he just felt that she would, she’d know better in a lot of ways.”

Jeanne: “My first birth it was really the three of us working a lot more together. This birth it was more my husband and I working and Peggy kind of being the knitter, kind of keeping things together when it seemed like something wasn’t

working anymore, so it wouldn't just fall off. 'Let's keep things moving and try something new and different.'

In both of these instances, the fathers were seen as taking the lead about what they wanted and the doula was seen as fitting in around that. Observing the couple's relationship dynamics also gave doulas more information. Doulas expressed that figuring out how to support a couple was based in part on how they related to one another. Doulas were briefer in describing particular dynamics, perhaps because they were not directly asked to describe them. However, mothers were quite articulate about the way they related to their husbands or partners. In the next few excerpts, different mothers described some of the key parts of the way they related as a couple. In contrasting each of these examples, it is highly probable that each of these couples needed a different approach from their doula in order to receive effective support. Jeanne felt she and Dylan worked together effectively as a team, drawing on their doula when they needed her.

Jeanne: "I think that she was able to be a little bit more in the background the second time because we'd been through it once before. And so there was a lot of the hands-on, but there was just a lot of her sitting back, rather than giving us that encouragement that we needed much more the first time around than we did probably this time around."

In contrast, Georgia described herself and her husband Bob as anxious, emotional and not communicating effectively with one another throughout their labor. Georgia felt Bob was fully engaged with supporting her. They had already been to the hospital once before with their doula and were sent home. On the car ride back about 10:30 p.m., Georgia began having strong contractions which continued at home.

Georgia: "So yeah, that went on and on, and my contractions, Bob was timing them and finally at like, I don't know what time, midnight or something, maybe 1:00 in the morning I was crying with my contractions and stuff. Finally I was like, 'Bob, when are we supposed to call Peggy? What did she say to you?' And he was like, 'Oh, she said you would know when to call.' I was like, 'Are you

kidding? I thought this whole time that you were in charge of when to call her, and that I've been sitting here in excruciating pain.' I'm like, 'Well, geez, I would have called her the minute we got home,' if I'd known. But I thought that my contractions weren't close enough together and so I was like just being a wimp. I was so mad at him."

Alicia was a woman who had a very strong personality. As she put it, "With my personality, I'm like super high-strung, you know, like always have—as you can tell—forty million things going on. I can never ever sit down." Because she and her husband had a tempestuous history Alicia mentioned, "Ironically we went to marriage counseling ahead of time to like prepare for all this stuff." Here were other clues about their dynamic:

"But I mean, I knew, just from being sick around my husband and stuff, he's like, he can't, he's not – he doesn't know what to do. I don't know, some childhood experience that he had. So I was really glad, I mean if I had not had a doula I would have been, I mean because I know the way that he has been when I've been sick, and I had a D & C¹ after I got hauled—there was blood all over the carpet. I got hauled away in an ambulance to the hospital and had a D & C at 1:30 in the morning, and after that, I mean he just, he can't handle it. He cannot handle it when I am not on the ball and well and all that... So I started having these horrible, horrible contractions in my bladder, and so I told my husband, 'Call the doula.' And he goes, 'Well, let's talk about this.' And I'm like, 'Call the doula!' I mean I was like really in pain. I had no idea what labor was going to feel like, and so – it sucked more than I thought it was going to, that's for sure! [Laughs] [They drive the 45 minutes to the hospital.] I finally had to say, 'Somebody, somebody make my husband call the doula, because he won't do it.' I don't know why to this day, I mean it was just horrible between us, you know. So I don't know why to this day he wouldn't call the doula right away, but for whatever reason he wouldn't call the doula right away. So finally he called because he heard me begging somebody to get him to call the doula."

Labor guide for the father. Doulas perceived being a labor guide for the father as the second major portion of their role. This had several aspects: facilitating his experience, facilitating the couple's experience, and preserving the essence of what they wanted prenatally. Clear evidence was found in the mother's narratives for facilitating

¹ D & C stands for a uterine procedure called "dilation and curettage". In this instance, it was performed to ensure a miscarriage was complete.

the couple's experience. As Jessie recalled, "I mean, her approach was us together, yeah, definitely." The excerpt from the previous section also illustrated how the doula was a labor guide. She arrived early in the morning and brought them both together to develop a "game plan". Keiko, the woman who wanted to feel "more of a teacher leading me through an experience" commented on how her doula guided her and her husband:

"Really just her experience of knowing when to try something different. And just her being able to – she knows labor inside and out, and just being able to kind of tell us what to expect, or to let me know, 'It's going to really hurt but then this is what's going to happen next.' Or just feeling so comfortable with her that I could ask her anything if I needed to." Georgia described her experience of how her doula served as a labor guide:

"Bob was always the one person I was always seeing, I can't say as much. But I definitely know that her being there, in general, I mean I felt like I totally trusted her. I told her this right after he was born. I was like, 'Thank you so much. I feel like I could never have had a natural birth without you.' And she was like, 'What? Bob did all the work.' She told him that he didn't need her. Afterwards she was like, 'Bob, you didn't need a doula. You were the doula,' or whatever. But he didn't know all the stuff she knew."

In her actions as well as her words, it can be interpreted that their doula wanted to facilitate both of their experiences. She shared her knowledge so that Bob could be where they wanted him to be – right by Georgia's side. Jeanne, the second time mother with the same doula, commented on her doula's process of adjustment. She felt their doula changed to meet the needs of the couple.

"I think that it was such a different role compared to how she was the last time. I think it took her just a little bit to go, 'Okay, my role is different here. I just need to take a minute to refocus myself so that I'm providing the choreography to the dance as opposed to being a member of the dance as much.' And so I think that it took her maybe five minutes to go, 'Okay, this is my new role this time, and alright.'"

Caretaking. The third area identified by doulas as part of their role was caretaking activities. The doula either emotionally or instrumentally substituted for the wife, so that the doula specifically made sure that his needs were met. One of the requirements of good caretaking was that the mother would not notice the father being gone or be distracted by his emotional state. So, the fact that the mother did not notice any caretaking activities does not mean that it did not happen. It may have happened quite effectively, which is why they supplied no evidence of it. The only exception to this was Natalie, the mother who had the difficult birth. She remembered, “I know that day I lost it a couple times and Beverly or Debbie would take him out in the hallway and hug him and help him.”

Significant or long term impact on couple. The last part of the doula’s perceived role was realizing that her actions often had a significant and long lasting impact on the couple. At the time of our interview, most mothers had given birth in the last eight to fourteen weeks. So evaluation of long term effects is a bit premature. However, mothers already noted these changes.

Moira: “When it came time to push the baby out, he looked, which he wasn’t sure if he was going to be able to stomach that. And he ended up cutting the cord and all of that. So, he just really impressed me and I felt just intimately closer to him after the birth experience. And I think it’s really improved, or not improved, but enhanced our relationship a lot.”

Keiko: “And that was really important that he went from questioning this idea I had of going to Bradley class, hiring a doula, to totally embracing it. To the point where he has actually, he not only read the material, he digested it and became an advocate at his job, because out of a company of one hundred people, ten people working there were expecting near the time we were. If some of the women were talking about having epidurals, he would tell them why they shouldn’t. So he’s really become an advocate of natural childbirth that way. So that’s been really interesting to hear. You wouldn’t expect it by looking at him. Yeah, he’s really taken a stand and talked to some of the women at work about their birth experiences, and shared with them what we learned in the class.”

Jeanne talked philosophically about the needs of mothers and fathers and how to find the right doula.

“The most important thing is, number one, you’re comfortable with your doula. But your husband also has to be comfortable with your doula because they’re working together to work with you. And if they are not, if they can’t communicate or get along, then you’re going to be tense because you’re going to be trying to bridge that gap. You want to make sure that you’re both like, ‘Yeah, this is someone we can both have in the room.’ Obviously primary support is for the laboring woman, but part of that is supporting the husband...”

Alicia wanted to have more children and wanted doula support again. She and her husband were still sorting through all of the issues that arose at the birth: why he refused to call the doula, why he would not support her in having an epidural, and his lack of investment in supporting her physically and emotionally during labor.

“It was just such an ugly experience between us that I said I probably won’t use the same doula, or doulas again, just because I want a doula for sure, but I just want to start – like because he... So anyway, I was saying to him, ‘I definitely want a doula again, but I want different ones,’ because he was on bad behavior when we were at the meeting with her, so that made me feel yucky.”

How Mothers See Fathers

This next section is allegorical to “How Doulas See Fathers”. The three categories doulas gave were titled “partner”, “protector”, and “constrained by gender role and conditioning”. Evidence was found in the mother’s narratives to support each of these categories.

Partners. Mothers perceived their husbands or boyfriends as true partners when they were equally involved in decision making, asked the doula to do things, or were “really there for me”.

Jessie: “Tuesday morning it was still like, ‘Oh,’ and that’s when Vincent and I started saying, ‘You know we’ve got to do something. We’ve got to start thinking about something like later on today,’ or whatever.”

Jeanne: “If for some reason she didn’t catch the glance right away, we were both comfortable enough to say, or Dylan would say, ‘Peggy, I need you to take over for a minute.’ ‘No problem, Dylan.’ Or if she stepped off to go to the bathroom, like she came back, ‘Peggy, I need you to do something.’ You know, ‘Okay.’”

Moira: “Well, he was great. He really impressed me in every way. I didn’t know how he was going to be because he’s kind of squeamish. But I mean starting from when we started going to find a doula, he became interested in the whole birthing process. He really wanted me to have a natural childbirth, because that’s what I wanted. But he was just, he was just really there for me. He kept telling me he loved me and that I was doing great, and that it was all going to be okay. And he spent hours giving me counter pressure and massage, and I mean, it was tiring for him too and he really hung in there, and so that was really sweet.”

Protectors. These mothers gave examples of when they felt their husband spoke up for them either to medical staff, the doula or other people present. These behaviors were labeled as protective, because the fathers were viewed as striving to create an atmosphere where the mother’s needs would be met. In this role, men are described as acting as guardians of their family members, making sure they are safe.

Jessie: “Vincent said right away when we got in that, ‘Oh, yeah, we want a drug free birth,’ so they knew that right away. So they didn’t even offer me any drugs. Vincent vocalized that for both of us. Right away he vocalized that for me right away before I had a chance to.”

Jeanne: “So I had to have an IV. At first they were going to lock me into being in bed, and Dylan said, ‘There is no way. She will not, she will not make it through if you lock her into bed the entire time.’ And he used Peggy to help defend that decision because she knows me so well, as well as him, that they could be my united front on like, ‘No, you need to have me on an IV that allows me to be up and moving.’ So they finally relented on that issue. But they were going to have me hooked up constantly. That’s just not going to work.”

Georgia: “Somehow I ended up on the toilet again for a really long time. And that was like, for some reason, I don’t remember. I just remember Bob saying, ‘Okay, everybody out.’ For some reason I must have been, ‘I want to be alone. I want to sit on the toilet and be by myself.’ But then I made him come in. I was like, ‘You have to come in.’”

As has already been established, Alicia and her husband had a more complex relationship. One of her lingering issues was that he was not supportive of her decision

to have an epidural. But the way she eventually framed his response was that he was concerned about the possible negative side effects on her and their baby. She saw his response of not wanting her to have one as protective.

“You know what? I’m making an informed decision.’ I knew the risks of the epidural, I had done all the research, you know, all this. And I had to ask for it like ten times before somebody finally moved. My husband didn’t support it. He was like, ‘I think you’re making the wrong decision.’ As I’m in labor he’s telling me this. But I just really, from the research that I’d done, I was thinking very clearly when I was asking for it, and saying, ‘I know the risks and the benefits. I understand that it can slow it down, but I also know that it can relax me.’”

Constrained By Their Gender Role And Conditioning. The last way that both doulas and mothers perceived fathers was as constrained by their gender role and conditioning. Melissa viewed her boyfriend of being incapable of empathizing and understanding her concerns and emotions because he was male.

“I liked having just the support there, just having another woman who had children, somebody I could call anytime I wanted and just talk and let her know about my feelings and stuff. That helped out a lot. Because men, they don’t understand when you say, ‘Honey, I’m feeling this way,’ they’re like, ‘Okay.’ It’s that Y chromosome, it’s smaller than the other. So I think they’re just genetically retarded.”

For Jessie, it was not so much that her husband could not support her emotionally or with empathy during the labor. She perceived that it took a great deal of effort for him to do so. It was hard for him, and it being such an effort bothered her. She struggled to articulate why she preferred Peggy and began by acknowledging that part of the reason was that Peggy was a woman.

“But he just didn’t, yeah, he just wasn’t, it just... He wasn’t the person to do that with. Yeah, he was just, I mean he hadn’t done it before, so I could feel the tenseness, I could feel his effort and stuff like that. Whereas it just came, it just flowed with Peggy, like when I did touch her and that process, it just flowed between the two of us, just like it was so natural, like a dance partner or something like that. Yeah. Yeah.”

For Alicia, it was fairly clear that her husband had distinct ideas about his masculine role.

“At 32 weeks we had our first actual appointment. I’d met my doula at [an event] and talked to her on the phone and e-mailing. But we went and had our first class. My husband was just rude, and that’s not like, I mean he’s normally the most charming person. So it was weird. I think he just didn’t like listening to the girlie, we were talking about the girlie stuff, because you know, you talk about your fears and just all this kind of stuff... My husband was kind of a jerk, which was really interesting because it’s not like his personality at all. But he was just like, ‘I so do not want to be here talking to these women about womany things.’”

Paternal Levels of Engagement

In the previous chapter, doulas described paternal behaviors that had different levels of physical and emotional engagement. Some fathers were intimately involved physically and emotionally with their partner’s labor support, which was labeled as fully engaged. Other men were emotionally engaged but physically distant (considered less than full engagement), while a third group was partially engaged. Lastly, a small group was disengaged, which was described as being uninvolved in both aspects. Different levels of engagement demanded different support behaviors from the doula. The doula’s collective experiences and the mother’s specific experiences could both be accurately described by the concept of engagement and its division into four general categories. Of the ten mothers, nine gave enough information that the father’s behavior clearly fit one of three categories: four fit the fully engagement group; two fit the less than full engagement group; and three more fit the partially engaged group. No paternal behaviors fit the disengaged category.

Only Vanessa gave little information about her husband’s behavior during labor. He was mentioned in parts of her story, she recalled his presence strongly, holding her or helping her push. But Vanessa recalled details about her doula much more clearly.

Vanessa was very interiorly focused, probably because she successfully used hypnosis techniques to cope. Her storytelling style was also qualitatively different than other mothers. I have an overall impression that Eric had been fully engaged with the process from other things she said about his presence during other medical procedures, but there was little evidence of it in her birth narrative.

Full engagement. Fully engaged fathers were involved in physical and emotional labor support in a primary role. Mothers and fathers were bonded to one another and were laboring as a unit. The doula's role was to support him in supporting her, and step in when needed. In this section mothers had physical memories of their husband's smell and touch. They recalled his emotional presence and the way he tended to their needs. Moira recalled that her husband "was just really there for me." Often she was not sure who was touching her but she knew Owen was right there with her. "Every contraction, either Peggy or Owen, or the nurse, we had a really good nurse, would be holding me or putting counter pressure on me, or putting ice packs on my back. I didn't feel alone ever. I mean I knew ultimately that I had to do it alone, but I didn't feel alone. I felt very supported in that." Georgia's comment was quite similar, "Bob was really the one that was like right in my face all the time." She went on to say:

"Peggy kind of knew that our relationship was like. She was like, 'I picture Bob that you're going to be really, really active in all this.' So he was trained in everything. They kind of backed off I think more than they thought they were going to have to. Bob really took the lead throughout the whole thing, and they were kind of like these background people. And I never even, I barely talked directly with either one of them at all through any of it."

Gail gave a very physical description of what it felt like to experience that level of full engagement from her husband.

“I felt like I was in a world – I think I was more connected to my husband. I remember I really needed to look into his eyes a lot and to count on his physical smell and presence... Well, the eye contact. He was just as, just being right there. If I needed to grab and squeeze him, he was there. I did a lot of squeezing and leaning. So I could always look at him and just see the love coming through, and a calmness. He said later he didn’t feel that calm; he hated seeing me in that much pain. But his, just gentle presence always, physicalness. I can just, I have a very vivid memory of looking into his eyes in the shower. So that’s the feeling. I also give him huge credit for being in the shower with me, but at the time I didn’t think. I thought, ‘Of course he’s going to be in the shower with me.’ I didn’t know he was freezing.”

The denial of one’s own needs was a continuing theme. Both Gail and Jeanne perceived that their husbands put themselves second in order to give themselves fully to the process of supporting their wives. Howie was willing to freeze in the shower. Jeanne saw her husband as editing his emotional responses when he was upset so as not to distract her or cause her distress.

“My husband has a hard time sometimes editing things he wants to say, so he was a very good editor while we were there. So things that I know, like I could tell by his face that he wanted to vent, but he would just kind of hold back whatever he might have been thinking. And he did, the thing I remember him doing a lot was rubbing my lower back that was hurting quite a bit. And there was a time like when Peggy was rubbing, they would each massage one leg, so they were both doing some massage work at the same time. And his, just gentle words that he would use like, ‘It’s okay, you can do it. You’re doing a great job. This baby will be here before you know it.’ And even just saying things at the time, just to the baby, not knowing whether it was a boy or a girl like, ‘We can’t wait to see you. We’re ready for you to come.’ So that I knew that he’s ready and excited for this to happen just as much as I am.”

Their doulas were seen as supporting the husbands. Georgia recounted that it was not until the next day that she realized all of the things her doula had done in the background. She made her tea, warm compresses for her perineum, adjusted pillows and gave Bob many suggestions for positions or comfort techniques. Gail described something similar. “I felt like Howie was my rock and I could rely on him, but he didn’t have a lot of initiative of why don’t we try this or that. Mostly it was Beverly who would

give some suggestions and then he would do it.” Gail articulated the relationship she felt between herself, Howie, and their doula, Beverly.

“I think if I was connected to anyone it was more Howie, and that Beverly could sort of be a protective – I think of her more as a protective force around us that – like I said, that other nurse, when she tried to give us ideas, I’m like, ‘I don’t want to hear from you.’ She was fine, she was real nice, but, and not intrusive, but I couldn’t let her closer and I could let Beverly in closer as a communication. Like I could communicate with her, but she wasn’t in the world with me. Neither was my mom, you know? And I didn’t really think that my mom would be. I wondered if maybe Beverly and I would lock in like that, but it was more that I was with my husband in that way sometimes.”

Less than full engagement. Fathers who displayed less than full engagement usually had some barrier or multiple barriers to being fully engaged. While they were present physically, there was some condition that did not enable them to do primary emotional support in the manner which their wife or partner needed. Often hiring a doula was seen as a solution to that problem. Both Jessie and Natalie described their husbands in ways that fit this category. Jessie described her mental process of coming to terms with her needs and her husband’s ability to meet them.

“He was really, he has a totally different style from me, so I’ll have to admit, he was really unhelpful. [Laughs] He was really, really unhelpful. I knew that months and months ago, that he was going to be really unhelpful, and that’s why I was hiring a doula too. That somewhere in there, in this incredibly special moment, his style is just not going to mesh with mine, as far as what I wanted and how he can support me. I mean of course he’s there as a partner, and it’s wonderful, he’s the father of my child and everything like that, but it’s really, it’s separate, it’s separated. I knew I did, and I could deal with that, and I would deal with that. As strange as it may sound I suppose, no, he’s like totally separate. He does a just totally different role and actually like, as my contractions started coming and stuff like that, he was actually really annoying. He had like Three Musketeers [candy bars] and he had like smells and little crinkles and stuff, and I’d be like, ‘Just get away from me!’ It took a lot – I didn’t want to be rude to him. He warned me, he said, ‘Don’t, please don’t be rude to people [laughs].”

Jessie’s humor seemed to arise from her acceptance of their differences and her satisfaction with her birth experience. Both she and Vincent were happy with their doula

and her care. Natalie had a very different experience. She labored well at home with her husband, Jack, for quite a number of hours. She arrived at the hospital in well established active labor and met her doula, Beverly, and massage therapist, Dawn, at the hospital. While Natalie knew Beverly and Dawn, they did not know each other and Dawn had never met Jack either. Natalie felt that they would all be able to support her, which they did, but unfortunately she felt that the coordination of their roles left Jack feeling shut out some times. Additionally, Natalie's labor was painful and took a very long time. She ended up needing pitocin augmentation and an epidural. Unfortunately mistakes were made when the epidural was administered and it did not work. The entire procedure was done a second time and it also did not work. The third dural puncture worked but the pain relief was incomplete. Ultimately after several days of labor, Natalie ended up with a cesarean. Because of the stress of these complications and exhaustion, she described Jack as being unable to fully support Natalie in the way that she needed. He seemed to need assistance in coping with his own fear, anger, and other emotions. So Jack was less than fully engaged because of his own emotions, and because he felt shut out by Beverly and Dawn taking a lead role in supplying comfort measures and other kinds of physical support. Here were Natalie's words:

“I was in the hot tub for so much of the hospital stay, or for my labor at the hospital, that Beverly and Debbie massaged me in the hot tub. So there was only really room for those two. So Jack stood behind them, and I know that day I lost it a couple times and Beverly or Debbie would take him out in the hallway and hug him and help him. But I don't think Beverly realized that Jack felt like he was shut out, because when Beverly and I talked afterwards, I didn't realize that either. Beverly was, she felt a little bad about that.”

“In the hall they would talk to him and say, you know, you need to stay strong and...like during the epidural, Jack's really not good with needles, Beverly held – Jack sat in front of me and held my hands and Beverly like held him on the chair. So she was a good support to both of us. Like we'd, he said that she was really

helpful to him just, you know, saying, ‘This is normal, and this is transition,’ and just, transition lasted 16 hours instead of two [laughs].”

“And during the epidural Jack would have never ever been able to be in the room if Beverly wasn’t there. And for the second and third time they did it.”

“I think having both of them there is what enabled one of them to go out into the hall with Jack and help Jack, without ever leaving me alone. Like I’m not sure how they would have helped Jack at all if they would have, if there wouldn’t have been two people.”

As we can hear in her words, having both Beverly and Dawn there was necessary so that Jack could receive the support he needed. Yet, he felt shut out by their presence. They were not able to find a balance during the labor, and the events were still too fresh at the time of our interview for Natalie and Jack to come to a level of resolution.

Partial engagement. Partial engagement referred to fathers who communicated some emotional connection to their laboring wife or partner through their presence, but were either intermittently or not involved emotionally in the process. There were three mothers who described their husband or boyfriend in ways that fit this category. Melissa was the mother who felt her boyfriend was “genetically retarded” because of his maleness and thus could not empathize with her. She described him as being upset when she rejected being touched, which meant he was trying to be helpful. Melissa went on to say, “I felt less supported by Bob, because he just didn’t understand...he did not want me to use drugs. And Zoey was like, ‘Go ahead. It’s your choice.’”

Another example of partial engagement was Keiko’s husband, Dan. Keiko was the mother who wanted to feel led by an experienced woman during her labor. One of their doula’s tasks was to keep Dan involved as he was likely to separate himself. He had a great discomfort with hospitals and was very squeamish about body fluids.

Keiko: “We had always thought of Beverly as someone who would keep my husband more involved because he is someone who, he’s very uncomfortable in a hospital environment. And we kind of deferred to her really, and it progressed that way the entire labor... They asked if Dan wanted to cut the cord and he didn’t. He wanted to stay as far away from blood as possible.”

Alicia described her husband’s behavior in ways that fit this category. At first, she did not even recall his presence once they arrived at the hospital. “I have no idea honestly, once they got me in the wheelchair and wheeled me in through, I don’t know what happened to my husband. I have no idea what happened to him.” Later on after the doula was called, she recalled, “He wasn’t there. Like I don’t know where he was...he wasn’t there in the bathroom with me going, ‘Honey, what can I do?’ You know, ‘Can I,’ whatever, which I probably wouldn’t let him rub anything anyway because you know I didn’t want to be touched right then. But he just, he doesn’t know how to, he doesn’t know how to be [attending to me].” Alicia gave other examples which illustrated partial engagement quite well.

“But I mean so it was my doula who was like supportive of my decision where my husband wasn’t. It was my doula who I bent over when they did the epidural. And she sat by my head the whole time and was like coaching me through pushing and all. And I have no idea, my husband would occasionally hold my leg. But every time, I could tell when he switched—I had two midwives because one was in training—I could tell that it was him without looking because he’s leaning on my leg instead of be holding it up. And I’d be like, ‘Stop leaning! Stop leaning!’ So I was yelling at him the whole time, and it was just yucky. So it was basically like she – my husband just disappeared, which actually did not surprise because he doesn’t handle it well when I’m sick and all that. He’d really like me to be in control. And so I don’t know where he was. I mean I know he was there, but he wasn’t...I mean he’s never attended to me when I’ve been sick. I mean he’s a very caring, nurturing, loving person, but when I’m sick it’s like he can’t handle it.”

Doulaing Fathers

Activities that fit into the “doulaing fathers” category were directed towards a father primarily for the benefit of his emotional wellbeing. Analysis of doula sources

enabled these activities to be distinguished into four groups. However these activities are separated for the purpose of analysis only; many times the same action had a dual purpose or effect. Doulas were seen to doula the father through giving breaks at opportune times, providing emotional reassurance, accepting the father's emotions without judgment; and facilitating his involvement. Mothers noticed the doula's actions and mentioned them in their interviews.

Giving breaks at opportune times. Some mothers noted that their husbands left but that it did not bother them; others mentioned they did not notice because the transition between the doula's support and the husband's support was seamless. However it was not only giving a respite that was important, it was that the doula noticed and cued the husband to leave at a time that would have little negative impact. Thus, the fact that no mother mentioned his absence as a problem is likely indirect evidence that this occurred. Moira and Gail mentioned their husband's break directly. Moira commented, "Peggy and Owen and I had kind of agreed that if I asked for drugs that they'd ask me to wait twenty minutes and then see if I still wanted them. So Owen said, 'I'm going to go get something to eat. Let me know in twenty minutes.' And then I just forgot about it [laughs]." Even though she had asked for pain medication, Owen left and Moira was fine. Peggy or Moira would likely have intervened with Owen if either felt his leaving was mistimed. Gail offered her own interpretation of Howie's break.

"She also was able to be with me when Howie needed to go eat. She felt like I could allow Howie to go eat because she was there. And I don't, even my parents, they were almost in that place but I was more relying on [the doula]."

Providing emotional reassurance. Out of the ten mothers in the sample, six gave examples of their doula providing emotional reassurance to their husband or boyfriend.

Natalie explained that when she was upset her husband needed even more emotional support. “I know that day I lost it a couple times and Beverly or Debbie would take him out in the hallway and hug him and help him.” After Alicia decided to get an epidural without her husband’s support, he was still upset. She noted, “I know they had conversations and stuff when I wasn’t – I mean they went to dinner together and all this. I don’t know, I think she said that he was just afraid for the baby, and all that kind of stuff.” After talking with Alicia’s husband, Alicia thought the doula had listened and calmed his fears; she also felt she understood her husband’s concerns better after her doula explained them. Melissa mentioned two incidents where she thought the doula helped her boyfriend understand her better. When she responded gruffly for him to stop touching her, and when she was making noises. She felt that through explaining Melissa’s behavior, their doula was also offering emotional reassurance:

“Just that it was the labor that was doing it to me. That it wasn’t him, that it was the labor that was making me act that way. It was like, during the labor I, it sounded like I was growling, and like it was coming from my throat. Like it was just, I was like groaning or growling or whatever.”

Jessie had periods during her labor when she and Vincent were concerned about the baby’s health. There were never any clinical signs that anything was wrong, they just did not want any interventions or to be hassled by the medical staff after signing out AMA the previous evening. Jessie explained she felt reassured by her doula’s presence, and thought Vincent was reassured by her too.

“Vincent’s getting real anxiety. I couldn’t look at him because he just wanted, I mean he was just really worried about the baby and stuff like that. Thank God Peggy was there because just looking at her made me feel, I mean just, I’m kind of losing it and getting frantic I guess. I mean granted the anxiety was high, but I think just having her here, there’s really a level of trust that, what I’m still doing is okay for the baby and for us, and this will all work out sort of thing.”

For Jeanne and Moira, their interpretation of emotional reassurance for their husbands by the doula was a bit different. Both of their partners were fully engaged in labor support. Therefore, their doulas' role was to be part of a secondary tier of support for the mother and the laboring couple. Jeanne commented that it was their doula's touch on both of their bodies that was reassuring. "I mean when she wasn't massaging my legs, just that hand of support on the shoulder, or a gentle rub on the back, just to let me know that there was someone there that wanted to make sure that everything went smoothly. And so I think she was just as much a support for my husband as she was for me during the whole process." Moira recounted earlier that her doula, husband, and nurse all provided lots of physical support. She could not distinguish which one was doing what but she was aware of their presence. Moira thought that their doula's relaxed presence was reassuring to her husband. But she was also able to explain procedures that seemed unsettling.

"He was up all night. It just helped to have, first of all it helped to have an extra, just pair of nice, warm hands and smiles and like someone to just support me. And because Owen and I had never done this before, we didn't know, what's in the range of normal. So she could tell us, 'This, you are [gestures].' Just kind of be a gauge or another opinion about what was going on. So especially at the end when they had to call in the doctor and the heart rate and all that kind of stuff, we were getting nervous and so she could tell Owen like, 'This is just protocol. Nothing's really wrong.' Like that kind of thing."

Accepting his responses without judgment. In this section of the doula chapter, doulas mentioned acceptance of a father's emotions as a *de rigueur* activity. Acceptance is one of the nine doula emotional support strategies. But most of the examples in that section were very dramatic, such as assisting a father when he breaks down as he and his partner are separated during a procedure. Other doulas mentioned that they were privy to private expressions of emotion of which the mother was unaware. From the mother

interviews, Natalie was grateful that her doula and massage therapist were there to help Jack. She later stated that he was probably bothered by several strong emotions, especially when she had to have three epidural insertion procedures. He also may have felt powerless to influence anything positively. Along with the doula's acceptance of his need to express those feelings was awareness that Natalie also needed to be protected from them. "I just think a hospital room is so small and those bathrooms are so small, and it was just such an overwhelming experience. And he was getting really emotional and I don't think they wanted me to see that." She went on to note, "I think having both of them there is what enabled one of them to go out into the hall with Jack and help Jack, without ever leaving me alone."

Jeanne talked about her husband's personality as being intense and that their doula adapted to his needs. "Her support to my husband, my husband needs to kind of, we both kind of have to break tension through laughter, and so when Dylan would get a little intense, like, 'I don't know what else to do.' She would help him kind of chill out and, 'Okay. So let's try another position.'" In fact, Jeanne felt that her doula's acceptance of her husband's feelings allowed him to communicate with her nonverbally, and to vent when he was upset.

"That's one way he used Peggy was to, if I didn't need to have him right there with me at that moment, he'd give her a look and she would know what that was. You know? So he was exhausted. I think he was as exhausted by the time we finished as I was because he was doing so much counter pressure. And my contractions were so long, I mean they were pushing for three, trying to hold my hips together or counter pressuring for three minutes with his entire body weight is tiresome for him. I mean it's certainly not the same as going through delivery, but he was pretty pooped out by the end. And so he used her as his place to get frustrated about something if it was, 'You're kidding me! They've got to do this now?' Like, 'This is ridiculous!'"

Facilitating paternal involvement. Another main task of doulaing fathers was seamlessly involving them in physically and emotionally supporting the laboring mother. This required different strategies depending on the level of engagement of the father, his needs and concerns, and the opportunities provided by labor events. Nine of the mothers noticed their doula assisting him in a few different ways. Only Jeanne, the second time mother in the sample, did not make a significant comment about this doula activity. She did state that their doula offered ideas for comfort measures or positions. However her husband was very involved from the beginning and experienced from their prior labor. Georgia felt her husband, Bob, was also very involved with supporting her. Their doula gave ideas and refined what Bob was doing. Here were some examples:

“Peggy would make more of the decisions and stuff, and Bob would go along. But Bob was like the emotional support or whatever, but they could have also been. So I think Peggy was like, ‘Well, let’s get you in the tub again. That got your contractions going the last time. If we get you in the tub maybe it will go faster, maybe you’ll dilate or whatever.’...I was very grateful whenever she would come up with something, like that noise thing, that groaning thing. I mean Bob never in a million years would be able to come up with that. There’s no way.”

Gail and Moira made similar statements about how their triad related to one another during labor.

Gail: “She walked with me and did some little things, but those physical things that she did were not as important as giving us the ideas of what Howie could then do. And then I would mostly count on Howie in the shower or when I was leaning. I know I held onto her hands and on my mom’s hands and stuff. But the physical part, not so much. It was the, like the handling and making decisions as we went.”

Moira: “Yeah, I think like a lot of times Peggy would just step back and take a break, and like she just totally trusted that Owen would just step in, you know? I mean like she didn’t give him like instructions per se, it was just kind of – you know everything about childbirth is a very gut, instinctual thing. You know it’s not an intellectual experience, it’s not, it’s just a physical, raw, what I call the most uncivilized, undignified experience, because you’re all hanging out, you

know, for everyone to see your most private things,. But I think the response of, at least Owen, was also just very natural and physical, to want to comfort me and I didn't – we had a worry that Peggy would be, because she's a very experienced doula, an older doula, that maybe she wouldn't let Owen step up, but she did. She wasn't overbearing. And like there were times where Owen would ask me what do I want, not Peggy. So they, I saw them as playing pretty equal roles in the birth experience. And the nurse too, so, yeah.”

Six mothers relied more on their doulas for primary physical support so the doula's efforts to involve the husband were focused on keeping him in the circle in a necessary way. Both he and the mother needed to feel that his presence was important and that he was making a significant contribution, even though the mother was relying more on the doula. These mothers all stated that the father followed their doula's lead, which was satisfying for all of them. Melissa and Vanessa's comments about their partners are in contrast, but both exemplify this concept.

Vanessa: “[Eric was] not being phased by, not being phased by anything. He just was immovable. He deferred a lot of like comfort positioning and stuff to Leslie. He was really receptive to Leslie's kind of coaching him through it too. He says, ‘I could never have done it without her.’ He, it was – he was as much moved as I was from her effort. He was just really loving. You know? No agenda. No goals. Just very supportive.”

Melissa: “Staying out of her way [really helped me]. He'd been only through this once before, because he's got an older daughter, and he really didn't know what to do. Just having Zoey there also helped him. Telling, when she told him to do something to me, he did it. And he said that helped him a lot.”

Mothers recalled their doula facilitated their partner's involvement in physical support, emotional support, plus being present when making decisions and at critical events. Doulas helped husbands and boyfriends to find their place in the labor scenario, even if their care and support were imperfectly given.

Negative Case Analysis – Natalie’s Story

Natalie’s story was unique as she had a significant complaint about her doula. Her story offered an opportunity to expand and develop my initial conception of this section of the grounded theory. It has been presented in its final form in this chapter rather than in developmental stages. However, her story was critical to the expansion of my ideas, and is deserving of its own section in this chapter.

Rather than feeling that their doula successfully facilitated her husband’s involvement, Natalie had mixed feelings about her doula’s presence and actions. Her experience provides an opportunity to delve more deeply into these ideas. Their doula, Beverly, taught their Bradley Method Classes of Husband-Coached Childbirth. Having a timeline of labor events can help to inform our perspective as her entire labor took 39 hours. Labor began at 8:00 p.m., and Natalie and Jack labored together through the night. Beverly joined them at their home at nine in the morning. At 3:00 p.m., Natalie’s contractions were quite intense, her water broke and they all headed to the hospital. In Natalie’s words:

“We went to the hospital and it turns out I was only four centimeters dilated. But I progressed well until about 9:00 that night. So those next four hours I got to eight centimeters. And then I got stuck at eight centimeters for eight hours. What was happening was [the baby] wasn’t in the right position...at 2:00 a.m. I was starting to go backwards because I was pushing even though I shouldn’t have been...at about 3:00 I got my first epidural and they screwed it up, so then they redid it about 3:15. And then they still screwed it up so they came back about 4:30 and redid it again. So then I started having some pain relief about 4:30, and I slept for maybe an hour. And then once you get the epidural they hook you up with everything. But anyway, it slowed down my contractions, so then they gave me Pitocin. And Jack and I were starting to get really emotional by then because we agreed on the epidural as long as we didn’t have to do Pitocin. At that point we were stuck, what do we do? So we finally agreed on the Pitocin and that sped up the contractions and by 6:30 [a.m.] I was complete.

So the doctor wanted the baby's head to fall a little bit more so he waited a half hour to have me start pushing. And so I pushed from 7:00 until about 10:00, and then she didn't move at all. So he was trying to push her back up during the contractions and he kept saying, "One more contraction and we'll do suction," and my husband and I were like, "No, we don't want to do suction." So we did this back and forth. Finally he did suction for three contractions and she still didn't move, and he said, "C-section." So they rushed me to the operating room and Jack went one way and I went one way, and Beverly went the other way. And they wouldn't let Beverly join us for the C-section, and took her out. And so that's my birth story."

Beverly had joined them at their home and supported Jack in being the primary person involved with Natalie. After they arrived at the hospital Natalie's massage therapist, Debbie, met them there to help Natalie relax. At that point, Jack had only rested with brief naps. Natalie spoke about how the dynamic shifted.

"Beverly just was trying to take care of my needs but didn't really know that [he wanted to be more involved]. Which surprises me because we did husband coached childbirth classes. And she was really good when we were home about having him, like she just kind of made suggestions, said, 'Why don't you take her for a walk,' or, 'Why don't you take her upstairs and try to get her to lay down for awhile,' when the contractions really spaced out. And so she really had him being involved here, but once we got to the hospital it just was a one-eighty."

"I think what I'll ask for next time is that instead of Beverly's hands on me the whole time it would be my husband. You know, we didn't really ask for that. Basically his role in my whole labor was he was trying to make me drink fluids. So he'd shove something in my face every now and then, a straw here and there, but that was it. Or hanging on him when I was standing up."

"I almost think it would have been better not to have Debbie there. Debbie's massage was really helpful, but that was almost, maybe that was his spot, at the tub. You can't have three people in there. Being at home we would have had more space. Debbie could have had a different role. But I just feel like he – he felt like he had no control over the whole situation. He just was kind of watching it."

The first thing to note is that Beverly did not honor their prenatal agreement to have Jack be the main coach and be fully engaged. However this prenatal agreement was implied rather than openly discussed. In our interview, it came out that the three of them

had never had a prenatal visit or any meeting outside of childbirth classes. Beverly and Jack had also never met Debbie. Only Natalie knew what role she wanted each of them to play, but while in labor she was likely not capable of optimally orchestrating the situation. So prenatal communication was poor with no one certain of the other person's role. This was more than likely a factor in their lack of ability to work as a coordinated team in supporting Natalie and Jack. Of course, the situation was also based on the relationship dynamic of the couple, and of the couple and the doula. Even Natalie was not sure of Jack's inner motivations and feelings.

“Well, I think my husband is still a little overwhelmed by the whole experience and doesn't want to talk about it too much. We're so different. I like to talk about it, where he said to me after about a week after she was born, 'Can we just put it aside for a month or two, and then talk about it later?' He's like, 'I just hate reliving it, and it was such a painful experience.'”

From Natalie's words, we can perceive that Jack may have felt left out, overwhelmed, and that his place by Natalie's side was not honored by the person he trusted to maintain his presence. His involvement was not facilitated appropriately to what he wanted. Yet, to Natalie's knowledge, Jack did not act or speak up to assert his place either. It is interesting to note that Natalie does not say she missed his presence. It was for Jack's sake that she wished he was more present and involved, but not for her own. She felt tended to and taken care of by Beverly; her needs were met. Debbie also assisted her in feeling relaxed and able to cope for such a long period of time. In the previous sections, Natalie also commented positively on Beverly's and Debbie's emotional support of Jack. She did not see that either of them was ever alone or abandoned when they felt emotional. In the section on less than full paternal engagement Natalie said:

“I think having both of them there is what enabled one of them to go out into the hall with Jack and help Jack, without ever leaving me alone. Like I’m not sure how they would have helped Jack at all if they would have, if there wouldn’t have been two people...During the epidural Jack would have never ever been able to be in the room if Beverly wasn’t there. And for the second and third time they did it.”

This leads to the conclusion that the main problem was not the two support people, but the poor communication and lack of planning. They functioned in their roles as they perceived them to be, which was not what Jack wanted. Natalie seemed upset on Jack’s behalf, but did not have her own complaints about their level of support. However, Jack felt shut out of the process because there was no room to touch his wife. Natalie also presented evidence that his presence was not considered significant during critical events. Part of the concept of “facilitating involvement” relates to labor support, but another is ensuring that the father is present emotionally and physically during important labor events.

“The other time that I know he was really upset about was when they came into, after they did the second epidural, they thought it worked. But the – the little thing that spits out the fluids, what’s it called? It looks like fishing wire. But that was kinked in me. So I still wasn’t getting the drug. So they came back, they paged the anesthesiologist again and he was in a C-section, so he couldn’t come. It was an hour before he came back. By that point, Jack and Beverly were asleep, like on the chairs, because they thought I was asleep too. I wasn’t going to wake them, because I had the [IV medication], so I had some pain medicine. I could still feel the contractions but not nearly what they were. I thought, well, let them rest, and I just was kind of laying there wondering when it was going to kick in because I didn’t realize it wasn’t working either, I thought it was just going to be time and then it would kick in. Then they rushed back in to redo it, and they didn’t wake Jack up. When Jack—and Jack is a really sound sleeper—so when he started stirring they were already prepping me to redo the epidural. He was really pissed off that no one woke him up and said, ‘Look, your wife needs some support right now. She’s having it redone.’ So he was really upset about that. And upset that they screwed it up so much.”

According to Natalie’s story, while Beverly might have felt it was better for Jack to sleep, in Jack’s estimation that was a decision he should make, not Beverly. From the

doula's perspective, there might have been good reasons not to wake him up, but that information is not available. Another area that was examined was the doula facilitating the father's involvement in making decisions. Natalie also expressed that Jack did not feel that he had a presence when decisions were made about epidurals, pitocin, or other interventions.

“But what I did get from him was that he felt like he was just a bystander. Like he wasn't involved in the decisions and like they just kept making decisions. And at one point I remember him saying, ‘No suction.’ Because the doctor said, ‘If suction doesn't work, we're doing a C-section.’ And Jack said, ‘No suction. She'll keep pushing.’ I remember the nurse saying, ‘You need to support your wife right now.’ That was the only time the nurse ever stepped in. And it was, a new nurse had just come on, like our third nurse because we went through so many shifts. But she said, ‘You need to support your wife right now.’ I remember thinking, ‘He is supporting me,’ because that's what we wanted. Like we never – but I had given up by then too and so I just turned to him and said, ‘Just let him do the suction and hopefully that will work.’ But that was the only time during the whole labor that he had a voice. And the rest of the time he really didn't say much.”

A 36 hour labor offers many opportunities for the doula to optimally facilitate the husband's involvement in labor support, making decisions, and significant labor events. In his wife's point of view, Jack did not experience much positive involvement, although he did get a lot of emotional support from the same people. In stepping back, it is possible that their doula competently supported each of them individually in labor but did not support them effectively as a unit. In other words, she supported the laboring mother and laboring father, but not the laboring couple. Beverly seemed to perform the caretaking role. But she did not project forward about the possible long term impact of Jack's position on the couple and shift her actions to optimize their future.

Confounding factors were the lack of a cohesive sense of team, a lack of leadership from the doula and the parents on communicating what their role expectations

where; and individual exhaustion. In my experience, people do not perform optimally when sleep deprived. It is probable that Beverly thought she was doing exactly what they wanted.

In all, this negative case study affords the opportunity to see how these concepts work together. Doulas may effectively perform one but not another. The concepts are also strongly interrelated. One of the main illuminations gained from this examination is that the doula needs to skillfully support the laboring couple as well as the laboring father in order to doula him effectively. Doulaing fathers is about more than individually focused care, it is about relationship focused care.

Summary

Mothers see their doulas supporting their husbands and boyfriends in ways that are consistent with the doula's perspective. They have two original themes about the doula's perceived power and her ability to support the mother without emotions getting in the way. Both of these themes are likely related to the secure base portion of the theory. Overall, the mother's narratives were able to inform almost all of concepts derived from analysis of the doula interviews. There was strong evidence for building a relationship with the father, complementing his involvement, being a labor guide, and taking into account the long term impact on the couple. The different levels of paternal engagement, and perceptions of paternal role as partner, protector, and constrained by male gender role and conditioning was also well supported.

Concepts related to doulaing fathers such as giving breaks at opportune times, offering emotional reassurance, accepting his responses without judgment, and facilitating involvement were also well supported. Natalie's negative case study of a

failure to facilitate involvement effectively allowed more detailed examination of the interrelationships between these concepts. The only two categories that had no evidence were the caretaking role and recognition of the father's unique contribution to labor support. The caretaking role is usually one provided by the doula when the mother has implied an overt concern about the father's emotional or physical needs going unmet.