

CHAPTER VI

RESULTS: HOSPITAL-BASED DOULA CARE

One of the main areas of interest about doula care is how independent practice (IP) doula care differs from hospital-based (HB) doula care. Some of the main differences such as prenatal visits are obvious, but a more interesting question is how those differences shift the process of delivering doula support to the laboring mother and her family. The experiences of mothers and parents, the recipients of doula care, may also be different. This chapter focuses on the functions and processes of hospital based doula care and how those doula-patient relationships compare to the doula-client relationships of IP doulas.

*Mothers As Seen by Hospital Based Doulas**Types of Mothers*

One of the first differences that arose was in the terminology used by HB doulas. Mothers were referred to as “patients”, whereas IP doulas referred to the mothers as “clients”. Hospital based doula patients were described similarly by the six Lexington doulas and the two Minneapolis doulas (Tracy and Naomi). As Crystal said, “The usual is not usual because of the way our program is set up. There’s no charge to the patients at all for them to have a doula so we see everything.” What is “everything”? Here are their descriptions:

Crystal: I’ve been with girls fifteen years old and I’ve been with women that are thirty-nine years old that are very much settled, stable, intelligent women and then I’ve been with the other side of it too...just young people that have pretty mixed up lives. So we see it all.”

Tracy: “I did very intermittent private births, and I always heard people talk about, “Oh I want to work with single moms or I want to work with abused moms, or this that and whatever. And you know what? Two years ago I got hired

at [large urban county hospital] and that's all I work with and I love it. And when I do a private birth now, it's so boring, they're all middle class Caucasian educated people. Which is fine and they need and deserve a doula as much as anyone, but boy, it's just different at [hospital name]."

Eleanor: "Oh, it's a big diversity of women because I never know who I'm going to walk in, when I walk into the room I've never met them before. And so I never know what type of background or are they White or are they Black, are they Hispanic, are they European, are they Chinese, are they Japanese, are they Korean. Because each one has their own culture, even the Africans [Americans], and so you have to realize they've got their culture. Each one has their own culture and you have to realize, that like your Jewish people and your Muslim, you can't just, there's certain things that they expect and you don't override. And you don't know, you have to ask, or study up on it, because you don't want to offend someone. So you have to be careful with what you do with the different, different ethnic groups. So it's learning to go with the flow."

Naomi: "Ninety-eight to ninety-nine percent are recent immigrants. They are either Hispanic, Mexican, or Somali. A huge amount of them are Mexican, and some are from South America, some are Somali and other Africans, so that a high percentage of them, they are very poor. The Somalis have a different family work structure so they're still on the poorer scale but more of the Hispanic both mom and dad are working. A lot of them are married or boyfriend-girlfriend, working. But still its, they're probably in the poverty level range. Not a lot of high education at all."

Nancy: "Because you have anything from the young teenager, unexpected pregnancy, unmarried. One client even tried to abort her baby, didn't want to see it, give it up for adoption, wanted him out of there. To the married couple who's tried and tried and finally got pregnant and a very wanted baby, so it just runs the whole gamut."

Sadie: "I like my clients because it can be from one end to the other. Rich or poor, or doesn't matter what their race is, or their religion, or whatever, it's because I'm hospital based. Whoever wants one can have a doula. So I get people that can't speak English, which is very challenging. I get fourteen year-old mothers, and then I get the perfect scenario where you've got the mother, the husband, and the group, the excited grandparents, and the whole deal. So I get it from end to the other. I've had twins, I've had difficult births, I've had easy ones, I've had thirty-two hour births, I've had six hour births, so I've had a wide variety."

In some ways, the hospital-based doulas seemed unflappable about their client's lives during their interviews. But there were some circumstances that were mentioned by more than one doula as being something to which they had to adjust. Linda said, "We get

a lot of young girls who have boyfriends who may not even be the daddy of the baby. It's just whoever happens to be around at the moment." Crystal described it this way: "Sometimes babies have more than just one daddy. They have lots of daddies coming in and out. With things like that, you have to deal with people in that situation." Adjusting to general ethnic differences and language barriers was seen as an exciting challenge. When describing situations with multiple "daddies", the doulas appeared accepting but spoke in a sad tone.

A second way mothers were perceived by the doulas as different from one another was in their pain medication and intervention preferences. Nancy said, "Some, even with the doula, want an epidural as soon as they can get it and want the induction. Then others come in with their birth plan well defined, what they want and what they don't want and 'Don't even mention epidural!'" Crystal explains further, "There's really only – I'm going to guess – maybe 10% of the patients who really are looking to remain an unmedicated, natural birth. Most come in thinking, 'I'm going to get medicine, I'm going to get drugs, I'm going to move along with it.' ...But of course the patients that come in at night are often different than the patients that come in during the day because the daytime people are the inductions." Thirdly, mothers differed in their personalities and attitudes about labor coping.

Crystal: "I think its human nature that everybody's different and certainly some people are more open. Some people are more willing to work with other people. Some people are scared. Some people don't want to be bothered. I mean, there's times when I've been in the labor room and they don't want to do anything you ask them to do and it's like, 'Why am I here?' I mean they don't want to turn, they don't want to get up, they don't want to walk, they don't want to breathe. They just want it to be over with."

Linda: "I think sometimes it's the moms just don't want to, they don't want to be in labor. They want to get an epidural as soon as they walk in the door or they

either want a c-section. They don't want to feel pain, so when you come in and say you're not five centimeters or four centimeters yet, so we need to work on some thing. 'Get up and get on the ball', or, 'Let's get on all fours or stand and sway', they just don't want to do it. They want to go in, get in the bed, get the epidural, have the baby, and that's it. And that can be very frustrating for us."

Lila: "Some women really want everybody there watching and some people want no one there and just the whole thing is listening to the mom, I think. It's another spectator sport, but some of the drama queens want everybody, sometimes they don't want you to calm 'em down because they want to make all those noises."

Linda: "We do have some patients that come in and you can tell that they're spoiled and they just want one more person to pay attention to them. And sometimes I just feel like I'm just there to, to attend her, I guess is the word. But eventually it gets to the point where they look at me like, 'Okay now, what are you going to do for me? How can you help me?' Instead of just being another person with my attention on her. But that's okay. I take them all, no matter what."

Naomi: "I think for the Somali population it's still this thing, 'Boy you're doing good if you get to go to the hospital to have your baby.' But absolutely no understanding what is going to happen once they get there. Still that philosophy, 'If they are doing something to me when I'm having my baby, that's an okay thing.' Although the English language is better there, I'm thinking that it's harder to get through that technology is not always a good thing. The Hispanic population tends to be a whole lot more exposed to 'birth as it should be'. Unless they are coming from some of the bigger cities where they are doing 98% cesarean rates. And that's not too many of what we have, at least what I have."

Linda's statement, "I take them all, no matter what," summarized the attitude communicated by these hospital-based doulas during their interviews. No matter life circumstances, relationships with family, or personality characteristics these mothers possessed, the doulas' words exemplified their commitment to assist all women through labor. The mothers were total strangers to their doula. Hospital based doulas work on an on-call basis, taking shifts during the month. The nurse will ask the mother if she would like a doula, and then they phone the doula on-call if the answer is positive. Nancy explained what information she had before reaching the hospital. "They [nurse] might say, 'I have a woman and she's in room three, she requested a doula.' I'll say, "Okay."

Sometimes they say, ‘She’s being induced’ or they might say, ‘Third baby- five centimeters hurry!’” The vast majority of the time doulas explained that they had no information before arriving at the hospital, and only cursory information before entering the labor room.

Unique Skills of Hospital Based Doulas

In the analysis of their interviews, it was evident that the hospital-based doulas had developed three unique skill sets in order to thrive in that setting. First, because they had no prenatal introduction or relationship, effective doulas needed to “get to know their clients” quickly. This required good communication skills and the ability to match and blend with a variety of women and their families. Second, they needed to establish rapport with a wide variety of women and remain non-judgmental. Third, hospital based doulas were hospital employees and responsible for creating congenial working relationships with nurses and physicians.

Getting to Know Clients Quickly

All of the doulas were in consensus about how they did this. Crystal gave a detailed explanation of her verbal strategies.

“We come in, we have access to their medical chart and we go through that and look through the record and kind of, to see who they are and what they do and maybe some of the family and what’s going on with them. Then when I go into the room, of course I introduce myself and just try to ask them questions. Some of the things I already know, but I ask them. ‘Is this their first child, is it a boy or girl?’ We can read on their charts to see what their plans are for anesthesia, for instance, whose going to be with them during the birth. We know that but I also ask them that when I get in the room. ‘What are your plans for pain control? What do you want to do...what do you...what do you see happening? What are your plans for this?’ And some of them have plans and then some of them are like, ‘I don’t know what to expect’. Or they say ‘I’m scared’, so how I get to know them, what they want is just communication.”

Eleanor has a different style and presence than Crystal. Her approach was based more on feelings and touch rather than discourse.

“So when you walk in the room there’s an atmosphere. That couple has made an atmosphere in that room before you’ve walked in. And sometimes you walk in and you feel the atmosphere of fear or restlessness or they’re not sure what’s happening...So I have to realize when I walk in the room that what the atmosphere is and then when I go to the mother, the first thing I do is I introduce myself. And then I let them know that, yes I am a doula, I work here at Lexington Hospital, I am here to assist you, not to take over. I am here to assist your husband or your family members, whoever is with you. But I am not going to tell anybody what to do. I will make suggestions. If you have any questions or you’re not too sure about something, ask me. If I don’t have the answer I will find someone that does, because I know I don’t know everything and so I realize that there are some questions that have to be directed to the nurse...Sometimes I’ll walk in the room and I’ll just look at the situation and I’ll feel to, maybe take her feet and start massaging them. Why, I don’t know, I just feel to do that. Sometimes I’ll just go and I’ll start massaging the back, I don’t know why. It’s just what my instincts tell me that I need to do it that moment. I have been told that when I’ve done that, the girls have told me that it makes them completely relaxed because I’ve done what they’ve wanted without being told, and without even talking to them. So I don’t, to me it’s something that being a Christian, I feel that the Lord is with me and is directing me what to do, so that I can be of the most assistance without saying, ‘Do you need this? Do you need that?’ No I just, I know automatically.”

Establishing Rapport

Akin to getting to know the mother quickly was being able to forge a bond with her. Once again, the doulas were consistent when describing their strategies. They explained they were there to offer comfort and support, and to do things on behalf of the mother. As Lila succinctly stated, “I just go in as a stranger and I leave as a best friend for the day.” She saw part of building a rapport as communicating to the mother that her responses, no matter what, are acceptable. Lila and Nancy wanted the mother to give herself permission to do what was comfortable for her, while Sadie wanted to build rapport by establishing common ground with her patients.

Lila: “But I always ask, ‘Is it okay for me to touch you?’ And I said, “This may feel really good now, but in a few minutes you may not want to. You may not have the presence of mind to say, ‘That felt really good a few minutes ago, but now, ‘Stop it, Stop it!’ I give them permission to tell me ‘no’. I tell them that the only thing that would upset me is if they told me tomorrow that they wished I hadn’t have done this today. So just to tell me. I let them know that they know their body better than I do. And if their husbands know that he knows her a lot better than I do. I tell them to try to see me as invisible. So if you would hug her at home, hug her here. Just try to do that.”

Nancy: “Then later on, as things start building up, I’ll say, ‘You don’t have to entertain me, you can close your eyes, you can go to sleep, you don’t have to talk to me, do whatever you need to do.’ But I find with most people that bond happens pretty fast. The guys are pretty relieved when we walk in.”

Sadie: “But as the day progresses, if I get that opportunity, I let them know who I am, so that they can get more at ease with me. Know that I am a mother of three, and I had my children in this hospital, and that some of the nurses and doctors that still work there delivered my children. I give them confidence in the nurses, the doctors, the hospital, and me. As a person I have been in their shoes. Even though I chose medication, if they choose not to, a lot of people will ask me, ‘What did you do?’ I really don’t want to tell them what I did, this is their day.”

Collegial Working Relationships

The third unique skill set was not directed at mothers but at the doula’s coworkers. While independent practice doulas also forged positive working relationships with the nurses and physician or midwife, those connections were usually only for the duration of the labor. Being medical center employees meant that the doulas were employed by the hospital and expected to have ongoing relationships that were collegial and team oriented. This expectation had unique challenges. Different nurses had a variety of expectations about what doula behaviors were considered acceptable. Doulas gave the example of disengaging the mother from the fetal monitor to take her into the bathroom or on a walk. Some nurses wanted the doula to ask permission, while others considered it was up to the doula since she was in the room with the patient. Doulas

needed to utilize their communication skills to develop a rapport with the nurses and discover what behaviors she considered acceptable, and how much communication she wanted from the doula about the patient. Among the Lexington doulas, many felt that having the doula program started and administered by a nurse gave them increased credibility. The program director was perceived as a bridge between the doulas and the nurses. Also, all of the nurses had taken doula training. Overall, doulas from both programs felt they got along well with the nurses and felt they worked together to provide good birth experiences for the mothers and their families. Nurses would also look after the doula's well being, especially if the labor was a long one. Crystal's description is representative of both the Minneapolis and Lexington doulas:

“I feel like we do work well with the nurses. I feel a couple different things. First of all, because we're part of the staff they know us. We're there, we are part of the staff and they know who we are. Nurses, just like every body else, all have different personalities and again, experience working with nurses. Those nurses, you learn after a while how to work with them. There's all of the different nurses. So, I think that's part of the learning process too. I mean, some of the nurses, I'm free to do anything I want to do with them. You know, I can take them to the bathroom, we can go for a walk, I can unplug the monitors, I may ask her ahead of time is it okay to use a heat pad, or can she get lollipops or whatever. I try and clear it with those nurses but at the same time I pretty much know that I have freedom. And they listen to me, if I tell them she's grunty or I'll come out and tell them everything that's going on and they respond and appreciate what I tell them. There are other nurses that like to be more in control of everything and I kind of back off a little bit. Little things like moving the bed or something and she'll say, 'No, don't do that', or 'I'm going to do this'. or whatever. It's just control issues with nurses. I don't think they really realize sometimes that they're being controlling. I think its just their personalities just to be that way. I don't take it personally. Again, I try to give them their space and appreciate they want to do more.”

Some doulas also had excellent experiences with physicians, while others felt doctors ignored their presence. Initial experiences made a difference in how doulas perceived their colleagues. On her first day, Sadie was brought in to observe a cesarean

section operation. “The doctor that was doing the first cesarean that I watched, he acknowledged that I was in the room, and it’s hard to acknowledge when you’re in a room, because you’ve got a mask on and it’s hard to tell, but he acknowledged that I was in the room observing, and he called me over and explained the process.” This seemed to have led to further good experiences with physicians.

Sadie: “I go in the break room and a doctor will say ‘How’s the patient doing?’ And I’ll say ‘Well, the nurse just checked her and she’s such and such’, and he’s going, ‘Oh good.’ I mean, he’s got monitors, he knows... We have good performance from doctors. I have doctors that thank me for being in there. I have nurses going, ‘Wow’, ‘it’s great to have you in there’. And we are a team. So I have experienced very nice setting.”

However, other doulas acknowledged that feeling like a respected member of the same team did not always occur. Nancy had a prestigious career in finance and worked as doula part time. Linda worked almost full time as a doula, and both had mixed experiences with physicians.

Nancy: “There are some who will talk to me like I’m a real person, like I’m an equal with them. And there are some who don’t even look at me. And that frustrates me to no end...[Some] will talk to me like I’m an intelligent person and then others just won’t acknowledge that I’m there. Won’t even acknowledge me when I’m out at the desk, if I speak to them, they may speak back.”

Linda: “Some of the doctors, the younger doctors, are really open to what we do. And the older ones are not that much, but they respect us. I think, especially the ones who have been around for a long time, they’re pretty open to what we do. Pretty accepting of it. Even old-timers. And I get along with all of ‘em, I’ve never had problems with any of them.”

Overall the Lexington doulas that I interviewed were very easygoing when it came to creating an atmosphere of collegiality with nurses and physicians. But even though almost all doulas acknowledged difficulties with some doctors or some nurses, they were very clear that they got along well with them. Linda interpreted respect for her contributions even if the physicians are not certain about some of the doula support

techniques. Naomi and Tracy, from Minneapolis, had a wider range of stories about working with nurses and physicians. They did not often feel a collegial familiarity, since there was a much larger staff of nurses and pool of physicians who had privileges at their county hospital. According to their descriptions, most nurses had not taken a doula training, and the institution itself had a less team spirited obstetric unit when compared with the Lexington, South Carolina medical center. Tracy summarizes:

“I have found the vast majority of doctors and nurses are wonderful. We have a wonderful program and if for some reason they decided to cut it, I know without a doubt that both the doctors and the nurses would go to bat for us. They love what we do, sometimes for the wrong reasons. Sometimes its because we’re doing things that- [Pause] Most of the time its for good reasons. We’re helping the patient. But sometimes its because it frees them up to do other things or so they don’t have to do as much work. But you know what? That doesn’t bother me because it’s still a benefit to the patient. No matter what the reason is the motivation to get a doula at the birth, I don’t care. If we’re there, that’s good. We have O.B.’s and we have residents and we have family practice. I have found you do have a doctor here and there that’s weird. Not really only the doctors you do get a nurse here and there, who’s just, ugh, you know they just don’t like doulas. We only have like one in the hospital and even she’s gotten so much better. So I have found a lot of acceptance.”

As this excerpt intimates, relationships between doulas and nurses and physicians were complex. They were influenced by multiple factors, including the hospital setting and the population of mothers and families served. However, Tracy gave reasons to conclude that the doctors and nurses at her facility worked alongside the doulas in a satisfying way. As a doula, she strove to create an atmosphere where they could all function as a team, no matter what the situation.

“It’s A Calling”

Another common feature of the hospital-based doulas was their spontaneous description of doula work as a “calling”. Five out of the six Lexington Medical Center doulas described it that way; whereas only three out of the twenty-nine independent

practice doulas used that terminology. Sadie said simply, “Your calling. You know, what you are here to do.” Tracy, from Minneapolis, did not use the word “calling”; however her sentiments mirrored Sadie’s.

Sadie: “Either you’re a doula or you’re not. You have the heart or you don’t. Either you have the commitment, well, that would be definitely more commitment, because it is a big commitment. People call me and they need you and it’s hard to turn ‘em down, like somebody’s in need. So commitment would be right there at the top. And then the rest would be heart and compassion.

Interviewer: Heart. What’s that mean?

Sadie: Your calling. You know, what you are here to do.”

Tracy: “But you either have it in you to be one or you don’t...I just think that, you’re either a doula or you’re not. I think that some people learn pretty early on that this isn’t my thing because, how many doulas do you know that just hate their job? I mean you just don’t hear it. I mean maybe it’s a doula who’s working in the hospital, she hates that aspect of it, but it’s so rare that you a doula says, “If I did it all over again I’d be a chef”. [laughter] My husband works on computer, a software engineer, and he hates it, he hates it. You have no idea what its like to have a job that you love. It’s everything, you know. I think that somebody who’s not cut out to be a doula probably learns it pretty early on. I mean you’re going to have doulas who burn out, and that’s different, very different. But you’re either a doula or you’re not.”

Tracy discussed loving her work, and how meaningful and important it was in her life. Nancy said something similar. “It was definitely a calling, because in my real life, I’m a [industry executive]. So it was totally different, totally different job in what I do everyday. But I think one job is a career and the other job is a passion...I had no choice, I had to do it, it bothered me everyday, it was on my mind.” Eleanor said, “I so enjoy doing what I do, that not to do it, I feel like I’m just not being completely fulfilled.”

Analysis of these excerpts revealed the elements of the concept of “it’s a calling”: a passion for doulaing; a strong desire to help women; feeling that doulaing fulfills one’s life purpose; and doulaing as a service that can only be given from deep inside oneself.

There was an element of compulsion or need that threaded through some of their explanations.

Lila: “I mean it’s something within you that you read it and it calls out to you. It’s like a calling, and I don’t know that I can explain what a calling is. And I don’t know that I can explain why I’m who I am, you know that much. My faith walk is a really important part of my life and that’s sometimes is useful in the birthing situation because we are living in the Bible belt with just a lot of people who talk about their faith and things. And you can use some of that in the birthing process, everything. I think it’s kind of a gifting. You know, I think it’s a calling. It’s a gift because who I am and how I respond isn’t something that I read in the book and practiced. I mean it just came out of me. So it was a gift rather than an education. It has to be worked on so I read literature, I learn from other women, I learn from books, different things that work, but the compassionate part is a gifting.”

Linda: “You have to be at that place where you feel like you have something to give. That you’re nuts about it. You’ve matured, you’ve got a lot of life experiences and have a lot to offer, and you want to share, you don’t want to keep it, and you have to let it, you have to give it away.”

Eleanor: “So it wasn’t something that I had to work at, it was just part of my nature. So I was, so it was like a marriage, it was something I thoroughly enjoy doing. It was something I don’t get tired of doing. I do feel sort of, like these last two weeks when I’ve only worked once, I feel like, ‘Okay, what am I supposed to do?’ I feel a little lost because I enjoy doing what I do so much. I find that being a doula is a very fulfilling job. It’s something that I don’t think of as a job. It’s more of a, it’s like a calling. It’s something I would do no matter what. I just really enjoy doing it...To be able to be an assistance to someone, whether they’re in labor or just in any aspect of life to help them out, is just how I am, it’s what I want to do, I like to be a service. It’s like I say, it’s part of my nature. It’s just what I am.”

Sadie: “Yes, I think the doulas that we have are all, it is a ministry. They have purpose in their lives. And I think that they are in tune to women, and their needs, and they know how to respond to women...I feel like I had a true calling to be a doula, that this was my purpose. This was my ministry. And so I come in with the heart for doulaing.”

Elements of Effective Hospital Based Doula Care

Because of the variety of clients, their attitudes, life situations, and preparation for childbirth, hospital-based doulas had developed their own unique perspective defining effective labor support. Their definition had eight elements that emerged from the data as overlapping and related concepts. Physical support; emotional support; informational support; belief in the mother; maintaining a calm presence; focusing on the patient; individualizing care; and reading cues accurately. These elements were interrelated with one another and may be employed differently depending on the labor events, circumstances affecting the labor, and the characteristics of the individual mother. (See Figure Four.) Empowerment and advocacy were not considered important individual elements of effective labor support by hospital doulas by this sample. Although empowerment was a consideration in providing informational support to parents.

Physical Support

The most robust concept of effective labor support was physical support. Doulas in the Lexington group had developed a unique turning technique called “rolling” or “the move”. It was used to encourage babies to move down the birth canal when the mother had an epidural. Nancy explained when she used it.

“Well, I have had a couple times where I felt like just from the look from the medical staff that we were getting close to a c-section. Because they felt like the baby wasn’t dropping enough, or the cervix wasn’t continuing to dilate or something. And I said, ‘Okay, let me try one more thing.’ And we did what we call ‘The Move’, way off to the side and on most of those patients, in all we’ve done that too, they come back in to check them and the baby is there and they are ready to birth. And so I know with several we have avoided a C-section. I’ve tried it on people who haven’t even had an epidural, when they can tolerate it. But the one I remember the most, I just remember that nurse going, because that baby’s head was still so far up there and I said, ‘Come on, let’s turn, lay on over’. And she had an epidural. So she was laying over on her side and she started grunting a little bit and I says, ‘Are you grunting?’ And she says, ‘Yeah.’ And

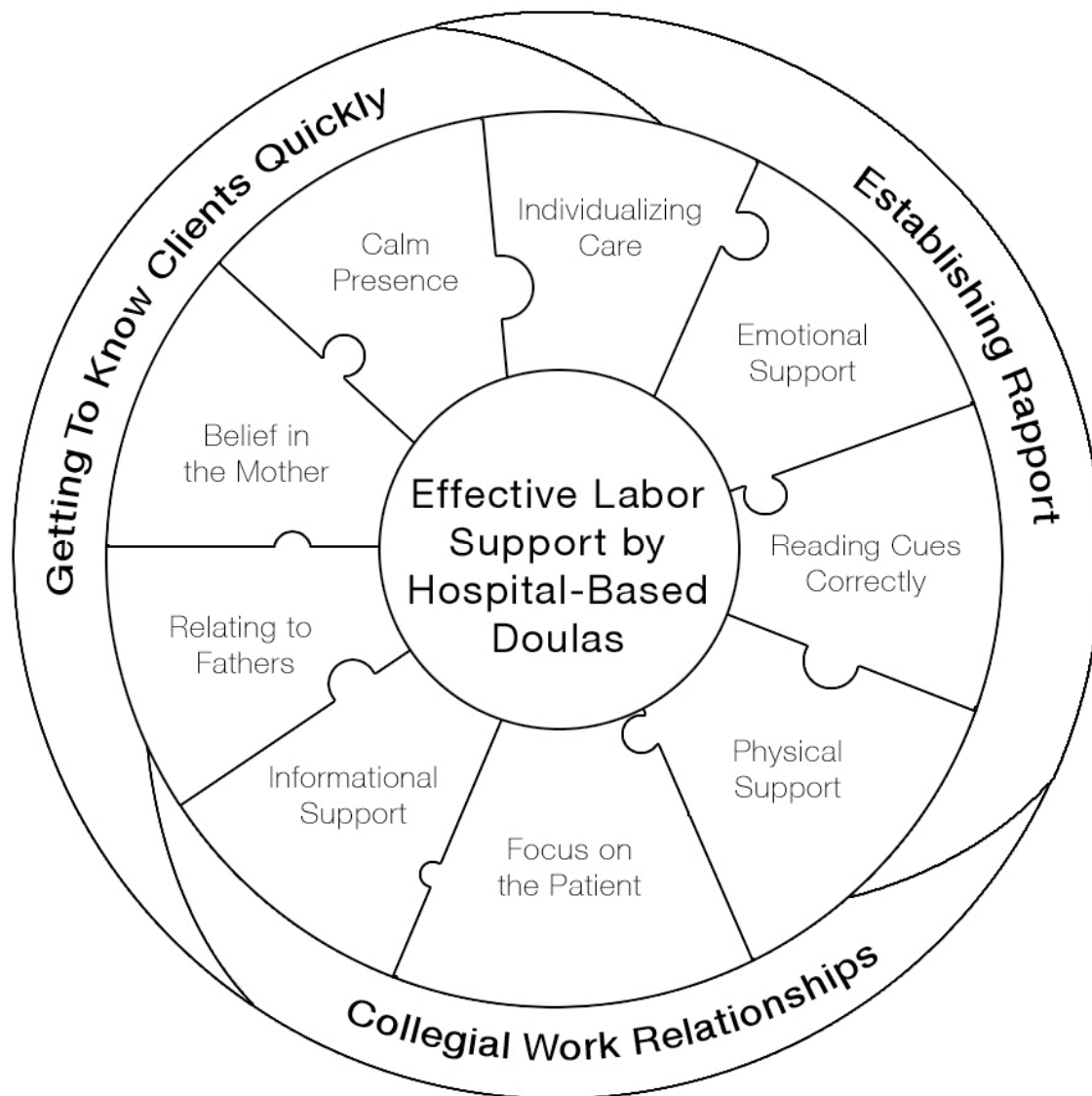


Figure 5.

Effective Labor Support by Hospital-Based Doulas

she says, ‘Okay’ and the nurse is like ‘Yeah!’ She was pushing is what she was doing without even realizing it. So I kind of feel like, ‘Yay, yay for her.’”

Physical support often overlapped with other elements of effective HB doula support. Individualizing care, or approaching each mother as an individual was one of those elements. Since each mother was perceived by the HB doula as an individual, suggestions about support techniques also varied. Eleanor illustrated this concept well.

“I’ve been at the hospital for a little over two years now, and it’s their choice. I would like them to be more active, but I’m not going to make them be. I’ll keep suggesting it. If they say, ‘Is there something else I can do?’ I’ll suggest something else, I’ll try to find something that they’re willing to do, even if it’s standing and leaning on the bed, or giving a ball and let them lean on the ball. At least they’re up, instead of laying down, because I am a firm believer that laying down doesn’t help birth. It’s after having eight of my own, and always being active until it was time for birth. I know that, because I never had a long birth. My first one was longest. And that was because you go to the hospital and they put you in bed and you’re not allowed to get up and do anything. So that was a long, long time to be there. Whereas the rest, most, I have five at home, and so I was active until it was time to push. To me it’s the more active you are, your mind doesn’t concentrate on, ‘Oh, here’s another contraction.’”

In the next excerpt, physical support blends with another concept, emotional support, to provide effective care. As Sadie told this story, the elements of working with the staff as a team were also present. She talked very proudly about her ability to help a mother cope in order to hold off pain medication.

“I can also hold them off, if the nurse, I can go out there and go, ‘She wants something for pain.’ And the nurse is going, ‘We really need to hold her off, for good.’ And ‘I know she’s in there screaming, but put her off thirty minutes to an hour, or you know?’ So I’ll go in, and I’ll go I can do that easy. I know how to hold off a mom for thirty minutes to an hour, even if she’s screaming or is in pain, and wanting something. And we get up and go to the bathroom, we take a very long time, let me get you turned over on this side, see if it makes you feel better, let me get you some ice chips, you go out of the room for two or three minutes, just to get the ice chips. You buy minutes and seconds. Just enough, and you keep movement in there, and I mean it might take just thirty more minutes to take that baby to wiggle on down, you know? And so you’re just buying time. And then you’ll tell the mother, you’ve come so far. You’ve done this.”

Emotional Support

Emotional support strategies were described by all eight hospital based doulas and there were no new strategies mentioned. They gave numerous examples of the four simple strategies: praise, encouragement, reassurance, and explaining. HB doulas also gave examples of three of the five complex strategies: explaining, accepting, and reframing. Lila gave an example of reframing that was also commonly used by independent practice doulas: when a mother who was previously committed to an unmedicated labor was considering an epidural.

“I remember I said to her, ‘What is it that keeps you from wanting that epidural?’ I don’t bring that up to them unless they start talking about it. She says, ‘Well, I think if I get it I’m just thinking I might not be a very good mother.’ And I just said, ‘No, No, No. You have labored as much as many women do that go all natural. You have not missed the birthing experience. You have had labor pain. And you have worked really really hard. Nobody but you can know what you’re feeling, but you have not missed labor pain. You have not missed the labor experience. And you should not feel at all like you’re weak because of this.’”

An interesting finding was that the hospital based doulas told stories where emotional and physical support strategies blended together. In the independent practice doulas’ stories, emotional support was primary and physical support was secondary. IP doulas emphasized emotional support techniques over physical support ones. However the inverse was true in the HB doula stories. In this excerpt, Eleanor greets a woman as she begins second stage and utilizes both emotional and physical support strategies to support her.

“I was getting my paperwork done and the young lady that was laboring was, actually she hadn’t requested a doula, but her family was all out smoking and it came time for birth. The nurse was in the room, and she needed a camera so she called by intercom and asked for a camera. I was available so I took the camera. I asked, ‘Would you like a doula?’ She goes, ‘Oh could you please stay?’ The young mother was completely out of control. She was screaming, she was all tense, and she just, like I say, completely out of control. And so I took her in my

arms and put the upper torso [gestures], and I talked to her. I said, ‘Look, you can do this.’ She couldn’t get an epidural because she came in too late. She was already, I think, past nine when she got to the hospital, so she was right at the birthing stage, so it wasn’t, there wasn’t time. And so she says, ‘I can’t!’ And I said, ‘Yes, you can do this. Your body has been made to do this. Women have been doing this for ages.’ I says, ‘All I want you to do right now is just take a deep breath and let it go.’ And I says, ‘Now I want you to take another breath. Just go nice and slow and I want you to be completely relaxed. You don’t have a contraction right now so just relax. And let it go.’ I says, ‘I want you to become a rag doll.’ And I’ve used that term quite often because when women are in labor, to relax, they don’t think relax. But if you say ‘rag doll’, a rag doll just stops. No matter where you put them, they’re just, they’re there. So I encourage them to just become a rag doll, and you see her completely relax. So when the next contraction was coming on I says, ‘Okay, now let’s breathe through this.’ And she did real well.”

Nancy told a very similar story where she integrated physical and emotional support techniques.

“Then she made it to ten centimeters and she was pushing. I don’t know how big the baby was but I remember during the pushing, it was almost like she wanted to hide it, to hold it in instead of letting it out. Later she told me that she remembered me saying, ‘You’ve got to push through that burn, you’ve got to work with it, it’s helping you. It is not your enemy, you’ve got to work with this and push.’ And she did and that stuck in her head. That was kind of her turning point from, ‘I can’t do this’, to, ‘I can do this’. So I guess that’s pretty much the main things I used was the encouragement, the breathing, and the changing of positions. That’s pretty much standard with everybody.”

Since the mothers are strangers to the doulas at the beginning of their interaction, the doulas must be very creative to forge a connection with mothers. Doulas work with what they have available to them. Lila gave an example of this creativity in offering a mother emotional support.

“That meant she couldn’t get her epidural and she was so frightened. I just, I don’t know that I’ve seen a mom so frightened. She was so afraid. And we had talked about Peter Pan at some occasion about it. I remember just getting in her face and just looking right at her with her face between my hands and I just never said it before like this. But I said, ‘Happy thoughts, happy thoughts’. Do you remember when Peter Pan thought happy thoughts? He could soar, he could fly. It was so funny, and her eyes were as big as saucers and she just looking at the ceiling and she kept saying, ‘Happy thoughts, happy thoughts, happy thoughts.’”

Informational Support

Emotional support also overlapped with informational support. According to the HB doulas, it was unusual for parents to arrive at the labor room with a birth plan. Informational support was offered when doulas explained what was happening in labor, which was related to the emotional support strategy of explaining. But it also occurred when doulas asked the nurses for information on the parent's behalf or they explained hospital procedures and the parent's options. As Linda explained, "I answer questions, if they have questions about the labor process, or things that the nurse or doctor may come in and say. They don't feel comfortable asking them questions, after they leave then they'll ask me. And if I don't know the answer then I'll go find out from them what I can." Several of the doulas felt they wanted patients to know as much as possible before they made a decision. As Nancy put it, "I just try to make sure that they are educated in their decisions, whichever they are. That they have the education enough to make their decisions." When pressed for an example, Nancy shared about how she helps to further an agenda important to her and to the hospital.

"I find out first kind of what they're thinking and what they want and then, for instance, breastfeeding- if they say, 'I'm not going to breastfeed.' I'll say, 'Are you aware of all of the benefits for you and your baby of breastfeeding?', and go through each one of those, but then it's still their decision to make. But I'll say, 'I just want to make sure you're aware of all this.' So they can make that decision."

Tracy concurred with the role of educating parents as situations arose in labor, so they would be making informed decisions. She also explained how she honored the ethical commitments of what she perceived as her role with the diverse populations she serves.

“Our Spanish speaking population is really high and my Spanish isn’t very good, I will get an interpreter. So we need to do this over again and we need to explain this procedure to her in Spanish through an interpreter and let her ask as many questions. And then I always turn to the father and say, ‘Do you have any questions or do you have any more questions?’ I just really want to be satisfied that they know what’s going on because so often they don’t. I just think that’s so important. And that they know they have a choice. I don’t want to seem like I’m pushing them, like you have a choice not to do this, I’m not saying that at all. But just because a doctor says, ‘Your labor is stalling, I need to start Pitocin’, doesn’t mean you have to consent to it at all. And if you do, this is what could happen and if you don’t, this is what could happen. So I just make sure to try to educate them as much as you can as labor goes on. But then as the specific things happen you just try to cram in as much as you can. I just make sure they have the opportunity to get the information they need to make a decision and feel good about it. Not just, ‘Well the doctor said I needed to do this’, that type of thing...I guess I pretty much let them decide if they feel like they have enough information about it. I’ll wait until the person leaves the room because again I work for the hospital. I guess it kind of depends, I know sometimes I just say, ‘Do you feel comfortable, do you have enough information?’ Because I don’t feel I’m doing anything wrong by saying that. If they don’t, either we’ll find a way to reword it or rephrase it. It’s challenging because you’ve got the cultural barrier and the language barriers and then I’ve got my whole role of ‘Gotta want to be there for the patient’ but I’ve got my job to think about too.”

As with IP doulas, underlying informational support was the philosophy of empowerment of mothers. Eleanor stated that it was important to assist the mother in finding out what was right for her, rather than sharing the doula’s own opinion.

“If a client asks you, ‘Well, what would you do?’ In that type of situation, I generally ask them, ‘What are you wanting to do?’ Instead of asking me what I would do, I want to know what are you wanting to do, because I can’t help you do what you want to do, if you don’t let me know. And so, a new doula would have to realize that a lot of times clients will ask, ‘What would you do?’ But you need to find out what they’re wanting to do and not just tell them, ‘Well I would do this, this, and this.’ Because that might not be the answer for them. You’ve got to listen to your clients to find out what they’re really needing and be aware of what they’re needing, not just the clients, the family also.”

Belief in the Mother

A reoccurring theme with the hospital based doulas was their strong and fundamental belief in the mother and her ability to get through labor. This was present in

every interview. It was a strong element of effective HB doula support as it was the underlying philosophy of the hospital based doula. Crystal said, “We do give them courage to go through with what they want...to try and hang on to that goal that they want to accomplish.” Lila articulated this philosophy very clearly:

“I think the most important quality a doula has to have is to believe in women, believe in the process of birthing, to believe that any woman can do it. And if she can portray that and if she can, if she can try to give that to the mother. I often say, ‘There’s nothing that’s going to happen to you today that you will not be able to handle.’ You know, just try to put that forth... They’ll always say, ‘Oh, we just, I couldn’t have done this without you.’ I say, ‘Yes, you could. But I’m so glad I got to be with you.’ That’s what I want them to know. I want them to know that it wasn’t because I was there, it’s because they were there. That they really can. I always say, ‘You are so much stronger than you think you are. You are going to be so surprised with yourself.’ I say the same to the dads, that they’ll be so surprised. So you have to believe that, it can’t be an amount of words, just words you say. But you’ve got to really believe that they can do it.”

Sadie shared that her confidence in a woman’s ability to cope with childbirth was not very high until she became a doula.

“I have more confidence in childbirth now. I know it can be done. I had three children and I did not go natural. But it can be done and now I know that it can be done. I’m confident in my patients, and I’m confident in myself, that I can help them achieve what they want to achieve. So I don’t crumble when they first say, ‘I don’t know if I can do this.’ I’ll say, ‘Yes, you can’, with confidence.”

Individualizing Care

Doulas openly discussed that it was important to treat every patient as an individual. Hospital based doulas who had been to more than 300 births mentioned that all the births blended together. Some of the doulas mentioned that they kept a log at their home to help them remember people. However, all of the doulas wanted to make sure that I understood that it was only in retrospect that the mothers and labors blended together. Each mother they encountered was an individual person and was treated as such. Crystal, who had attended 500 births, explained:

“Well, I think that every patient is individual. I mean, you do a lot of the same things for everybody. But then, obviously everybody’s different. I mean, some people want to talk to you and some don’t. And some people will move about and some won’t. Definitely every person is individual and you do have to figure that out... I think that in the beginning we want to use all the tools slash tricks that we learn in training. You know we wanted everybody to get on the birth ball or we wanted everybody to breathe with every contraction or we wanted them all to maybe do what we’ve been trained to do to comfort them, you know. Maybe we want to rub their back or rub their feet or give them a dum dum lollipop or whatever. And again, those things are not appropriate for all patients. Whether she wants to use the birth ball or not is up to her.”

Calm Presence

Hospital doulas also noted that bringing a calm presence into the room was an important part of their paradigm for effective care. As Lila stated, “Sometimes I can’t believe it that women have babies without doulas. Not because we do so much, because I think we bring a presence into that room, a peace. A calmness into that room, that’s what we need to be bringing. And that really makes a difference.” Crystal said, “I don’t think they need to be a real high energy, noisy, busy person. I think that in that setting is that they need to be more, I guess, quiet or low-key.” Sadie said, “I was taught in the doula training that your presence, even if you’re standing in a corner, makes a difference to the mother and the dad.” Eleanor went further in her description.

“All they want is for me to sit there and I’ll ask them, ‘Is there anything I can do?’ And they’ll suddenly say, ‘All I want you to do is sit there. I want your presence here. That’s all I wanted to do before is for her presence. Just in case I need something, I want her there.’ And so it’s different in that type of thing because when you’re not needed as a servant, as a hands on servant, but you are still needed because they want your presence there for, not just the calmness, but because it gives them assurity that all is well. That they are going to make it or I don’t know exactly why it is, the client feels that way.”

Focus on the Patient

Another element of effective doulaing that emerged from hospital based doulas was the need to focus on the patient. For Crystal this meant, “Focus on the patient, not be

distracted by the dynamics in the room or the tubing or whatever else is going on.”

Eleanor meant that doulas needed to make the patient the center of her attention, and let the mother lead. “You’re there to be of assistance, but you’re not there to take over.”

She was also very clear about the doula’s role in revealing her emotional state or information about herself.

“Just try to always be on the up. Even if you’re going through something yourself that’s made you depressed or made you sad, try to be a good actor, actress. And cover it up, don’t let others know what you’re going through, because they don’t need to be concerned about what’s happening to you. It’s their day. So they don’t need to be concerned about anything with you.”

“Remember not to give too much information about yourself. Don’t talk about yourself. If you’re talking to family, they’re telling stories and they say, “Okay, do you have any stories?” And they are trying to pass the time, it’s one thing. But don’t just sit there and talk about yourself, because you’re not there to talk about yourself. You’re there to be with the family, or with the mother in labor. Sometimes it’s very necessary for a doula to just sit there and be quiet, to observe without saying anything. Sometimes quietness and observing and just being still is more important than trying to do things.”

Reading Cues Accurately

Another important skill that contributed to effective support described by hospital based doulas was to read the mother’s cues accurately. HB doulas must learn to read the cues of a stranger. They do not have the advantage of a prenatal relationship. Crystal explained, “Trying to learn to observe that person, try to figure out what that person needs. If she doesn’t communicate verbally to try to watch her...Something as simple as someone licking their lips means they probably need ice chips. Or different expressions they have, you do try to read the patient. You do try to anticipate what their needs are. Nancy said something similar. “Well with the breathing, I see the lips dry and I give them ice, and they say, ‘How did you know I needed it?’”

Lila elaborated on this point that it was also important for HB doulas to read a mother's emotional cues as well. "I don't want any woman that I've been with to feel guilty, that she's taken any medication. But I don't want anyone to think they're weak and can't do anything either. That's a total balancing act there." Knowing the right thing to say to a mother and offer appropriate emotional support was based on reading cues accurately as well. Lila shared an experience where she did not read the emotional cues of a grandmother well.

"The grandmother looked at me and she says, 'He's here', and she patted her son-in-law, 'He's here for his baby. But I'm here for my baby. He's going to take care of his baby, but I'm going to take care of my baby.' Then I just proceeded dealing directly with the birthing mother. I really was focused totally on the birthing mother. The end result was, she [the grandmother] felt like I was taking over her place."

Empowerment and Advocacy

In the analysis of effective labor support by independent practice doulas, informational support and advocacy were very closely tied to one another. While informational support was clearly considered part of the concept of good care by hospital based doulas, advocacy and empowerment did not emerge as part of their effective labor support paradigm. Earlier, the definition of empowerment that emerged from the IP doulas and mothers was, "the act of claiming one's own influence over a situation and taking responsibility for its outcome." However the HB doulas did not feel that most of their patients were ready to be empowered or interested in that aspect of their birth experience. As Crystal said, "I think that empowered...that's not true a lot. It's often true that we do give them courage to go through with what they want...to try and hang on to that goal that they want to accomplish." Sadie talked about empowerment but acknowledged that it did not have much to do with advocacy or decision making. "You

empower everybody, you let the mother know that she has power over her situation. You let the partner know that he has power to be in the room and be helpful. The nurses are able to do their job better. You're empowering everybody to do a better job." These definitions do not necessarily jibe with the expressions of independent practice doulas about empowerment of the mother. Eleanor was a bit closer to the original idea presented by the independent practice doulas. "You realize that you're not telling these people what they have to do. You make suggestions and then they make a decision, what they want to do, what they don't want to do." However, as Tracy articulated, sometimes the decisions that are presented to patients are not the same choices that mothers with independent doulas have. Tracy, the HB doula from Minnesota, clearly explained her dilemma about empowerment and decision making.

"When I get hired outside of the hospital I'm working strictly for the couple. And when I get a patient when I'm on call I'm working for the hospital. And yes my job is to be an advocate for the patient but...[Pause and sigh] For example, with my private clients of course I have a couple prenatal appointments with them and we talk quite a bit on the phone or by email or whatever. So I have time to answer their questions and tell them about their choices and their options. And I will tell them if you choose to do this, this is what I've read about it. These are the pros and these are the cons. And it's your decision. It's not my decision, it's what you want. Cause so often at a birth, some medical staff will come in and say to them, and they will turn and they'll look at me. And [I'll say], 'If you want me to go over again what the pros and the cons are I will, but this is your choice and I cannot speak for you.' They'll say, 'What would you do?' I just - [pauses]. With a private client I have a lot of time and a lot of opportunity to go over that when they're not in labor. And I work for them. So I'm not so afraid to say if, if a doctor comes in and says, 'Nubain doesn't hurt the baby, it's not going to hurt the baby. This could happen but it's very rare.' I will fill her in with what I've been educated on and my experiences. When I work for the hospital, I still do that but it's different because it's such a fine line. I work for the hospital, I'm employed by the hospital and it's my job and it's my livelihood and I feel like I'm more limited I guess. But so much goes on with, [sigh], we're alone with the patients so much that we do talk to them a lot when there's nobody else around. But, I guess I just feel like, [sigh], I hate to use the word control because it's not about control, but I feel more limited when I have a patient than I do with a private client. I feel like there's more things I can't say, I shouldn't say. I still say them sometimes, but I

don't know, that doulas do that. But, okay, I have a perfect example.

I tell all my private patients that first of all, you always want to eat well. But towards the end of your pregnancy start eating more carbohydrates, more pastas and fruits and stuff and resting more. And when you think, if you're starting to have some contractions and you kind of just not feeling right or whatever you're kind of thinking, eat something. Not a big turkey dinner, but eat some carbohydrates and I'd even say pack some stuff. Pack, because your hospital most likely isn't going to allow any of that. Some Popsicles and juice and just different snack like things. At the hospital I can't do that because we don't allow them to eat. And it goes so much against, I fully believe that a woman, of course, won't want to be eating a heavy meal in the middle of labor, but you're gonna know when you're at that point. And I know, for example with my second child my sister was my doula and we stopped and got bagels on the way to the hospital and she was giving me bagels in the shower and all of a sudden I knew, 'Oh my gosh, it's time for me to stop.' I had no appetite and I just think most women know and I think it's so important to get that nutrition and at the hospital it is, and there are a couple nurses who allow it but it is clearly breaking the rules.

So then I worry, 'Okay, so what do I do?' Do I follow my belief as a doula and say, its better you make, they always say its your choice, but you're gonna have more energy if you get something to eat or have some juice or something versus just ice chips. It's an ongoing struggle because the hospital has their rules and policies. I don't necessarily agree with them but if I was at a hospital that had those policies and I was with a private client, I'd still tell them the same thing, so its kind of a disadvantage from my point of view to the patient...I guess the hospital, actually has more control over what I do when its at my hospital. So that's very frustrating. But it all works somehow. Those women still deserve a doula."

Medicated and Unmedicated Births

Pain medication and epidural use was a significant concept among the hospital based doulas. Along with the types of mothers they served, medication use framed their practice. The Minneapolis doula estimated their pain medication use rate was almost two thirds of their patients. The Lexington doula noted that over three quarters of their patients used some form of pain medication, either an epidural, or the narcotic Nubain administered through an IV. Linda said, "I maybe have two a month, out of anywhere from ten or twelve [births] a month, maybe two that will go natural."

Attitudes Toward Pain Medication

There was a philosophical acceptance among the hospital based doulas about the use of pain medication and epidurals during labor. The basis for Sadie's attitude was her own experience. "As a person I have been in their shoes. Even though I chose medication, if they choose not to [shrugs]. A lot of people will ask me, 'What did you do?' I really don't want to tell them what I did, this is their day. It's not a right or wrong." Lila considered the background that the women she serves came from. "Even though I believe that women can and are strong, if you come from a background of fear and oppression or abuse you just might need those compassionate drugs. You might need them, so I think I'm more open." She went on to say, "The epidural is just an incredible compassionate drug [when women have challenging labors]. And determining when it's an incredible compassionate drug and when it's just people wanting the easy way out- but women find that there is no easy out, you still have to get somewhere." Labor is still labor even with an epidural. Several Lexington doulas felt that their role with reluctant women "was to help them get past their fear of the needle".

Naomi and Tracy were more emotional when describing their concerns. Both felt that some independent practice doulas were very judgmental about women who chose epidurals or pain medication. Tracy attributed that attitude to a lack of exposure to the population of women she worked with.

"I just really believe a lot in being really accepting of people in what they decide to do. I hear a lot of people say, 'Oh, this person is planning on getting an epidural. Why does she want a doula?' I don't like those kind of statements at all. I don't think a doula is necessarily all about natural childbirth at all. And a lot of that is cause of my experience at the hospital. These women are alone or very young or don't speak English or very scared or in very scary situations. And you know what? Sometimes they end up with epidurals or they have Nubain or they end up being in bed for whatever reason and I think they deserve a doula as

somebody trying to have a natural childbirth. So I think a doula, don't just look with tunnel vision at, 'This is what a doula does and this is the kind of clients you need to work with.' Because I think every woman is entitled to a doula, every woman. I don't care if she's having a planned cesarean. If she wants a doula, she should have one. So I just think you just really need to be broadminded. And that's that."

Naomi also felt that doulas who valued natural childbirth for its own sake were missing the point about the importance of doula care. However, she also felt that doulas who refused women planning on using pain medication were acting from a place of economic privilege, and were not really doulaing to serve mothers. Naomi valued absolute acceptance of the mother as the primary principle of doula work.

"Especially from a DONA standpoint, 'It's not our birth it's their birth', we're there to support them in their birth. And I really, really adhere to that. But I still think that there's a philosophy out there that birth should happen in a certain way. No drugs, no interventions, da da da, and if it does you're being abused, used, 'It's not right', 'It's not good'. I think there's some judgment calls against the mom or a doula who might support that. I think that commitment to a birth process means that you are there for the mom. I was thinking that there's a baby involved too. Yes, there is. It's a nice world if mom knows that and the whole world knows that, but that's just not the reality of all these births out there. So what are you going to do? I looked at the other extreme. You know the doulas that I do hear that say, 'If mom comes in and says I'm getting an epidural'...that they would not work with them, they would say, 'I might not be the best choice for you, here's some other doulas.' It's a nice thing that they refer out but I don't like that philosophy of a doula at all...Having a doula is still for the most part a white woman's privilege. Somehow those two [ideas], there's kind of a circular way it all comes together."

The Lexington doulas were not immune to this pressure. Lila said, "I would like to see the judgment lessen of the all natural or the epidural. Sometimes the guilt that comes in there." She went on to say that at the first few DONA International conferences she attended in the 1990's, they were treated "like step children because we were hospital based. We felt people say, 'Oh my gosh, that's awful, they do epidurals there. And all the c-sections!' We kind of felt bad and now we go there and we feel really respected."

Lila also explained having the opposite dilemma. She found herself at a birth trying to explain to a mother's support team about why the mother would want to give birth without taking medication. Once again, the essence of her comments, like Tracy's and Naomi's, have to do with a clash in values.

“I was with a young girl who just really, really, really, wanted to do it all natural. And her friends really, really, really didn't want her to and she had lots of girlfriends. She had to fight so hard to get that accomplished because of the attitudes and everything in the room. They just couldn't understand, ‘Girl what are you doing? You don't have to.’ Honestly, she worked so hard but she did it, she made it all the way and had an all natural birth with no interventions, maybe the IV but nothing else. Those girls kept saying to me, ‘I just don't understand, why would go through all the pain if you didn't have to? I don't understand.’ I came home that night and that's what I was thinking, ‘How can I answer that?’ So I made up this little story and I went back the next day and I said, ‘Just imagine that there are two people, and they both have a goal, and it's to go these twenty-six miles. One of them's goal is to go that twenty-six miles in a new Rolls Royce that he'd earned the money to pay for. The other one is to go that twenty-six miles on a marathon run that they'd practiced for all year long. And they both go down that same road and they both cover that same speed. Which one do you think has the most sense of self, excitement, and accomplishment?’ And some people it would be that, ‘I was smart enough to save enough money to get the Rolls Royce’ or whatever it was and that would be their joy. For others it would be that they had really taken their body in control and done this awesome task. I just thought that was pretty good. I don't know where that came from, but I thought it was good.”

Mothers Receiving Pain Medication Before The Doula Arrives

The Lexington doulas reported that mothers often received pain medication before the doula arrived. Doulas were required to arrive at the hospital within an hour of being called. Most of the doulas stated they arrived within 45 minutes, but many mothers already had an IV and dose of Nubain. Crystal explained why she thought that happened:

“I think it depends on a) the birth plan, and b) the nurse. If somebody comes in and they tell us that they want to have natural birth and they don't want pain medicine, ... usually they are good about trying to help her if that's what they want. ... There are so many nurses who they themselves had natural childbirths who might say, ‘Why don't you get up and walk or get on the ball?’ They would

offer her the things but if a patient comes in the door and they say, ‘I want pain medicine’, then they’re obviously going to get it.”

“If they’re hurting then, yeah, they [offer pain medication] because sometimes I walk in the door and they’re getting an epidural. If somebody comes in and they’re in labor and they’re at three or four centimeters, they want an epidural they can go ahead and get it. That happens too, where I’m walking in the door and they’ve already gotten their epidural.”

Tracy concurred that in her hospital it also usually depended on the nurse.

“You just get some who just want to manage the patient. And the best way to manage the patient is to get rid of their pain. It makes less work for them and she’s that kind of nurse...Some of the nurses are like (slaps hands together) get ‘em an epidural, give ‘em Pitocin, and get ‘em in bed. Then you have the other extreme and everything in between.”

Among the doulas, there was primarily acceptance of the current situation. But there was also some frustration that mothers had already received a shot of Nubain or an epidural before they arrived, because it limited her ability to get to know the mother, establish a connection, and accurately read her cues. Nancy explained her point of view.

“I think the main reason it frustrates me is because after you’ve had the Nubain, it’s harder to communicate. And that’s just because she’s so relaxed. She can hear what you’re saying but she’s not caring to respond. So you don’t know if she knows what you said or not. Or the nurse might come in and tell her something and you just don’t know if she got it or not. ‘Do you understand?’ until they come out of it. So I feel like it’s hard to know their personalities. Because if you get there early enough before any medication, not only do they tell you all of their preferences, but you get to know their personalities. So when their personality starts changing, when you’re moving along, you can judge more of what they need.”

Unmedicated Births

The unmedicated birth stories were the most detailed and memorable of all the birth stories told by hospital based doulas. The question they were asked was, “Tell me about a time when you felt your labor support was really effective. You get to decide what you feel effective is.” Overwhelmingly their response was to tell me stories of mothers who “went all natural”. The doulas felt that women who were experiencing

unmedicated births utilized all or more of their skills. These long stories incorporated physical and emotional support strategies, details about the family or anecdotes about what occurred in the labor. Second, these births were likely more memorable because they were less common. Crystal estimated, “There’s really only – I’m going to guess – maybe 10% of the patients who really are looking to remain an unmedicated, natural birth.” When asked to comment about the difference between a medicated and unmedicated birth, Lila said:

“Sometimes when I go in someone has already had an epidural and that still can end up to be a wonderful birth and a bonding birth. But it’s not the same as if I’m doing an all natural birth with someone that I’m with for twelve to sixteen hours... I’m just thinking you work a lot harder and longer in a natural birth. And you need more to depend on each other. You need to depend more on your husband and your mother, if she’s there, and your doula. There is more teamwork. Whereas if you have the epidural, usually they’re pretty tired, they haven’t slept.”

Linda stated that having an unmedicated birth depended on the motivation that the mother had as well as her preparation level.

“We have somebody come in and say they don’t want an epidural, and that’s usually just because they’re afraid of the needle, and they’ve heard horror stories. But after they have been in labor for ten or twelve hours, and their contractions have just been back to back almost, they’ll give in. ‘Surely an epidural can’t hurt as much as these contractions do.’ But the ones who really want to do it, and they’ve gotten their mind made up when they get there, they practice their visualization and they practice their breathing exercises and their husbands are real involved, they do it. They’ll do it.”

Fathers and Hospital Based Doulas

Hospital based doulas and independent practice doulas saw their role with fathers similarly. They built a relationship with him, complemented his involvement, acted as a labor guide and fulfilled a caretaking role. There was not an opportunity for HB doulas to assess whether they had a long term impact on the couple since there was no follow up

contact after the mother left the hospital. Doulas also saw fathers in the role of partner and protector. There was some evidence that doulas saw fathers as constrained by their gender role or conditioning. Different levels of engagement were also supported. HB doulas shared incidents of “doulaing the father”: providing emotional reassurance, accepting his responses without judgment, facilitating his involvement, and giving breaks at opportune times. They also acknowledged the father’s unique contributions to labor support.

Doula’s Role

The hospital based doulas perceived their role in an equivalent manner to independent practice doulas. There were no additional or unsupported perspectives. HB doulas built a relationship with the father and mother simultaneously. Nancy gave a very literal explanation of her role when she first met a couple. “I always tell them, ‘I’m not there to take your place because you’ve been to the childbirth classes with her, she’s the one that you want here. You love her, she loves you.’ Whether that’s the mom [grandmother] or the dad, ‘I’m not here to take your place, so we’re all just going to work together.’”

Doulas stated that they needed to assess the father’s desired level of involvement fairly quickly in order to complement it. They also needed to evaluate what the mother wanted from him. Sadie said, “I try to get communication flowing, so I don’t leave out that partner that wants to be helpful. But sometimes it just depends on what the woman wants.” Nancy asked questions, but stated she could usually tell just by paying attention to the couple’s cues. “I try to ask that too when I’m asking about the birth plan. And

most Dads you can tell if they're going to be real interested about wanting to be in there because they're already being very attentive to her." Crystal described her usual process.

"Well, I watch them and I try to see what they are willing to do, as far as if they are there breathing with her during a contraction holding her hand. Then obviously I'm not going to get in there and do that. I'm just going to stand there and say, 'Y'all are doing a good job and this is great, keep it up.' You gotta work together so we're always a team and you're helping her but encouraging what he's doing."

Doulas gave multiple examples of the relationship dynamics of different couples.

While they may not have known why couples interacted the way they did, the doulas displayed an attitude of being perceptive and respectful of their interactions. Linda, who had been to over 300 births, told a story that was memorable to her for several reasons.

Her tone of respect and acceptance can be heard in her word choice:

"I had one lady, this was her second baby and she was a little bean pole, except for baby. She was so skinny everywhere, and she was nothing but baby. She was having back labor. Wanted to go natural. And her husband was on a computer, a laptop, not really paying a lot of attention to her. I went in there, and she told me she was having back labor. I said 'Okay, let's get up and do some lunges, put you in this chair and we'll do some lunges.' As soon as she did, she quit having back labor. Oh just, 'Thank you Jesus'. She listened to a tape that was Christian music while she labored and she had the most peaceful look on her face, even when she in transition. It was just absolutely amazing. She had the most beautiful smile on her face and she was just so at peace. She had her a nine pound whatever baby. Just surprised everybody because we thought she'd have maybe a seven pound baby as small as she was, but it was just a big big baby...He stayed on the computer most of the time and when she started to push he got up, and he showed some interest, but not really. We walked the halls a couple times and he went with. We may have walked around once or twice. So it was just real surprising, given the fact that she was such a religious person. But he was not real involved. He had a little boy that was about two, I guess. But when she started pushing, he got up and he talked to her some and seemed to be pleased when the baby was born but he just was not interested at all beforehand."

Linda's only comment about their relationship interaction is that it was

"surprising", which has little negative evaluation to it. Doulas also saw themselves as labor guides for the father, facilitating his experience and preserving the essence of what

the mother and father wanted. Part of this role was to get the father involved at the level he wanted. Crystal explained her approach.

“There’s other times if he’s not there, he’s sitting up here and she’s over here, then I will say to him, ‘Why don’t you bring a chair over here or you can bring a chair here.’ I try to say, ‘I don’t want to get in your way, come hold her hand’, or whatever. I try to make comments to try to sit back and draw him in. I wouldn’t tell him, ‘Come over here and sit by her.’ But I do try and make some suggestions that would say, ‘Move closer’ or ‘be closer’ or ‘hold her hand’.”

Doulas were also very serious about helping mothers to achieve their goals, and for mothers and couples to get the experience they wanted. Linda was talking about couples intending to have a natural birth when she said, “The ones who really want to do it, and they’ve gotten their mind made up when they get there, they practice their visualization and they practice their breathing exercises and their husbands are real involved, they do it. They’ll do it.” She helps them to achieve their goal. Other times the best way to facilitate their experience as a couple was give them time alone. Sadie described her actions.

“Everybody needs their partners, the couple needs to be, have a long time. If everything’s fine, and I sense that they need a long time, I leave. I tell them, ‘I’m right out here if you need me’ or ‘I’m going to go take a break’, so I give them that time. I’m not one that has to be in charge, and hug or really, I leave. And then when I come back, they’re glad to see me come back. So it’s like, you just have to balance it.”

For some mothers, it was their families that were pressuring them to have an epidural or other intervention. Crystal explained this common situation.

“A lot of times the family members: the husbands, the moms, whatever, they don’t want to see their family in pain and hurting. A lot of times they see different interventions as a shortcut. They think, ‘This is a shortcut’ or ‘This will be better for her and I can be there’. You just try and tell her that this is normal and, ‘What you’re feeling is normal and you’re going to be okay’, and all those things. So I do think that we allow them, enable them, to accomplish the goals they have by just being there and letting them know that everything is okay.”

HB doulas also described embracing a caretaking role. Sadie identified this as a frequent occurrence. She uses the verb “nurse” in the sense of taking care of someone.

“You’ll go in and everything’s fine. And the mother will say, ‘I’m fine. He’s the one that really needs the doula.’ He’s as nervous as he can be. I’ll just tell him, ‘I’m in here to help you both.’ And the dad wants me to nurse the mother, because he doesn’t feel comfortable doing that. He doesn’t know how to handle her when she’s in pain. I do. Okay? So it’s comforting to both of them that I am there. So, it’s comforting to her...I’m taking care of him, ‘cause see, if she’s the caretaker in her home, if she’s the one that takes care of him, and worries about his needs, and I’m there worrying about his needs, then that takes the burden off of her.”

How Doulas Perceive Fathers

The roles of father as partner, father as protector, and father as constrained by his gender role and conditioning were also present in the descriptions from hospital based doulas. Many of the doulas were very happy to see fathers in this role. Eleanor explained her attitude.

“It’s amazing to watch dads, because some dads are, they’re right there. They want to do everything and I compliment them just one after the other. If they don’t know what to do and they ask, ‘What can I do?’ I tell them and they do it. I says, ‘Oh, it is so great to see you doing this for your wife. This is going to make the two of you even stronger together. It’s going to make you more one because you’re realizing what she needs. You’re doing it in sync like we’re helping her out.”

She went on to share a characteristic story of a father acting as a partner in the mother’s labor.

“It was beautiful to watch, it really was. I thought, ‘What am I here for?’ They’re doing a great job without me, what am I here for? When the contraction was over, they looked up and I said, ‘I’m Eleanor. I’m one of the doulas here at Lexington Hospital.’ Just started to talk to them a little bit, and they says, ‘Oh, we are so happy to see you. What else can we do?’ I said, ‘Well right now, you’re doing fantastic.’ I says, ‘Now is she up to it? If she liked to, she can get up, and move around or you can, she can put her hands around your neck and you can do a little waltz together.’ I says, ‘This is good for her.’ I says, ‘I really don’t want to disturb what’s going on. You’re doing such a beautiful job. For me to stop the good rhythm wouldn’t be good. But I’m here, if you need something.’

And it was really, because the father was so in-tune to the wife, it was beautiful; it really was. It was something else.”

Doulas saw their role as supporting the fathers to be the best partners they could be. Lila recounted a conversation she had with one man. “She needed her husband, she did, and he needed me. I said to him, ‘Why did you get a doula, because you are so good? You are so sensitive. You’re doing so much better than I could do.’ He said, ‘Because I might forget something.’”

Fathers were also seen as protectors. In fact, Sadie used that word in describing Noah, a father that I interviewed for this research study. She described him as being a partner to his wife but also as “protective”.

“He was a hard one to read, because he wanted to be, he wanted to be there for her. But yet he needed my help and so he really had to balance that. Not getting into his face, and yet you had to be in his face. He was a hard one, but sometimes I kept wondering, okay, a balancing act with him. They were fine. And evidently so ‘cause they called me back again. And they said they’d call me again. ‘Cause they plan on having a tribe. He’s very protective of her, too. That was the other. He’s very protective of her...He had to be in control of the space.”

Fathers were also seen as being constrained by their gender role or conditioning. However it was not blatantly discussed. It was more suggested that they were unable to be women or have the same caring touch that women possess. This concept was put forth more openly with the independent practice doulas and mothers. Lila stated, “There’s times when it’s very, very clear that he is not, she may love him but that’s not the eyes she wants to see. She wants the experienced woman who’s been there. And so, in that situation I’m going to take those eyes and I’m going to be there.” Linda and Sadie described the same phenomena, but Sadie explained that she thought it occurred because of the nature of the couple’s relationship, not some inherent fault with being a man.

Linda: “Its funny, you could do something like massage a certain area or you could say something to the lady, and if the husband or boyfriend does the exact same thing, the mom will scream at him. ‘Don’t touch me!’ ‘Don’t do that!’ or ‘Don’t talk to me’. But they will allow me to do it. I guess it’s the fact that I’m a doula and I’ve done it a lot of times and I know what to do. And they just, they allow me to do it.”

Sadie: “And you’ll probably find this from other doulas, I can touch them when nobody else can. The husband will be there, and he’ll be stroking her arm, and she’ll go, ‘Quit that’. Or he’ll be in her face, and it’s like, ‘You’ve got to go away.’ But I can touch them similar, and they’re fine with it. I try to help the one the one that wants to help support the wife. ‘This is the spot, this is how you do it.’

“My personal opinion is, and I’m married, and I have a husband, and I have a sister that I communicate very well with. When she’s nursing me, it’s like a good nursing. But if my husband is nursing me, it, sometimes it may be sexual and it’s like, ‘Don’t touch me’. So I think its maybe a little bit of that. They kind of relate their husband more sexual than nursing, and that may be a reason, and they may just not, I don’t know, have the touch that doulas have. But even some patients don’t even want their mother helping them and touching them. They want a stranger...my personal opinion is that I love having my sister there. I wanted my husband there, but I didn’t want him taking care of me. I wanted my sister doing the care.”

Paternal Levels of Engagement

Hospital based doulas gave robust descriptions of each of the levels of paternal engagement. Fully engaged fathers were completely involved emotionally and physically in the mother’s labor support. Fathers who were less than fully engaged were emotionally involved but physically distant. Partially engaged men were fractionally engaged in either area. Lastly, the HB doulas gave several examples of men who were disengaged, thereby uninvolved in both emotionally and physically supporting the laboring mother.

Full engagement. Lila described a father who displayed behaviors consistent with full engagement. She then went on to describe her feelings, which were very memorable

because it was her first day as a doula. Lastly, she recognizes responsibilities of the doula's role when fathers are fully engaged in labor support.

“We would both be looking at her and she'd look fine to me. He'd say, 'What's wrong?' She'd say whatever. He could just pick up on all these things. He was good at everything. They had waited fifteen years to have their baby and they have their little crib over there and champagne for afterwards and Kenny G music and everything. I just remember feeling really really really helpless or useless, not helpless but useless. I remember driving home and thinking about it and then realized that I had done the right thing. I was a witness to very good work. I kept saying to him, 'You are so good. You guys are so good together.' And my job, in that first birth, was not to do anything, but to validate everything they did together.”

Lila's responsibility at that birth was to witness them working together but also to support them if they needed anything. The father led the labor support. Nancy described another fully engaged father, where she stepped in to refine his techniques.

“I remember one, first baby, and she wanted to do it natural and had been to the childbirth classes and her husband had too. They were very, very attentive. I in no way wanted to replace him and what they had going. I wish I had a camera so I could take pictures the whole time. I think the role play was continuing to remind them what they learned, their pattern breathing. He would get her going a little bit fast and I'd slow her down because she'd be going, 'I'm getting dizzy'. It was like she was hyperventilating so I had to slow her pattern down and stand behind her and pattern him, so he could pattern her. And then getting in a lot of different positions as labor progressed but I tried to keep him, the whole time, focused so she was already facing him because they were working together.”

Less than full engagement. One of the primary reasons given for less than full engagement by independent practice doulas was that the fathers were squeamish. They expressed anxiety about bodily fluids or functions. They also might not feel comfortable in the role of primary support person but still want to be present and involved. Several HB doulas told stories of fathers who were less than fully engaged for the same reasons. Eleanor explained her strategies when fathers were afraid of what they might see and how it might affect them.

“I’ve had fathers say that they are not going to be able to stand by their wife during the birth because they’re going to pass out. I says, ‘Oh no, you’re not.’ They say, ‘Oh, yeah I will.’ I says, ‘No, you’re not. Because you’re going to look at her face and there’s nothing to pass out about if you’re looking at her face. So just encourage her by looking at her.’ I says, ‘Why don’t you do the counting? When she’s pushing you’re going to do the counting.’ I have them follow me the first time and then they do it after that, and then it never ceases to amaze me that these guys say they would definitely pass out. When we say, ‘Oh the baby is crowning,’ they’re looking. And then it’s like, ‘Ohh.’ They’re so caught up in the moment that they don’t pass out and then when it’s done they just, ‘Wow, and I was able to watch it, and I didn’t pass out.’ And I says, ‘Well, I tried to tell you you wouldn’t, this is something, birth is natural. It’s something that your body, a woman’s body does.’ Especially for the guy that was a farmer, and says that he could birth cows and lambs and everything, but he was going to pass out when his wife, I don’t think so. So for them to realize that they had the strength within them, even though they thought they couldn’t, but the truth was there.”

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. Hospital based doulas expressed accepting attitudes of all fathers even those who did not want to be part of the birth. They expressed puzzlement or surprise at their behavior, like Linda did with the man who was more invested in his laptop computer than his wife. The wife was satisfied that the husband was there, and HB doulas took their cue from the mother’s behavior and expressed wishes. If the mother was accepting of her partner or husband’s partial engagement, doulas did not express any negativity towards him even when they reflected on the situation when telling their stories. Eleanor gave a good example of this concept.

“When I first met them, I thought he was going to want to do more with her during the labor process and everything. But once she got the epidural and I was sitting beside her, he got over in a corner with his book, and he said that she was in good hands. He didn’t have to do anything and he was just going to study. He said that because I was sitting there stitching, he felt so relieved that everything was in control. And he just felt like he could relax, so he was relaxing. To me, it’s fine that they do that, but I was so surprised because they was so much

wanting to do things. Then once she got the epidural, for him to be sitting in the chair and just reading a book, and being completely, like he wasn't even in the room. It was two sides to the same person, and you don't see that all the time, so it was different. That was definitely different. When it was time for her to push, he was right there beside her, so that wasn't the problem."

Partially engaged fathers could also be classified as observers. From the doula's perspective, they wanted to be present and connected to the mother intermittently, but seemed to desire little responsibility. Eleanor elucidated the story of mother whose family was all outside on a smoking break when it came time for the baby to be born. The mother had not had a doula, but the nurse called for someone to come in and take pictures. Eleanor responded and began supporting the mother who was "out of control". The father came in a few minutes later, and the nurse ended up taking the photographs.

"As long as she kept her face with me, she was able to keep that control, but as soon as she turned to her husband, she lost it. So I had to tell her, 'Look, 'I'm sorry honey, nobody's here. But for some reason it's not helping you [to look at him], you're losing it.' And he told her, 'Look, look at Eleanor. Don't look at anybody else. I'm here but don't look at me.' And so he realized too, that she was losing it if she looked at him. And then, it was a great birth, it was really wonderful. I think it was like eight minutes of pushing. So, for a first baby, that's not bad."

Disengagement. Disengaged fathers are either physically present but emotionally uninvolved or not physically present. Doulas gave numerous examples of disengaged fathers. In exploring this with the hospital based doulas, they stated that mostly the men seem to be conveying relief that they do not have to take on the primary responsibility of support. Eleanor described one man in this way.

"Then she sat on the ball, and we couldn't keep the baby on the [heart rate] monitor when she was on the ball, so it was again on the ball, and then fifteen minutes in bed. Then her husband, once he saw that she was being taken care of, he left the room. He wasn't available until she started pushing. I guess he just felt like, 'Well, the doula is here.' And I told him, 'I'm not here to take over. I need your help, I really want you here to help out.' And he says, 'No, no, no I can't handle this stuff.' And he left."

Linda illustrated another situation that was common among their patients, and how she tries to bring these disengaged men into the birth.

“You walk in and they’re sitting in the corner, if the mom’s in active labor and she’s just really panting or crying, and he’s sitting over in the corner, and he’s just watching TV. We get a lot of young girls who have boyfriends who may not even be the daddy of the baby. It’s just whoever happens to be around at the moment. You can tell if they don’t want anything to do with it. They’re there because, I guess, there’s this girlfriend who’s told them that they needed to be there, but they don’t really want to be there. So if they want to be involved, I’ll help with things and get the mom up on the ball and I’ll say, ‘Daddy you can come over and massage her back?’ Or ‘Remind her to sway from side to side. See her get tense and she wants to hold her breath, show her that she needs to breathe.’ A lot of times they’ll come over and they’ll do it and sometimes they won’t. They’re just glued to the TV. And that’s all they want to do. So when it’s time to push, and even though they haven’t really been that involved, they may want to come over and hold a leg, and cut the cord. Like, ‘What’s going on?’ Sometimes they get more interested and a lot of ‘em are afraid they’re going to get sick. I say, ‘I’ve had a lot of dads say that they don’t want to see anything when it’s time to push, but you’d be surprised how many daddies, after the head starts to crown are right down there. They want to see it, they want to know what’s going on.’ So after I say that, then most of them do come over and get involved in that.”

“Doulaing the Dad”

To “doula a father” was to direct actions towards him that were primarily for the benefit of his emotional well-being. Hospital based doulas described situations that fit the descriptions of doulaing fathers elucidated by independent practice doulas. All of the hospital based doulas provided evidence of offering emotional reassurance to fathers during labor that was directed to their own emotional state. Doulas explained the events of labor, normalizing the mother’s responses. Encouraging squeamish fathers or validating the father’s labor support strategies were all different ways doulas provided emotional reassurance. Nancy revealed her attitude about doulaing fathers.

“A lot of times I think they think they can’t do it, but then they end up being able to do it...We try and make them get involved so they don’t regret it, but not past

the real point of their comfort level. A lot of times what I'm doing with the dads is reassuring and encouraging them too. 'Yeah you're doing that right, why don't you try this, or why don't you come stand in front of her, while I rub her back. And let her lean on you.' And I just try to give them those ideas so they don't feel like they are stumbling."

Lila shared a story that illustrated several concepts of effective doulaing of fathers. In it she provided emotional reassurance, facilitated his involvement, and was accepting of his emotional responses. This father's fear was so great he was willing to miss the birth of his child.

"[The family] kept teasing the dad-to-be, 'You're going to pass out'. You know that's the big joke. 'You're probably going to pass out', this kind of thing. She ended up with a C-section. We go in the back and at our hospital he sits right at her head and the doula stands up behind him. Then we look over the curtain and when the baby is coming out we say, 'Stand up'. Or, 'Go see the baby.' So he's in there and I see the baby come up and I told him, 'I'll tell if it's okay.' And I said, 'It's okay.' He paused. I said, 'It's really okay. You really can do this. It looks okay. It looks good.' And he stood up. Then he just stayed standing up and just kept watching. Then afterwards, we were outside and I said to him, 'See, you did great. You did really good. Were you at your first baby's?' He had another child, from another marriage. 'Were you at your first baby's birth?' He said, 'Yeah I was, but I passed out.' I thought, if I'd have known he had passed out I would've taken that a little serious. I just thought it was a big joke. So I went to say to the other doula, 'Had we not have been there, he would not have seen the birth of his child. That would not have happened.'"

There were also numerous examples of accepting of a father's responses without judgment. In the previous section, HB doulas shared anecdotes of fathers who left the room, or were more interested in reading or their computers than the mother in labor. But none of those stories showed any elements of positive or negative judgment. Fathers who were more involved in labor support were admired as well as accepted. However, the doulas reiterated that the goal was not to get the fathers as involved as possible. The goal was to get them involved at the level that the men and the laboring mothers wanted which would differ from couple to couple. Sometimes however, fathers were thrust into a role

they did not expect and the doula facilitated their growth into full-fledged labor partners.

Lila explained the first time she learned how important it was to allow fathers to ease into a labor support role and refrain from enthusiastically injecting herself into a primary support role.

“This isn’t necessarily an outstanding birth situation but we needed another doula and we didn’t have one. I walked into the room and the mother is lying in bed and doing her breathing. The dad is sitting over away from her, kind of facing the wall, not looking toward her. He is reading a magazine and she is really huffing and puffing. I go in and I said, ‘I’m so sorry, I’m with another patient. And you know it’s first come first serve. I can’t be here, but I just want to tell you that if she [my other patient] has an epidural and is sleeping then maybe I could come over a little bit and do some things. And if she births early, I can come be with you.’ Then I said, ‘Where are you feeling the pain?’ She said, ‘In my back.’ And said, ‘Well, I’ll be right back.’ And I went to our little closet room and got one of the birthing balls and I said, ‘Would you like to help her?’ to the dad. And he said, ‘Yeah’. And you could tell he was scared. He was reading that book because he was scared. He didn’t know what to do. Who knows maybe he tried to do something and she yelled at him. But I brought the ball, covering it with a sheet and put a chux on it and I said, ‘This, this, try this’. I said, ‘Now these are suggestions. If it doesn’t fit for you don’t do it.’ So I brought the ball out and I got her in a position. I got him behind her. I got some of the tools, the birthing tools, and then she told us where it hurt. And I got him doing it. And then I had to run out. I just said to him, ‘My and your job is just to love her and watch her do an awesome job. And do anything we can.’ So I left. When I came back in, they were a team. They were so awesome. I could not believe it. I ended up again watching a really good, watching them do that. I know had I had been in there it wouldn’t have happened near that quick. The husband knew what to do and how to do it. He felt in charge because simply I didn’t come in and be in charge. I think that’s always a learning situation for us, not to go in and be the hero, you know. Not to be the coach, but the cheerleader. Because the coach is one who goes, ‘Get over here! Do this and do that’. The game plan for the cheerleader is just rooting them on.”

The last concept of the category of doulaing fathers was giving breaks at opportune times. Detailing this category seems superfluous, since so many of the hospital based doulas’ stories involved fathers taking breaks or leaving the labor room. They portrayed fathers as feeling free to leave when they needed or wanted to.

Father’s Unique Contribution To Labor Support

The independent practice doulas had stories of fathers whose actions or demonstrations of affection were unique or special. Hospital based doulas did not mention any particular actions that stood out to them. However, they did overwhelmingly acknowledge that the fathers could provide something to the mothers that the doulas could not. By his tending to her needs, the doulas felt that he could strengthen their relationship. Recall Eleanor's enthusiasm for a father acting in the partner role, "This is going to make the two of you even stronger together. It's going to make you more one." That is not something that the doula can contribute. Doulas also felt that fathers could also be more sensitive because of their unique knowledge of the mother. Recall Lila's story of the fully engaged father: "We would both be looking at her and she'd look fine to me. He'd say, 'What's wrong?' and she'd say whatever. He could just pick up on all these things."

Hospital-Based Doula Care From the Parent's Perspective

Introduction

Four of the mothers and 12 of the couples interviewed received hospital-based doula care from the program at Lexington Medical Center in Columbia, South Carolina. Overall, the parents said that they were satisfied with their labor support. However, there was a great deal of variation within the group on several factors that appeared to affect the parent's experiences of doula support, including parental preparation, labor events, and desired paternal level of engagement influenced the care experience. In this section, relevant concepts will be explored, including themes that were unique to the hospital-based parent group and concepts related to effective labor support and the father-doula relationship.

Concepts Unique to Hospital-Based Doula Support

Interview as debriefing. During the interview, parents expressed a desire for assistance in constructing their timeline or a need for emotional support from me. About half of the parents expended effort to piece together the timelines of their labor and birth experiences. It also seemed they had not previously explored together why certain labor events occurred. Four mothers expressed self-deprecation about their ability to cope during labor or about their baby's position. One mother also expressed feelings of grief about how her experience turned out and blamed herself. These interactions were significant because they did not occur during the interviews of mothers who received doula care from independent practice doulas.

Characteristics of Mothers and Fathers

Hospital-based doulas mentioned that the mothers they served possessed a variety of attitudes towards childbirth. Parent participants had different birth philosophies. Two sets of parents in this sample were very educated about childbirth and they said that they were dedicated to an unmedicated, non-interventionist approach for different reasons.

Noah (of April and Noah) and Ariel (of Ariel and Justin) described their ideas.

Noah: "I think April's a natural person, she just prefers things naturally...it's just a process, it's the way God had it, to be this way. He didn't intend for you to put these hormones in your body every week, every day to keep from having cycles and stuff like that, or to keep from ovulating. So there's this, just natural's the way to go."

Ariel: "I've never taken a childbirth class, I took yoga and Pilates and I've meditated. I felt very comfortable with that being able to get me through what I needed...I also realized you have to be flexible because you don't know what's going to happen so I wasn't like adamant. I was optimistic and wanting to do what was going to work for me. But realizing, okay, I'm going to go easy on myself if I need drugs, if something happens and it goes on forever."

Autumn also desired a natural birth, but she said that she did not feel prepared.

Autumn said that her life was in upheaval. She said that she was estranged from the father of her baby and living temporarily with friends.

“I switched doctors at the last minute because...I felt like I didn’t know anybody...I really wasn’t sure who was going to be with me because my mom and my friends at the time did not get along and so I didn’t even know who was going to be present so I wanted it to be kind of split up. Two weeks before I had her I was constantly watching Discovery Health Channel with all the birthing stories and everything and I really did not want to be induced. I was really really going for the natural thing. Like I really wanted to try it without drugs and everything...I went to the birthing classes and they didn’t do any Lamaze. They didn’t teach any kind of breathing. I felt like I knew nothing. And I really did know nothing except what I learned on the Discovery Channel.”

Whitney said that she had done a lot of reading, but she was not dedicated to a natural birth. “I’m thinking that probably a lot of that is all the reading I did while I was pregnant. I mean, I just constantly, at work, and at home, I was constantly reading and looking it up on the internet. And there’s nothing that crossed me during the whole thing that I had never heard of.” Doreen and DeMarco referred to themselves as birthing class “dropouts”. Doreen explained why they left the class, but DeMarco sounded as if he would have attended another type of class.

Doreen: “They had showed us this tape of different labors. And I just didn’t care for that because I just feel like everybody’s labor is different so you can’t really show me how it’s going to be. Everybody’s labor is different. It just scared me. I just didn’t want to know.”

DeMarco: “She got a lot of books from the library and I just glanced through everything...I think that if we did a hands-on program, I thought that might have been helpful.”

Jayla and Amanda said that they wanted interventions. Jayla said, “I went to my doctor on my first appointment and said, ‘I want a cesarean and I want my tubes tied.’ I think by having the second baby and having family there, wanting it to be a scheduled thing, to know when I was going to have it. I also feel like if I had a C-section once, I am

not going to do it the other way.” Amanda had a precipitous labor with her first child. She asked to be induced to prohibit another fast delivery. She described her pain level as tolerable with both labors. But she wanted an epidural because she did not want to miss out on the “entire experience”. “[My first baby] came so fast I didn’t have time for the epidural...When she came in and broke the water, I guess I was five centimeters, about there, 12:30, came in to do the epidural...[the baby] was born at 1:40.”

Lastly, HB doula commented that some mothers did not want to move out of bed during labor. Two of the mothers both stated this preference.

Interviewer: “So you got to the hospital and they checked you and then [the doula] came in and then you were lying in your bed and then things just got really uncomfortable. Did she suggest that you walk around or anything like that? Or get out of bed?”

Neara: If I wanted to. She suggested I did, but I didn’t want to.

Sheena: “I don’t remember the contractions getting bad until about eleven or so I think. But I wasn’t dilating very much, just going slow, and she was massaging, gave me a back massage. She really wanted me to move around a lot, and get on the ball and change positions and I didn’t want to do it. I just wanted to lay there. And she’s like, ‘It will help if you get up’. And she was helpful in that. ‘Cause if she hadn’t been there, I wouldn’t have moved. I’d have just laid in that bed. And from what I understand, it doesn’t go as fast if you’re just laying around.”

Why Have A Doula?

Parents had different approaches to childbirth and had different reasons for wanting a doula. Mothers and couples had heard about the program from a variety of places. One from her doctor, one from the internet, two from childbirth classes, four from friends, and one had hired a doula for a previous birth. Five other couples had not heard about doulas before their admittance to the hospital. The doula service was provided free of charge and this influenced several parents positively. Several of the couples mentioned that the doula service influenced their decision. Couples desiring

natural childbirth knew that a doula could help. Doreen said, “A girl friend of mine, she had a baby what three weeks before we did and she was telling me, ‘Oh you gotta get a doula, that person will help you.’” Noah mused, “It was also a service that Lexington provided, which was really neat. So, I mean why not have someone who knows a lot about childbirth to be in the delivery room when the baby’s born?”

As parents shared their thoughts, they also shared their concerns at the same time. As Amanda stated, “I think, your first time around, it’s sort of, ‘Well I can do this on my own, I don’t want any stranger coming in my room.’ But then like hearing people...they had good experiences with them and I’ve heard wonderful things about the program there and I was very satisfied at Lexington with the doctor.” Doreen wondered, “I hope I can get along with this person and they can get along with me.” Fitz goes into detail about making their decision.

“When we were discussing it Enid was like, ‘Do you want one? They said it’s free of charge.’ ‘Yeah, let’s have one, I don’t know what they do.’ But neither one of us knew exactly what they did. They don’t go through down through and list, make a list of what doulas do. We knew that they were there to assist the mother, they would stay with the mother even after the baby was born. They were not there to take my place, we knew that. But we didn’t know exactly, what was she in there for? But we were like, ‘Oh, it’s free of charge so worst comes to worst we can tell her to leave.’”

Parents had different reasons for choosing doula labor support. Noah and April had counted on a doula to help them reach their goal of a natural childbirth. They had the same doula, Sadie, for both births. During her first labor, April ended up receiving an epidural for pain relief. She was able to avoid any intervention at the second birth. Noah talked about what he wanted out of having doula care:

“We took the Bradley class, and as a father, and your first child is going to be born, you can’t remember everything that you need to do. So it’s kind of good to have a doula. We were wanting to do natural childbirth. So it was good to have a

good coach on hand, that knew what they were doing and were professionals. You can't remember everything, you're trying to, I don't know, it's just good to have another female there that knows what they're doing."

Autumn looked forward to having doula support since her ex-boyfriend and her mother did not get along. She was not sure that her mother could support her well and did not want the conflict between them interfering with her labor. She also was not sure the baby's father would be present. Her doula was Sadie.

"He knew that I was being induced that morning. I called his mom that Sunday and talked to her so I told her that I was going there. I had a feeling they would show up, but then again I had a feeling they might not show up. So, I was like, 'Should I call him? Should I call him?' Because I really wanted him to see the birth of the baby. I thought that maybe it would change him. I thought that seeing that - he's 22, and I'm 30 in a week. So I thought well, if he sees his daughter being born it might mature him and it might make him a better person, he might love her more. I just didn't know what to do. They just kept telling me that it was my decision, my choice, whatever I wanted to do. But Sadie was just really supportive of my feelings. Because it was really emotional."

Sheena had attended the birth of a friend several years before who had doula care. Ryan said she was more excited about the doula than her friend's new baby. Their birth story began in this way:

Sheena: "Well, on my way there, he went back to the car for something. And I said 'He might make me miss my doula!' Because they said, 'First come first served.' And I, every time I talked to somebody, I was like, 'What are my chances of [not getting one]?"

Ryan: I think you're skipping a little bit of part. I don't know if you know, but she was late and stuff. So we didn't look at it. She was induced so we had an appointment to show up there. So it wasn't like I was turning around going back into the house from the car like she's in labor already. It's like, yeah, 'She's [the baby] in there fine. Hold on, let me get one of those things.' You know. [mimics wife's voice:] 'Oh, we gotta get there, we gotta get the doula.' So therein lies the reason that I went back inside. Alright, go ahead sweetheart."

Mollie and Peyton heard about their doula in their childbirth class. Mollie was a nurse who did not feel she could take care of Peyton and be in labor too. Mollie said, "I

thought it would be nice like for him. I knew I'd probably have a long labor being a first time mom. But when he said he'd also like somebody there and also I heard that they coach you, I didn't want to get an epidural right off." Whitney summarizes the prenatal thinking expressed by most of the couples who knew about doulas. "I thought it was a really good idea. This being my first baby I was a little bit nervous about what was going to happen and everything. And I thought somebody there to kind of explain what was going on and help me out and kind of ease the pain a little would be great."

Elements of Effective Hospital-Based Doula Care

Even though their roles involved receipt rather than provision of caring, parents' narratives also reflected the eight elements found in hospital-based doula narratives regarding effective labor support: physical support, emotional support, informational support, belief in the mother, maintaining a calm presence, focusing on the patient, individualizing care, and reading cues accurately. Their observations confirmed that these elements were interrelated and employed differently depending on the labor events, circumstances affecting the labor, and the characteristics of the individual mother. Interestingly, there were two mothers who experienced an incident of empowerment where their doula supported them. However there were no incidents described that fit the descriptions of advocacy. In addition, for mothers and fathers, their experiences of labor support began when the doula entered the room. Therefore, the incidents of meeting and establishing a rapport with their doula are integrated into the eight concepts. Doulas strived to bond with their patient by establishing a calm presence, or utilizing physical, informational, or emotional support skills. Lastly, one mother had a mixed experience of

effective and ineffective labor support. It provided a negative case analysis that supported the eight elements of effective labor support concept.

Physical Support

All mothers recalled their doulas utilizing strategies of physical support during labor. In this first example Eden recalled how her doula, Linda, used suggested movements and positions as emotional support. These suggestions also familiarized her with Eden's preferences.

“Until she got there I felt like I didn't know what to ask for, I didn't feel in charge. I didn't feel like I could really walk around 'cause I was hooked up to all these things. And the nurse never suggested what I could do, like walk around or whatever... We did some stretches and some lunges to try to get him a little bit turned, or get him to drop some. So we did that for a while, got on the birthing ball, and bounced. She helped me understand that I wasn't, when I thought I was relaxing, I really wasn't relaxing all the way... So a nice massage didn't hurt either, a little massage, and breathing and having her just sort of tell me, she's behind me, whispering in my ear what to do.”

In this next excerpt, Jayla talked about coping during her first labor using breathing techniques. The doula was able to fulfill a function for her that her husband, Rafe, could not. This is another example of the overlapping concepts of physical and emotional support.

“But it got to where it was getting harder to keep doing the breathing and I could not look at Rafe. I had to look at the doula. She was almost like an authority figure. It was like, “I'm going to look at her and then she'd get me right back on track with my breathing.” And I don't know why. I just addressed her authority. You think, “Well she knows what she's doing.”

Rafe: She gave up on me. She just thought I was just a-

Jayla: No, I think I'm more comfortable, and I'm so comfortable with you, and that kind of stage you need somebody with authority to kind of get you back on track. Then we would continue on and he would help me with my breathing, but it was like she could keep me on track.”

Emotional Support

Mothers had strong memories of the emotional support given by their doulas during challenging parts of their labor. Fathers remembered the doula's support of their partners vividly as well. (Fathers' memories of receiving support are in the Fathers and Hospital-Based Doulas section of the chapter.) As with physical support, many of the incidents in the other labor support concepts also incorporated emotional support. In this first excerpt, Enid and Fitz discerned the difference between the doula's and nurse's functions in their labor. Then they enumerated several of the strategies she used to comfort them.

Fitz: "We had packs of people in there. It was nice to have someone though, that knew what she was doing in the room. The nurses weren't, all the nurses were in and out constantly. They weren't in there all the time.

Enid: Well they weren't in there just to make sure that I was comfortable or that I was being taken care of. They were there doing their job. Whereas her job was to basically take care of my fears and his fears.

Interviewer: And how did she do that?

Enid: Just by talking, paging me through stuff, telling me what to expect, and that type of thing.

Interviewer: So she told you what to expect. And she made things normal? What you were going through?

Fitz: Reassuring definitely a lot of reassuring, 'Okay I've seen this happen before' and 'Most times in this situation this happens'.

Enid: I think she kind of knew the timeline too, about how long it was going to take."

Mothers were sometimes surprised by the sensations of labor, both emotional and physical. Autumn recalled:

"I remember feeling angry and I felt like I could just punch somebody because I was in so much pain. I just looked at Sadie and was just like, "Is this normal that I feel like I could just punch somebody?" She's like, "Yeah, that's perfectly normal. Just any questions I had she would just reassure me that it was normal and it was all. It was a big deal that I was going through. One time, I wanted to brush my hair and she brushed my hair. Just anything really that I wanted."

Participants perceived doulas as being helpful in framing their responses to medical care providers. April was disappointed about the lack of support she was getting from her midwife over her labor progress. She remembered her doula, Sadie, helped her to shift her attitude. “[The midwife] was just, ‘Well you’re not progressing and you’re gonna be in c-section if you don’t progress’...But Sadie, she knew, she didn’t like that midwife either. She knew she wasn’t conducive to, she wouldn’t be real supportive. So she was like, ‘April, we’ll try to do more things.’” During her labor, Autumn did not understand why the nurses insisted that her mother leave. She had received Nubain as well as an epidural and said she felt “drugged” and “hazy” like she had “too many margaritas”. She needed her mother and her doula to help anchor her. In this next excerpt she recalled feeling the pressure of the baby moving down in the birth canal before she was actively pushing. She interpreted these sensations that birth was imminent, which frightened her.

“After I had the epidural they asked my mom and the nurses to leave the room and I kept saying, ‘When are they coming back? When are they coming back, because the baby is coming. I feel the head coming.’ And the nurse would say, ‘No, they’re coming back in ten minutes.’ And I was like, ‘But I feel it coming now.’ She was like, ‘Trust me, it will be ten minutes, they’ll be back.’ So, I remember all the way down until the last two minutes and it was like the longest ten minutes of my life. Sadie was there saying, ‘Okay, there’s only this many minutes left. Okay, there’s only thirty seconds left.’ And then I remember when she was saying, ‘Your mom’s coming, your mom’s coming.’ And then my mom and them came back and the minute was like that, right there. So, it was kind of like for a minute I was scared.”

Parents had many memories of their doula’s emotional support during difficult procedures.

April: “And even like the epidural was painful, I thought. Getting a big needle in your back, and they numb it but. They say a bee-sting or something, I’m like, ‘A bee on crack!’ But Sadie like stayed with me. They won’t let you at Lexington have your husband in when they do the epidural, but they will allow the doula. So

she sat in front of me and held my arm, like talked me through it. She was just so encouraging and I was real upset, and she was like ‘April, you did the best you could’, and just that kind of deal.”

Ariel: “They didn’t put him right up on my abdomen because he was a little blue and they kind of explained everything that was going on. Eleanor came right up with me to comfort me. ...I ended up having a small tear, about one stitch, it was a vaginal wall tear. So she stitched that and Eleanor was there to talk to me. She kind of praised me and let me know what was going on..”

Doreen: “The only problem was the afterbirth part. No one told me that that was painful. Because you know, he had to push the stomach down. Oh my goodness, I almost hit the man!

DeMarco: Oh yeah, we had to watch her.

Doreen: She had to talk to me, talk me down, try to comfort me because I was in so much pain. I was in SO much pain.”

Jayla had two births with doula support. With the first she labored for a long time but it resulted in a cesarean section. Her second birth was a planned cesarean. She had this to say about the importance of emotional support.

“After you have the surgery and everything, your husband leaves you and the baby leaves you. You are just there alone, unless you have that doula or somebody else in there with you and it’s just nice having somebody to hold your hand and rub your hair. They should have doulas when you go to the dentist. Somebody to just rub your hair and tell you it will be alright.”

Informational Support

When doulas provided informational support, parents recalled that it was usually explanations about procedures or the progress of labor. Doreen and Eden’s recollections are typical. Doreen remembered, “She was just basically telling me about what was going on with my body, what was happening. You know, the possibilities, they were also talking about doing a cesarean that night because it was taking so long.” Enid recalled a similar incident. “But when we went to surgery, she stood beside me and helped me understand a little bit more about what was going on, she explained to me what they were going to do.”

Belief In The Mother

Mothers experienced their doula's belief in them and their ability to give birth primarily through emotional support. According to these participants, what their doulas said made a huge difference in their ability to cope and birth their babies. For April, she felt her doula's belief during her second labor through Sadie's direct remark. "I even cried some, in between contractions, and 'cause the contraction would be so bad and then in between I'd cry. I was like, 'I don't want it to come again'. And then she's like, 'We can do this, we'll just take them one at a time.' And so, I don't know, it was really fast, but it was really, really good." For Amanda, she felt that knowing Eleanor had birthed eight children inspired her. "Eight, and she delivered one in the hall. Yeah, she just shared that and that made it easier on me to know that. 'Hey, women have been doing this forever.' And she's actually gone through the same things and so that kind of thing. So that was really cool." Chloe felt that Eleanor's belief in her at a critical moment changed her life.

"I had given up. I had totally ended up doing more than I could. I never imagined, never imagined giving up in childbirth. I always believed I could work childbirth, that I could do it, standing, squatting, the ball, everything. By the end of that twenty-one hours I was - I looked up at Eleanor and I feel like she was an angel. I looked up at her and I got this pain, and she looked at me and she whispered to me...She was like a surge of energy for me when I didn't have any left. Literally, it felt like she was transferring her own energy and I really feel like she just gave me enough for that last push."

Focusing On The Patient

Focusing on the patient was a concept that was inferred by parent's narratives rather than spoken of directly. In circumstances where there was a lot of chaos, people or machines, the doula was described as staying focused on the mother. Amanda and Cyrus described this type of situation. Even Cyrus was distracted.

Amanda: “Eleanor, Eleanor stayed over, over by me, [saying] ‘Its normal, everything’s okay’ and you know. [imitates doctor’s voice] ‘Okay, you can stop pushing.’ I’m like, “What?” With the Nubain I was so out of it, I didn’t know. You don’t understand [what’s going on].

Interviewer: The nurses are busy and the doctors are busy taking care of it, so did she [Eleanor] talk to you [Cyrus] then too? Do you remember?

Cyrus: I was all over the place, taking pictures. She was primarily with Amanda.”

When mothers were in surgery, there were also many possibilities for distraction.

Eden recalled that the focus of her doula was on her. “When I was in surgery, I just couldn’t stop shaking. My teeth were chattering really badly, I couldn’t control that. And all these weird feelings again, but she was very comforting and soothing.”

Maintaining A Calm Presence

There were numerous times where parents mentioned their doula’s calmness. They experienced her serene presence as soothing and it served as an anchor point in the chaotic changes of labor. However the most memorable times for parents were at the initial meeting. For Chloe and Landon, Enid and Fitz, and Doreen, their doula’s calmness was remembered as the initiating point of their relationship.

Chloe: “No, I totally remember her walking in and feeling a gentleness and calmness.

Landon: She was...

Chloe: Quiet.

Landon: A real reassuring presence. And very calm, I felt like she was-

Chloe: She eased her way into our lives.

Landon: Yeah.

Chloe: That’s right.

Landon: She played a very awkward role, but I never felt like she pushed her way to do anything.

Chloe: She felt us out at the same time as giving us suggestions. She literally eased her way into the relationship, it was amazing.”

Enid: “It was very calming.

Fitz: She didn’t come in with Mrs. Susie Sunshine, cracking jokes. I mean it wasn’t like that at all. It was just a very, it was very calming it was, like I said, I hate to say it, it was almost like having a minister in the room. Someone to

reassure you, ‘This is normal, this is normal, all this is normal, everyone goes through this first time’. And even the stuff that wasn’t normal she was like, ‘Well this happens all the time, we’ve got ways to deal with this. This is what’s probably going to happen’. And it was sort of nice to have that.”

Doreen: “Yeah it was getting really intense but she came there and she introduced herself, she turned the television off, she turned the lights down, and she told me, talked to me about breathing, closing my eyes and breathing, taking my mind off the pain. Thinking of maybe a different place I could be, like the beach or something. And you know, it was really soothing.”

Individualizing Care

For doulas, individualizing care meant that they responded to each mother’s needs as an individual. Doulas described that they did not follow a set of standard support procedures. Parents described doulas as working to become familiar with their preferences to estimate which strategies might be a better fit. According to the parents, the process of individualizing began when the doula introduced herself. Chloe recalled what this process felt like for her. After not receiving this kind of support from her nurses, Chloe marveled at how much her doula cared about her answers.

“She actually asked how long I felt like I had been in labor, what I had been doing at the house, did I have anything that was working than not working. She asked you. She showed you some things that you could do and had you been doing it, asked you, ‘Had you been doing things?’ I didn’t feel like she was bombarding me with questions.”

Amanda and Cyrus, a married couple, each offered their own perception of the same familiarizing process. They explained that they felt the doula offered them choices.

Amanda: “She told us what she had and sort of gave us an overview of the different things that she’d do and were available and that kind of thing. She was just sort of real laid back and just sort of let us decide what would be good for us, like the birthing ball or the massage...I decided, ‘Well, let’s try this’, or then she suggested, “Maybe we should try that.” I guess sort of really, sort of what her, just don’t plan [it] out kind of thing.”

Cyrus: “She didn’t know you and the different things that come to the table, more so quickly...she brought the ball in, ball thing and then the candy, hard candy,

just a lot of things that, that some we knew, we read. We read every book, and you think you know everything and then you get there. She wasn't overbearing. She was more suggestive than anything, because we were very skeptical when she came. We really were, and then everyone thought it was great."

For Mollie and Peyton, their care was individualized because she never compared them to anyone else. They recalled that she did not offer strategies or attempt to persuade Mollie on the basis that it worked for other people. Instead, they felt their doula put Mollie at the center of her own labor.

Peyton: "One thing that I must say about her was that she never compared anything that was going on with us to anything she had seen. She just stuck with what was happening.

Mollie: Right, she didn't say, 'Well I had this patient one time that', nothing like that.

Peyton: Or, 'You might want to try this because 80% of the time'; she just kind of let us do our own thing and she was there for us. She gave suggestions but she never, you know, some people just, they want to tell you about every experience they've had and she didn't. I don't think she brought up, unless we asked her, if we said, 'What if this happens?' or 'What is your experience on this?', she'd tell us."

Parents also discussed another aspect of individualizing care: offering appropriate emotional support. For example, participants had different attitudes toward using pain medication. Women who intended to avoid it would require a different kind of support than women who were open minded about receiving an epidural. Such was the case with April who originally wanted to "go natural" with her first labor. She detailed her experience.

"It just really changes your experience when you're on the medicine because it's like suddenly I'm bedridden. I've got a blood pressure cuff, I've got an IV, I've got a little thing on my finger for the pulse. They're flipping me from side to side like a hamburger, making sure that I don't get too numb on one side. And I've got a little tube out of my back that's making me numb from the waist down. To me, that's not how I want to deliver my baby. But I understand some women are like, 'No way Jose, this is what I want.' I understand that, but my personal preference, that's not how I wanted to bring my children into the world. So I was real

disappointed. But not at all in my doula. If she wouldn't have been there I would have felt so alone, and like no one was on my side.”

Sometimes individualizing care meant that something simple, such as taking photographs, was done according to the parent's wishes. This was especially important when what the mother desired was outside of the norm. Eden reported, “[The doula] said, ‘It's strange you haven't taken any pictures.’ I didn't want any pictures ‘til he was born. But we gave her a camera to take pictures after the surgery, which she did a good job of.”

Reading Cues Accurately

Parents reported that when a doula introduced herself, the doula also began to utilize her skills of reading the mother's and her partner's cues accurately. Marilyn, who had a doula with her first and third births, gave an example of this process.

Marilyn: “My husband told her some things because I have a weak lower back from a sledding accident ,so he knows I like my back rubbed during labor. I know he told that. But mostly, she just kind of watched to see what I was doing, to see what my husband was doing, and then she would make suggestions. ‘You might want to try this’, and ‘You might want to try that.’”

At other times, mothers preferred to be asked if they liked something instead of the doula taking the initiative. During her interview, Amanda was asked if she wanted to be touched during labor. She replied, “Well, she would ask before she did anything, or before she touched me or rubbed my shoulders.” Amanda liked that the doula inquired about her preferences. During the process of labor, mothers shared stories where the doula and mother developed an intimate bond. Reading the mother's cues accurately and making suggestions based on those observations appeared to deepen their intimacy. April's story portrays her doula individualizing her care by reading April's cues accurately. Her doula also commenced a prayer which soothed April.

“I had a catheter, and they won’t let, they make you go to the bathroom before you leave the delivery room, or they have to re-catherterize you. So I couldn’t go to the bathroom in the toilet. So Sadie said, ‘Well let’s try this’, and they dimmed the lights and turned the water on. My good girlfriend and Sadie held my arms and I squatted on the bed, over the bedpan and they made everyone leave the room. I know it’s really an accident like you’re squatting on the bed. But she was a Christian and she like prayed and stuff, and just helped relax me and I was able to pee. You know, right afterward, you’re all tight and your like ‘down there’ had so much trauma. It’s hard to think about that ‘cause they were about to put a catheter in and she had everyone leave ‘cause it was just so much going on.”

Empowerment

According to parent’s birth narratives, empowerment was not a significant component of effective labor support by hospital-based doulas. Some parents empowered themselves during pregnancy by their prenatal, medical provider, and early labor choices. However based on information from the participants, there was not an expectation that doulas would serve in that role. Empowerment of the mother appeared more of a byproduct of emotional support and reading cues accurately than an aim in itself. There were two incidents of empowerment described by mothers that involved doulas, where the doula was following through on the requests made by parents. For example, Ariel and her husband Justin were committed to an unmedicated birth. Immediately after his emergence, her son had to be moved to the warming table for several minutes. Her doula understood what was important to Ariel and Justin, and assisted her as she unwrapped her baby.

Ariel: “They gave him to my husband who then brought him over and I got to see him. By that time, of course, they had wrapped him and it was over which was kind of disappointing, not disappointed, I mean, at that point I didn’t really care.

Interviewer: Did you unwrap him then?

Ariel: I did, and Eleanor did, I did and I put him right on my stomach and I held him for a bit.

In another incident, Sheena reported that she felt empowered enough by her doula's support to speak up for herself.

Sheena: "I think I finally told my mom that I was uncomfortable with my dad being in there. I finally told my mom, so I don't think I asked Linda to do it. I was, I stepped up. I'll handle it. I told my mom, 'I'm not comfortable with Dad in here.' And she's like 'Okay, take your time.' So I don't think I even asked Linda to do it.

Ryan: Yeah, by the time it came down to it, I think she was just [gestures].

Interviewer: You had already talked it through yourselves, just by talking about it, you figured it out yourself, what you needed.

Ryan: That's right. Completely. And that's probably why she was able to just say it because Linda was very easy to talk to. We had a game plan just in case, and because it was just in case I can't say it. I don't know how. And she was just like 'We can do this' or 'We can do that', and I think by that time you had probably been through a little bit of pain and kind of said, 'Hey, screw this, let me just say it.'

Ryan recalled that he and Sheena talked over what to do about having Sheena's father in the room during procedures. Their doula, Linda, offered several possible ways that she or the nurse could ask him to leave. In the end because she knew there were other alternatives, Sheena "stepped up" and stated clearly what she needed from her parents. This was another example of empowerment.

Negative Case Analysis: Whitney

Whitney's experience provided another opportunity for further development of theoretical ideas regarding hospital-based doula care. At first, her experience did not seem to fit, but with adjustments to my ideas, it refined the theory to encompass mothers who had positive, negative, and mixed experiences of doula support. Rather than show the development of the theory over time, it has been described in its final form with her story provided separately as supportive material.

During Whitney's labor, she described several incidents that were examples of ineffective labor support by her doula. Whitney arrived at the hospital in early labor and

met her doula soon after. By the time she entered into the active phase of labor, they had been together several hours. Whitney described how difficult it was for her when her doula did not pick up on her subtle or overt cues. This excerpt also illustrated why Whitney felt she did not receive appropriate informational support either.

“They were asking me if I wanted some kind of, I can’t remember what it was that they gave me, but it was like a painkiller...I was like, ‘I don’t know. I don’t know what that is.’ And she was like, ‘Well, do you want them to give that to you?’ I was like, ‘What is it? Should I? Do most people do that?’ But it’s hard to even think of the questions you want to ask, when you’re in that much pain. And I mean, just little things like ice chips, she was like, ‘Do you want more ice chips?’ And I was like, ‘Just get me ice chips and shove them in my mouth. Don’t even ask me.’

Interviewer: And if I don’t like them I’ll tell you too. Yeah, so you were just-
Whitney: I’ll just wave you away if I don’t want something. Otherwise just force it on me. I just, I didn’t want to be asked questions, because it was all I could do to concentrate on the pain...At the beginning I didn’t mind at all. It was just, when it was, when it was painful enough that I had to use like all my concentration to get through the pain. I just didn’t want to have to think of anything else. And you know, by asking me a question, I had to think of an answer. I mean, about all I could do, like I said is just wave you away if I didn’t want something.”

Whitney also did not feel she received empathetic emotional support at a critical time in her labor. When it came time to push, Whitney realized that she was having a bowel movement. She realized that it needed to occur for her baby to be born, but was very embarrassed. She asked the nurse and her doula repeatedly to remove it or cover it up underneath her. Neither one did so, and they repeatedly told her not to be concerned about it.

Whitney: “If I didn’t have any medication and I was in all that pain, it probably wouldn’t have mattered as much, but considering they had taken some of the pain away and I could sit there and think about it, it was really bothering me.

Interviewer: Yeah, and you were aware of it. Was [Doula] the one that told you, ‘Don’t let it bother you’? Or was that the nurse?

Whitney: Both of them. Her and the nurse were both telling me that. And I know, that’s probably not a doula’s job to do that, but she could’ve been on the nurse more about it. And realize that it was really bothering me and just tell them

to keep it clean. Finally, the doctor, I guess he realized that it was really bothering me, he went over and just kind of stuck the blue and white pads, he just kind of stuffed it under there. So whatever was happening, nobody could see it, and that just made me more comfortable. You know, I mean, I wasn't asking them to sit there with baby wipes and clean me up every second, but I just didn't, I wanted to see my baby coming out."

Whitney felt that her doula did not appreciate her concerns or empathize with her feelings. The doula did not attempt to ask questions in order to understand more deeply or take actions that would address her expressed concerns. In Whitney's eyes, the doula colluded with the nurse to invalidate Whitney's deep embarrassment. At other times, Whitney felt that her doula did not comprehend her need for informational support. She had to repeatedly ask the doula to get information for her. Once again, her doula did not seem to pick up on Whitney's cues.

"The nurses would come in the room and check on the contractions and everything and they'd say, "Okay, your contractions are good and everything looks good". And they'd walk out. I don't know what "everything looks good" means. Tell me what's going on, at what point am I at right now. I kind of wanted to know, because I went the childbirth classes and I kind of would've liked if they would've compared where I was at to what I learned in the classes. So I knew what was going on. But, I mean, the doula was good about that. She told me as much as she could, but she wasn't the one actually checking me, like the nurses were...A couple times the nurse came in and checked me and didn't tell me. And [Doula] would go back out and find out for me. And I'd ask her and she'd say, "I don't know, she didn't tell me". And she'd just kind of sit there for a minute and we'd talk and I'd say, "Well, will you go ask her? I'd kind of like to know."

In summary, Whitney's experience with her doula was mixed. She did not experience effective informational or emotional support, and she cited several incidents where the doula showed a lack of ability to read her cues.

Fathers and Hospital-Based Doulas

Fathers were described in detail the quality of care provided by their doula and also about their own role and involvement at the birth of their child. There was strong

evidence that the doula complemented the father's involvement, provided guidance during labor, took a caretaking role, and doula-ed the father appropriately. Fathers also shared their own experiences of being partners, protectors, or feeling constrained by their gender conditioning or role. Through their own stories, they provided verification of the different levels of paternal engagement.

The Doula Complemented the Father's Involvement

All of the parents felt that the doula complemented the father's involvement with labor support. None felt that the doula took over his place, although some men did not feel confident in their own abilities. As Lars said, "I felt kind of inept, but I never felt unsupported and I don't think Blair had an opportunity to feel that way." Their doula was very helpful and showed him how to help. Lars agreed with Justin, "It's the first baby and I didn't know what to expect." As Huntley said, "It was a very much, felt like they wanted to help us do whatever we wanted to do, and I feel like that was the end result." Noah agreed. "She wasn't pushy or mean or anything, very supportive, very supportive of what we wanted to do." Ryan commented on his involvement with labor support and appreciation for the doula allowing him to drift in and out as he wished to.

"That's the first thing she helped actually out with a bunch right there. I mean, that was just part of this, I say small talk...this was the time that I was probably sitting with the remote, listening, bam, bam, bam, clicking channels. If something was said that sparked my, not sparked my interest, but what about this, I might chime in and ask questions or something like that."

While Ryan did not know much about birth or breastfeeding, Peyton described himself in the opposite terms. He enjoyed learning even more as his wife's labor progressed. "That class kind of got me prepared for what I was going to see, what I was going to be hearing and what everything was. What an epidural, all those terms kind of

helped me. I'm the one, I gotta figure out everything. I gotta know the background on every little thing. I don't care if something's falling apart, just show me how it works."

His doula explained what was happening as labor progressed and gave plenty of information. Huntley's focus was centered on his wife, Eden, who was in a great deal of pain. He explained what he needed and received from their doula.

"It hurt. I mean I know how tough she is, so I know how much it had to hurt. I don't want to just look at her and say, 'Okay, suck it up 'cause there's nothing else we can do.' But I mean that's about all we can do at that point is just, 'Okay, lets figure out how we can make it through this til we get an epidural.' When they did offer drugs earlier on, I knew she was going to take that, she was hurtin. Very badly."

"I don't know that I took a step back to say, 'Wow, my baby's being born today'. It was pretty much, 'What can I do to make Eden feel better?' I didn't need to be in charge, I guess I could intellectualize enough to say these are professionals, these are people that know how to make her feel better. I shouldn't second-guess them and say, 'She likes to be massaged on the right shoulder and not the left.' It wasn't the time, there were professional people there who knew what they were doing."

Huntley needed their doula to help his wife with her pain, and was willing to relinquish that role to someone he saw as professionally skilled. His main focus was his wife, and the doula was able to comprehend this and meet his needs by focusing on meeting hers. John also wanted accompanying him to focus on his wife. From his point of view, "She didn't support me, but she was alongside of me, I guess. I mean it wasn't a bad experience, it was a good experience." Noah was very articulate when he explained the role that their doula filled.

"I guess she was just an encourager as well, to me. She was the back up encourager. When you're helping her out, you're giving and so you need something to kind of fill you back up, and so the doula kind of provided that emotional support or whatever just to keep backing me up. And saying, 'Keep telling her she can do it', and things like that, so just keeping me on my toes. She gave me cups of water."

Justin was very grateful that the doula's presence allowed him to experience his son's birth in his own way. "I felt blessed the whole time that was going on I was getting to enjoy the experience. Eleanor was there, if she wasn't there I would have had to have been there...I would go up there until it was time to push and when it was time to push I would just scoot around the nurse and I would get down there and watch."

The Doula Served As A Labor Guide

Fathers expressed appreciation for their doula's efforts to facilitate their experience of labor and achieve their goals. Being a guide meant keeping a couple informed of labor progress and supplying them with important information. It also meant framing the experience in a way that was soothing rather than alarming. Fathers reported that they felt good about their labor experience and their involvement in it. Justin was very succinct. "She was a cool person, she was very outgoing, very easy to communicate, just felt comfortable. She made me feel very comfortable." Both Noah and Landon recalled a great deal of trust in their doula.

Noah: "She respected our decisions, what we wanted to do. And said, 'This is what you want to do, then I'm here to help and guide you in what you want to do and the way you want to have your baby.' So with her, knowing that, you trying techniques on the ball or pressure points or different things like that, then she just was very helpful in whatever we needed to do to get this baby out. 'We'll help you along in this process and the way you want to do it, we're going to do it that way.'"

Landon: "One of the things I was extremely grateful for having Eleanor there that whole time was somebody there constantly. I mean, probably within half hour after we were there [she] knew what was supposed to happen, knew what was going on, and would know if something was going wrong. I didn't know those things. Eleanor was with the nurse, but the nurse was in and out in and out. Eleanor, she's in and out much less frequently than the nurses. And the nurses were wonderful, they were wonderful but Eleanor would be there the whole time."

At first Fitz was not sure what their doula's role would be. "I was glad that it didn't turn into her bossing me around and telling me, basically, 'I'm a doula, you're the daddy, you go wait in the room and pass out cigars. That's not it.'" Their doula seemed to get "it", with "it" being what role Fitz wanted to have and helping him to be successful in that role. Fitz also felt that their doula was very aware of his needs and how he was experiencing the labor. "She seemed to know when I was getting, when I needed to take a break." At several times in their labor, he described "packs of people in the room", and he felt that she was one of the few people "who knew what she was doing".

Several other fathers felt that their labor and birth experience were positively influenced by their doula's knowledge. Her explanations and timing of giving that information contributed to their experience. Ryan had not taken childbirth classes or read much about childbirth. He confessed, "Having not had Linda...there would have been a tremendous amount of what I wished I would have had done. But since we did have her there, we got away with it. We got away with knowing as little as possible. And so we're forever grateful." In this next exchange, Rafe and Jayla felt that their doula guided their experience by reminding them of techniques they learned in their childbirth classes.

Rafe: "So, for me, I mean, I was trying to do that for her, but I didn't know different exercises to try or different symptoms of how she wasn't progressing more – I wouldn't know what to do.

Jayla: You can forget some things from the Lamaze class, but they won't forget it.

Rafe: Yeah, I mean, you feel like you've got a seasoned pro in there with you and that takes a lot of stress off. I mean, it could've been a very stressful twenty hours...

Jayla: I did the breathing before my doula came in, but she really had the breathing. She knew all the different little tricks to try a ball, and all this kind of stuff and she tried things that we didn't learn in Lamaze class and I just felt like if you have a doula, really you can kind of skip that whole Lamaze thing."

Rafe also felt that their doula was their advocate with the doctors and nurses and she kept them informed. Rafe stressed how important it was to him that he understood what was happening. He also wanted to ensure that the medical staff knew he was involved and invested in the process. He felt their doula recognized this and supported him fully.

“After about twenty hours of labor, I think if the doula wasn’t there, I probably would’ve been upset that they didn’t catch it earlier, because the baby didn’t drop. So I felt like because of the doula had kind of ‘been there, done that’, she was kind of on our side. She was kind of keeping a kind of a standing check with me, with the doctors and nurses, to know that they aren’t just blowing us off or they weren’t just prancing along. I felt like she was kind of our advocate, down at the nurses station, and she wanted Jayla to have a quick birth and get out of there as fast as anybody. If she was going to invest twenty hours in it too, I felt like they must be doing everything they possibly could, if they made her stay that long too. Because she could call ‘BS’ on them if they were just making her wait, and making us wait. I think she probably would’ve been either more apt to get on someone about, make sure everything is moving along, or being our advocate and saying, ‘This just isn’t going to happen in a short period of time. We may have to go through me and ten other doulas.’ And she was involved the entire time. I don’t know. I don’t know what her motivation is. I mean, it was awesome that they do that stuff. I just don’t know, it’s hard enough for me to go through it with our own kids much less anybody else’s.”

Rafe gave multiple examples of the way their doula facilitated his experience. Her trusted her information about the position of Jayla’s baby. She stayed over 20 hours with them. He felt her dedication communicated that the quality of their labor experience was importance to her. This reassured him on multiple levels. Rafe also felt that she was speaking on his behalf to the nurses and doctors and that she was communicating their concerns to him in return. A few years later when Jayla was pregnant again and wanted a scheduled cesarean, he was puzzled by her request for a doula. He identified the doula’s support as important in a different way than his wife did. “On the second doula, I actually was like, ‘Why do we need a doula if we got a scheduled C-section?’...She

wanted one to be there just because when [baby] was born, I was able to be out with him and he was never by himself and she was never by herself.”

Huntley also had a deep trust of their doula. He was very invested in alleviating his wife’s pain, which eclipsed many other aspects of the birth experience for him. Their doula’s success in helping to alleviate her pain colored everything in his point of view.

In this way she guided their experience of labor and followed what they wanted.

“The biggest thing I remember about Linda is by the time Linda got there, she was, Eden was in so much pain, she was willing to do anything to make it stop, it was that type of a situation. So all of a sudden nothing seemed silly. Linda said, ‘Stand on your head and jump up and down’, that’s what we were gonna do. So, I mean we had that trust, I don’t know where that came from or why it was there, but it was. When Linda was there, whatever she said, we were gonna do. We had no doubt.”

The Doula Served In A Caretaking Role

Both fathers and mothers provided ample evidence about the caretaking role of their doulas. Fathers commented on how doulas took care of them emotionally as well as making sure they ate and took breaks when needed.

DeMarco: “I don’t know how I made it, but I made it. I just had to be calm. I knew that...at that time it wasn’t for me to panic, it wasn’t for me to panic. I kept myself calm by doing puzzles, helping her out like I said Tuesday, that Wednesday that doula helped me out. She told me to be calm and to breathe and don’t get nervous. She talked to me a lot too. That made me felt better. I knew that I had to be there for her. I couldn’t be a nervous wreck if she was going to be a nervous wreck.”

Huntley: “I mean, it wasn’t as though I wasn’t in the room. I mean obviously whatever she needed was the focus, but they were just as concerned about me. Linda was, she wanted me to nap and she wanted me to eat and everything else. She focused on Eden, [rather than] worry about all that, I just want, one more support person for her, she’s got the hard part.”

Eden, Chloe and Jayla both noted that the doula’s caretaking role was a relief to them. They were glad to relinquish that responsibility to their doula. Eden was worried

that her husband would not take care of himself, while Chloe was concerned about her husband's blood sugar levels. Jayla's husband, Rafe, had a tendency to become sidetracked easily and wander off.

Eden: "At some point, she convinced Huntley to leave for twenty minutes. He hadn't eaten either, or slept either, and so it was very frustrating to me that he wouldn't take care of himself. So she convinced him to go get a sandwich, which he did. And then, that was good, that was good."

Chloe: "She was kind of like pain medication, too. Because she was able to put me in different positions and coached Landon into what would help and was able to be there, helping with the ball so Landon could go to the bathroom or go get something to eat. That's one thing that I was really appreciative, because I was worried about him not eating.

Landon: Because when I don't eat I get-

Chloe: His blood sugar, and I was worried that he wasn't going to be there for me because of it...She made him leave and go get-

Landon: I could leave because someone was there taking care of her. And I really felt like totally, I knew Eleanor knew what she was doing. I felt totally like the amateur at sea. Eleanor had taught classes and probably knew more about childbirth than a lot of them do, but that's that."

Jayla: "Oh, I'm worried about [him] not coming back. 'Oh he's just going out in the hall to get a popsicle.' When is he coming back?"

Rafe: I'm the guy that when you stop and get a newspaper, she goes down the aisle and she comes around I'm gone. I stop at something and I'm gone. Or if I see somebody I work with, or I'm at work I'll say I'll be ten more minutes, and in an hour I wonder, so she-

Jayla: Well this time, I was in the room before the C-section and they had told us that it would probably be one o'clock before they were going to be able to take me back and this was around 11 something. Well, he walked outside to go find his family in the waiting room. As he's outside, they're like, 'You ready?' And so I was able to send the doula to go find him, find out where he went, so she was going to retrieve Rafe and bring him back and say, 'Come on.'"

Father's Perceived Roles During Labor

Fathers as Partners

Both independent practice doulas and hospital-based doulas perceived men as employing three roles during labor: partner, protector, and constrained by gender role and conditioning. Men and laboring mothers viewed the partner role in a similar manner.

Men were seen as partners when they were intensely involved in labor support. In other words, it was not enough for the father to be present all or most of the time. His focus needed to be on actively supporting his wife or partner through his attention and activities. Harmony and John had two children with a different doula at each birth.

Harmony confirmed John's role as a partner. John felt at ease in that role.

Harmony: "This was my first one, the nurses even brought him, I wouldn't let him leave to eat. So the nurses brought him dinner, their dinner, so he got it for free. So that he didn't have to leave me. I just wanted to either feel him or see him at all times. So he and the doula would take turns, like he would massage and she would help me do my breathing. And then they would switch, and he would help me with the breathing and she would massage...As long as I could feel him or see him, I was okay."

John: "My mom used to be a nurse, so she had all the books, and I read all those books.

Harmony: And he's the oldest of the ten. He always told me he could deliver the baby himself if he had to.

John: I wasn't too worried about it."

When the father was viewed by the mother in the partner role, the doula was cast as supporting both of them or as an equal supporter to the father. Marilyn, who had three children and two doula attended births, commented, "My husband and I are very much in sync during births. With Eleanor, I don't remember, she was kind of, [my husband] and I were very much in sync and she was just there supporting us." Amanda saw her husband as someone who "would do anything" she needed and who was "there".

"He's really good...he was there, and stayed with me, and I don't know, just my support. Anything, he would do anything, but he, I mean, I don't know, was there if I needed anything and sort of like I guess with the doula being there, he was a little bit shier to jump up and do as much. But during the labor he was right there and had one foot, she had the other...He was good and just the contractions and the breathing, he was helping me to remember what to do."

For mothers, the partner's constant presence was a prerequisite for the partner role. Harmony, Amanda and Jayla's statements echoed one another. Jayla recalled, "It

was really nice because anything I needed, if I needed ice or anything, they were able to get it for me without Rafe having to leave. Because I didn't want Rafe to leave me unless he had to." Intensity was indicated in a variety of ways. For Rafe and Jayla, that intensity was displayed by their physical touch and intimacy.

Rafe: "But like I said, I was pretty much in her face. She was sitting like this and I think I had one knee between her leg. I mean I was like right in her face, breathing. So hard.

Jayla: He was so close to me that I remember with the first doula that she looked at us and she says, 'Oh my goodness, I wish I had a camera with me.' She said, 'Ya'll just look so cute.'

Rafe: I think we were sleeping, we fell asleep on each other.

Jayla: We would fall, we would just kind of go in and out of consciousness, kind of like this."

For Fitz, the intensity of his involvement came from the physical support he gave to his wife, Enid. He received support from their doula in his partner role. He relied on her to let him nap in the room without anxiety and suggest ways he could assist in physical strategies and instrumental tasks. In the excerpt below, "rolling" refers to moving the mother with an epidural from side to side so the medication works evenly.

"I was awake from one o'clock Thursday afternoon 'til about four o'clock Sunday morning. Now there were fifteen minutes, twenty minutes here, a little catnap, which are great for physically keeping you moving. But they're not great for fatigue. You know, fatigue is going to build. It was nice, when I wake up, to have somebody go, 'Oh everything's okay. This is what happened.' And not feel like I've slept through something or missed something that I should have been paying attention to...I helped her with the rolling. [Earlier] I basically got her up out of bed a gazillion times to go to the bathroom. It was like, you have to unhook this and had to take this, and put this over here and then you had to hook back up the blood pressure cuff and go out and get her a popsicle or go out and get her a [gestures]."

Noah was also very involved in supporting his wife, April, both physically and emotionally. Their mindset from the very beginning was that childbirth was a partner activity. Getting the baby born would require them to work as a team. They extended

their team approach to include their doula. To Noah, working as a team did not mean that they did the same things, but that they were working towards the same goal.

“My role of getting stuff in the car, and getting things together and getting her to the hospital safely, so it’s totally a team aspect. I mean, I’d be an idiot if I was living here and I just went outside, walked around and watched her get herself together. So I mean, it’s a team. They balance each other out and help each other out to do things...I guess I was surprised in myself somewhat that I was able to help coach her through that painful process. I kind of knew that’s what she wanted to do, and so we committed to make sure that that’s what we stuck by...we were kind of ready to rock and roll when the time came.”

The last area where fathers were represented as partners who were intensely involved was representing the mother’s interests to medical staff. Blair and Lars had been very committed to a natural childbirth. Blair had been in active labor for 12 hours and had been at eight centimeters dilation with no progress for almost three hours. Blair was getting exhausted and the contractions had started to lessen in intensity. Their midwife gave them several options and then left the room so they could discuss them and decide what to do.

Lars: “Blair had mentioned to me when the midwife gave us some time to talk about this, about how she wanted to proceed whether she wanted to get the epidural. They left that decision to us. I don’t have any problem saying that at that point I felt like we needed, Blair told me, ‘I wish the midwife would just tell me what to do, I wish she would just tell me what to do.’

Blair: I kind of, yeah, I did need that.

Lars: So I went out and talked with the midwife one on one and just said, ‘Here’s where we stand. Blair is confused she wants you to tell her what to do. I know you probably can’t do that. But I know her and I know she’s really, really scared right now...I think she would like to take the epidural if you tell her that that would ease things.’ Yeah, and so she really appreciated the honesty. She went back in and she just said, ‘Blair, you’ve been in labor a long time now, you tried to push and weren’t really able to push and I think you should get the epidural’, and that was all it took.”

Lars served in the role of partner when he spoke for Blair to the midwife. He also interpreted his wife’s unspoken needs and conveyed them when he said “but I know her”.

Father as Protector

Fewer fathers served in the role of protector than in other roles. Only Noah stated that he specifically saw himself in the role of protector. He described his perspective on hospital birth and why he felt that he needed to protect April in that environment.

Noah: “If the doctor or the midwife wanted to do something that we knew that we didn’t want to do, I was the one to step up and say, ‘Look, we’re not going to do this.’... There’s just different things that the medical world tells you that you need to do that are really not necessary, that could put your baby in jeopardy or something. So just being that provider and protector for her, I think that was the most important role for me to play.”

April and Noah saw themselves as having a philosophy of childbirth that might demand that their medical care providers take a different approach. Noah recalled an instance when he felt he needed to intervene on April’s behalf. His response was once again protective and he also explained their reasoning and approach to the careproviders.

“When we first got there, we felt the nurses kind of wanted to push their agenda, like, ‘Oh you need to do this, you need to be doing this’. We’re like, ‘Look, we’re going to do it this way’. So you got some nurses in the hospitals who don’t believe in natural childbirths or that believe that every woman should have an epidural and stuff. So, sticking to our guns, I remember with [our first baby], we had gotten to the hospital like early in the morning and April hadn’t eat anything in like 12 hours, and so she was just famished. It could be a long process and stuff, and so the other girl that was with us went down to BoJangles and got her something to eat. And the nurse came in and was like ‘She can’t be eating anything, you’re gonna throw it up’. I was like, ‘Look, let me tell you something. This woman’s about to go through how many hours of labor. And I am not going to let her sit back on her back and labor not having anything in her stomach.’ So, I mean, if you don’t stand up for what you believe in, they’re just gonna walk all over you ‘til you have your things, and the doctors and midwives can do that too. I don’t know, I just think that medical world just kind of has some things backwards. They induce too early, and they push the drugs on you, and God didn’t intend, he intended for it to happen naturally and on his time.”

In this excerpt, Noah not only gave more examples of his protective behavior at both births, but he also explained the deeper reasons why. He did not trust that the medical interventions were benign. He feared that they could cause problems for mothers

and babies. Noah also felt that medical intervention went against God's plan. He also needed to ensure that his wife would be strong and needed to follow her body's urges.

Other protector role behaviors were situation specific and brought out due to circumstances. For example, Mollie and Peyton experienced a personality conflict with their nurse.

Mollie: "Crystal probably would have tried to put through another nurse, knowing my personality from four-thirty until three that day. But she had told me that you just kind of have to ignore her, that's just how she is..."

Peyton: Yeah, I thought I was going to have to say something. I got a little bit I wound up... Crystal said, "That nurse knows what she's doing."

Both Huntley and Rafe talked protectively about their newborns after their wives had cesarean surgeries. Rafe felt torn about wanting to remain with his wife, but was concerned about something happening to his baby if he was not there. He was relieved the doula could stay with Jayla while the surgery was completed. "I was with him the first two or three or four hours he was born and by then I had snapped a few pictures of him. There's no way, nobody's claiming my baby." In the same situation, Huntley described a slightly different but also protective response.

"They finished stitching her up and I carried him back to the nursery and picked him up. And got his foot printed and all that good stuff, and it just seemed to take a long time. Apparently, it took over an hour which seemed like a long time to me. And all I know, the only thing in my brain is, 'Okay, he needs to be fed, I need to get him back to her.' So that was my one concern."

Father As Constrained By His Gender Role and Conditioning

Both fathers and mothers in this study acknowledged that fathers were less likely to be helpful in the labor support role because they were men. Ariel, and her husband Justin, explained it in a general way.

Ariel: "I think it was more from having him explain it to me that she was so adept at taking care of what I needed and when I needed it. She really knew what to do

and he couldn't have provided that. And the reason why he couldn't was because he was a man and she was a woman. So it was kind of, it was an understanding. Justin: It wasn't like I was in her way, like I was pushed to the side, it wasn't anything like that."

DeMarco used similar terms. "She could help her more because she's a woman and I'm a male. I could say things to try and calm her down but I felt like the doula could do a better job than I could. Even though she's a doula and I'm her husband." Peyton and Landon had more specific reasons as to why the doula would be more effective support. For Peyton it was because Crystal had also given birth and was able to empathize with Mollie.

"Crystal got there. It kind of relieved me, not relieved me as far as my duties but it relieved my emotions. Because I felt like, well, I couldn't confide in her because I've never had a child. But Crystal has had children and with her being a woman and everything, she knows what she's going through. So she was right there. I mean, I tried, I didn't know what to do other than sit there and kind of rub her back."

Landon had multiple concerns about being able to take care of his wife, Chloe, during labor. "I think going into it I didn't expect that I was going to be able to do nearly as good of a job as I wanted to." Part of the reason was that he saw Chloe as "absolutely horrible about expressing what she needs. I had some real concerns about my being able to perceive what she needed if she wasn't able to communicate it to me." An additional concern was his feeling of being an interloper at what he sees as traditionally a woman's arena.

"That whole childbirth thing, this is something that women are supposed to be involved in. They're the ones who are supposed to be there doing this sort of thing. And yet in the spiritual sense this is about women being there. And that the traditional male doctor aesthetic just doesn't fit. Even now, as glad as I am that I was there, I'm not entirely sure that dads collectively, for a long time dads weren't in that environment. It was strictly a women's environment. So from a spiritual perspective, I almost felt a little bit of an interrupter in that environment."

Paternal Levels of Engagement

Full engagement. In their narratives, parents revealed the father's level of engagement in the labor support process. There were fathers in each of the four categories: full engagement, less than full engagement, partial engagement, and disengagement. In the first category, fathers were fully engaged physically and emotionally in the support process. The doula's role was to support the laboring couple. Noah was fully engaged in supporting April, as Rafe was with Jayla were during their first labor. Rafe reported, "I was right at her face the whole time. I felt like I was about ready to pass out from sleep deprivation...right before they did the epidural, I was passing out in the chair." Huntley was also fully engaged with Eden's labor support. In previous excerpts, he stated that he was absorbed in helping their doula, Linda, to stop her pain. His state of mind at the time was focused on her well being. His words were, "I don't know that I took a step back to say, 'Wow, my baby's being born today'. It was pretty much, 'What can I do to make Eden feel better?'" His mental and emotional absorption in her feeling state exemplifies full engagement. In this next passage, he described what it was like to have the doula support him by leading him instructing him in physical strategies.

"I didn't feel like I had all the answers. There wasn't that type of, 'I need to be right because I know Eden best.' At that point it was probably Linda knew best more than anybody else in that room. I was there. If Linda told me to do something, I was gonna do it. Because obviously Linda has insight into what's going on, but I don't. You know? So whether it was massage or whether it was whatever it was, I was there to do it. So I mean, I just wanted to be one more support person in the room for the team to help Eden and [their baby]. So I mean that's kind of how I look at the whole process. It, that day wasn't about me."

Less than full engagement. Landon was enthusiastic about supporting his wife, but at the same time he voiced several reservations that influenced his behavior. He was not certain about his place in the whole scheme of labor support. He felt that it was a historically a woman's experience and that he was intruding. He was also uncertain about his ability to assist Chloe because he viewed her as having difficulty expressing her needs. He was enthusiastic about their doula when he noticed she was able to interpret Chloe accurately. Through her knowledge of women and labor, she was able to assist him in supporting Chloe. In addition, Landon stated, "I hate needles and I don't like taking care of people that are sick. I don't like dealing with ill people. I just don't. In spite of all that, I was there and involved." These are the issues that placed Landon in the less than full engagement category. In this grouping, the father was less than fully engaged with either physical or emotional support. The father and the doula worked alongside one another, with the doula taking on a leadership role or alternating with the father. Landon elaborated on his feelings.

"If you would ask me the day before, 'Do you want to be holding your wife's legs so high, to her ears while she pushes?' I would have been like, 'You want me to do what?' Because it was just so intense, but at the time it wasn't like, I wasn't going to object or say no. That's not the way its was supposed to be. I thought, 'I need to be there', there's no question about that. I don't think I had really gone into it with expectations of being in that position and being that in the middle of that intensity...I think Eleanor probably would try and walk around more than once what I would be doing without my really being aware that she was doing it."

Partial engagement. Mollie's husband, Peyton, had a similar concern about medical issues. Peyton was very intrigued intellectually about the labor process. But he was not comfortable as the main support person. Peyton is one of several fathers who represented partial engagement in the labor support process. In this category, the doula had the leadership role in emotional and physical support. The father reinforced the

doula's strategies or became involved when the doula or mother requested his presence.

Partially engaged fathers drifted between labor support and observer roles. Mollie and Peyton explained their impression of Peyton's involvement.

Mollie: "Peyton is a little squeamish and I try to be really patient, but I knew in the time of labor that I wouldn't. I also did labor and delivery four years ago and I knew that I wouldn't want to be explaining stuff that was going on to him so I felt like it would be good. Not only for me, but for him too."

Peyton: "I participated a little more than I thought. I was going to be in a corner somewhere just watching it, once it got there.

Mollie: He was one that always said, 'I'll be at the head and the head only.'

Peyton: And I thought that there was a little corner, I'll have a little corner of the stairs picked out. They'll put me over there. And so some of these people came in for delivery and then I was over there in my corner. And the nurse said, 'You got to come over here and grab this leg, she has an epidural and you gotta help her push.'"

DeMarco is another father who was very happy with his level of involvement in labor support.

DeMarco: "What I'm trying to say is that the things I did, I was comfortable with doing. And it didn't bother me by doing it, by helping. Like I said, I helped them with the bathroom, going to get her Popsicles or freeze-pops, sitting there talking to her. Everything I did, I thought was helpful and I was glad I could do it. I was glad to be there to do it. You know, as in cutting the umbilical cord I was very ecstatic, I was very happy I got to do that."

His level of engagement is revealed by the tasks he identifies as labor support and also his word choice. He recalled that he "got popsicles" and was "sitting there talking to her". These are very simple labor support tasks. Doreen and DeMarco arrived while she was in early labor. Their doula arrived and Doreen needed to establish an active labor pattern and reach five centimeters dilation before she could have an epidural. There were several hours that their doula used positioning and other comfort measures to help Doreen cope with her labor pain. Since these were the tasks DeMarco recalled, it is revealing that his level of involvement was more detached. Secondly, his use of the

phrase “it didn’t bother me to do it” is indicative of a preference for observing or witnessing. In contrast, less than fully engaged father Landon said, “I need to be there, there’s no question about that,” even though he was uncomfortable with the intensity and was happy to let the doula take the lead. Noah, a fully engaged father, stated clearly, “It’s a team aspect.”

Disengagement. The last level of paternal engagement is disengagement. Disengagement means that the father is present but strictly an observer; the father is present but will do very minor labor support tasks; or is not present. There is a quality of emotional distance or detachment from the labor support process. But the father may display emotional affection towards the mother or baby; he is just not involved with labor support. Sometimes fathers are disengaged due to a tempestuous relationship with the mother or lifestyle issues. One of the mothers in this sample, Autumn, desired that her baby’s father be present but was ambivalent about receiving labor support from him. The pregnancy was unplanned and they were not living together. Even though she expressed that he was “involved with drugs” and had been physically abusive, she had hopes of reconciling with him over the baby. She viewed taking care of her during labor as an opportunity for him to display his regard for her. However once he arrived, her feelings about his participation shifted. She did not want to be involved with him anymore but hoped he would become responsible after seeing their baby being born. Autumn felt that her doula was very supportive of her and allowed her to choose the right thing to do. The doula framed Autumn’s responses as being due to the labor, so that he might be able to remain present.

“But I just remember her being really supportive. I remember when I didn’t want [him] touching me so she was like, ‘Why don’t you go stand over there, she’s

really irritable and doesn't feel good and just really doesn't want anyone touching her.' Because he was going like this to my head and I was just hot and in pain and was just like, 'Would you just stop?' ... What I realize at the end was really, it could have just been the doula and me and the doctor and I would have been fine. But up until then, I thought that I needed people in the room, but I really didn't. I mean I could have been fine without him there."

Previously hospital-based doulas described fathers who were present in the labor room but not involved in labor support. They were satisfied to let the doula and mother be involved. When requested they might offer to hold a leg or get beverages, but their attitude was one of reticence. Ryan spoke at length about his attitudes on being present during the labor. His experiences help to illuminate the perspective of the father who is disengaged from the emotional and physical tasks of labor support. First, Ryan had no recollection of the actual events of labor, nor did he feel it was any of his concern. In his words:

"I couldn't tell you when she dilated, how many centimeters, all this stuff. I mean, I'm a new dad, that's not my deal anyways. All that stuff. So I couldn't tell you any of that, but I know, it was like, nothing happened all day, she went through a little bit of pain at certain points throughout the day and stuff like that."

Second, Ryan's disengagement is indicated by his refusal to participate in labor support tasks. He would not help her to move from the bed to a chair, walk around the room or to sit on the toilet.

"I certainly, what do I know about carrying a bag of IV, not that it looked like it was some kind of, you gotta be a rocket scientist to figure this out. But I'm not grabbing onto nobody's IV's. I'd say 'Hey, I don't do that stuff.' Not that I wouldn't but I mean, its just, there were times like that, those little things like going to the bathroom, and there was questions that I asked, like I ain't going to be able to help you out."

Ryan's wife, Sheena, was also irritated that he kept eating in front of her even though he knew it upset her.

Sheena: “He would rub my hands, or sit there and hold my hand through a contraction. He ate a lot and I was mad about that because I was hungry. My parents were in there, his mom was there, so they were talking and stuff.”
 Ryan: Well what could I do?”

In Sheena and Ryan’s case, disengagement did not imply a lack of satisfaction or conflict between the mother and father about his role. Instead, both Sheena and Ryan were happy to rely on the doula to meet Sheena’s needs. Sheena said, “There wasn’t much that, ‘cause Linda was there, I didn’t need anybody else. Anything I needed I asked her for.” Ryan was also clear, “She was there to soothe Sheena.” Ryan was also present for the labor except for taking breaks. “We were there from six o’clock in the morning until midnight that night. Well, shoot, I stayed in the hospital with her the two days. So I mean, I was sitting there watching TV for a while, she wasn’t doing nothing. I get up and walk around. I was there the whole time.” What was important to this couple was his presence not his involvement. Ryan summarizes:

“I didn’t feel like I could do a whole bunch. And then Linda was helping out so much. I mean she told me to do something I would certainly do it. You know what I mean, or whatever, if she made a suggestion. But it wasn’t really a whole lot for me to do. I held your leg when you actually delivered the baby. I tried to help hold her down. I was just there to support, I guess. I mean, I don’t really remember me doing anything spectacular or anything. I didn’t sit in the chair all day finally. I didn’t stand on my feet all day either, but I was just there, I guess. For the most part I guess the biggest thing was I was just there. There’s no great story.”

Fathers as the Recipients of Doula Support

There was ample evidence that fathers received doula support. To “doula a father” was previously defined as directing actions towards the father that were primarily for the benefit of his emotional well-being. Corroboration of all four previously-defined aspects of ‘doulaing fathers was found in the fathers’ reports. In addition, there was one original theme: the doula allowed the father to have his own experience of the birth.

Experiencing the delivery without a primary labor support role. Only one couple explicitly discussed that the benefit of the doula's presence was that it allowed the father to experience the birth without having the primary responsibility of labor support.

Ariel: "He was glad because he really got to enjoy it. Because there was somebody there to support me so I don't think he was anxious. Because I think he knew, he could tell that I felt comfortable and I wasn't in such pain. So he was able to kind of handle it as well as enjoy being in the delivery room. Instead of probably being tense and taking care of me he could also enjoy in his own way and experience the birth kind of in his own way... You'd want that other person in there, a doula, to solely kind of take care of me. So he could still experience the birth because I'm experiencing it in my own way. If he's taking care of me then he's really not able to experience it."

Justin: "I felt blessed the whole time that was going on I was getting to enjoy the experience. Eleanor was there, if she wasn't there I would have had to have been there... I would go up there until it was time to push. And when it was time to push I would just scoot around the nurse and I would get down there and watch."

Other fathers were not as direct in their statements; however, they also alluded that the doula's presence allowed them to choose their role when it came time for delivery. While Ryan held Sheena's leg for the last few minutes of birth, it placed him by her side so that he could watch the baby emerge. Ryan's language revealed his lingering emotional response.

"When she had the baby it just all came [clap] at the end... nothing had really changed, really all day. And then right at the end, they came and took a look, and she said 'Oh my goodness, we got, we're gonna have this baby right now.' Bang, you know... When it happened, it was, I mean it happened right then, it happened, and the whole deal happened right then and there."

Emotional reassurance. Fathers felt reassured emotionally by the doula's presence. Peyton shared, "I hate seeing her in pain and so whenever the doula got there, Crystal got there, it kind of relieved me, not relieved me as far as my duties but it relieved my emotions... it made me feel a lot better that she knew that somebody else was there

that had more competence in what was going on than I did.” For Ryan, it was not only the doula’s presence, but her attentiveness and explanations that reassured him.

“I tell you what, I probably wouldn’t have been sitting kicking back watching TV. I probably would’ve been up stressed, walking around, pacing because I just wouldn’t know the answers. And then I’d probably be out there hounding the crap out of the nurses, going ‘Don’t you need to come in here?’ ‘Aren’t you supposed to be looking after my wife?’”

Acceptance of father’s responses. Fathers did not clearly indicate that their doulas accepted their emotional responses to labor events. However they did not describe any incidents where they felt she did not accept their reactions. Two mothers described situations that implied acceptance by the doula of the father’s responses. Neara said, “Well, her dad was right there the whole time but you know how that is. He didn’t know what to do. You know, he would ask was I okay and stuff like that but he didn’t know exactly.” She said that her doula let him know it was okay to not know. The doula was accepting and facilitating his involvement simultaneously. “Like if he wasn’t holding my hand or something she’d say, ‘Hold her hand’, or, ‘Move closer.’” Whitney felt that her doula was accepting since the doula had answered so many of her husband’s questions.

“I could hear them kind of talking to each other and everything. And she’d tell him what was going on. I know he was asking her a lot of questions and she seemed to be pretty good about answering them. He didn’t complain at all about her. I think for the most part she did a really good job.”

Facilitating involvement: smooth integration. Doulas utilized a variety of strategies to facilitate paternal involvement in labor support. Parent’s stories revealed these different approaches, which seemed to depend on the partner’s preferred level of engagement and existing knowledge of labor support strategies. In the following examples, the doula smoothly integrated the father’s involvement with her own involvement. Doreen and DeMarco agreed that their doula helped bring him into a

supportive role that he felt very comfortable with. Doreen said, “She would tell him, ‘Pat her back or massage her back a little bit.’” Noah and April were very prepared for their second labor, with Noah taking a very active role in initiating comfort measures. They both viewed their doula as an expert who had more advanced practices to offer. April said, “I knew she did this all the time and stuff, and she would tell Noah... she was showing him how to do that while she did her doula stuff.”

Peyton said that he wanted to be involved with supporting Mollie even though he was anxious about being present. He and Mollie had taken childbirth education classes, but during the labor he felt pressured to remember. Both Peyton and Mollie agreed that their doula, Crystal, advanced Peyton’s involvement and built his confidence simultaneously.

Peyton: “I was forgetting a lot of the stuff but Crystal would remind me... She was there to help me remember some things I wouldn’t have done... She knew, I think, how close we were as a couple, as a husband and wife. And she said, ‘Do you all want to try the dancing moves?’ So we got up and just stood there. And just kinda I held onto her and she held onto me and she didn’t talk during that whole time. She went and sat, she just kind of let us have our time. Yeah, she didn’t say, ‘Peyton get out of the way, let me do it.’ She said, ‘Do you want to try this? If you’re not comfortable with this, then I’ll do it.’”

Another father, Landon, catalogued the comfort measures that he recalled using when supporting his wife, Chloe. He was acquainted with some of the measures but uncertain about when to apply them. They described their doula as gentle in making suggestions and tailoring his efforts. Both parents acknowledged that her support for their dynamic seemed seamless. He reported feeding her ice chips, massaging her, walking around with her, supporting her back, getting behind her when she was on the ball, and holding her legs. Chloe stated that he was “very positive and supportive.” When asked about how he interacted with their doula, Landon replied:

“I remember looking to her a lot about what I was doing, she would make suggestions about how I could do that particularly. Once or twice, I actually asked her, what’s going to happen throughout. I don’t know exactly what the questions were but I remember asking her outright once or twice about what I could do. It was almost like having a loving grandmother because having Eleanor there in some ways was kind of like that.”

Facilitating involvement: rough integration. While several couples felt their doula encouraged the father’s involvement appropriately, not all parents felt the same way. Rather than blending smoothly, the doula’s integration into the parent’s labor support dynamic was rough. (Interestingly, different parents had positive and negative experiences integrating the same doula: Eleanor.) These fathers complained that the doula “took over” or felt they “were in the doula’s way”. One possible difference was that both arrived at the hospital with mothers in active labor who were working hard to cope with the contractions. Harmony and John had doula care from the Lexington program for both of their children. In this excerpt, they compared their two doulas: Helen and Eleanor.

John: “Well, she didn’t really seem to really at first involve me as much as Helen did. I mean I had to actually, I mean she didn’t say, ‘Here, do this’. She started doing, so I had to jump in and say, ‘Well, let me do it. So that was probably one of the biggest-

Harmony: Yeah, I think that’s a lot. I was just expecting someone to be really, and with Helen, she was telling him what to do, sort of. I mean Eleanor was helping out, and she just sort of started doing stuff, and I was like, ‘Where’s my husband?’ You know, and then he did, he was like, ‘Let me do it.’

Interviewer: So you had to like assert yourself for her to let you do it.

John: Which it could be her personality or something, I don’t know. Then she helped out too.

Interviewer: So she stepped back then, or what?

John: A little bit, yeah. And so I’d be massaging her back, and she’d be talking to Harmony, and telling her to breathe and stuff.

Interviewer: So did you have to get in there more than once to keep her from taking over?

John: No, it was just initially, really, it was right at the beginning.

John: Yeah, she paid more attention to her and I basically had to take initiative and do it. And say, ‘Okay, lets see, I can do this.’ Or she really didn’t coach me as much as she helped out with Harmony. Like Helen did more. She helped out, but she also coached me. And with this one, she helped out more with Harmony and I just figured out what to do, basically. But she was good, hell, she was a good lot of help.”

Justin felt similarly to John, however his wife had a different perspective. Ariel felt that Eleanor was instructing and integrating Justin effectively. Justin was also a first time father, and he perceived his role differently than John did. John was more actively engaged when compared to Justin and expected to be at Harmony’s side. Ariel remembers, “My husband was on one side and it was great because she kind of instructed him and told him what to do. But she just kind of did some basic effleurage type of massage like on my back, and the fan and talking to me and being there for me.” But Justin’s perspective was different.

Justin: “As a first time father especially I mean, you don’t know what you’re going to find or what to expect when you come in, and she just grabbed a hold of Ariel. I just kind of followed her lead and she just made it a lot easier for me knowing what to do and how to help.

Interviewer: So did she show you what to do to help or?

Justin: No not really, I just kind of, like I said, once she got going there I just kind of picked up on what she was doing. At first, no, because I just felt like every time I was trying to do something I was getting in Eleanor’s way...Every time I went to do something it seemed like Eleanor was going to do the same thing. Well, not do the same thing I was trying to do but she was reaching at the same time I was reaching. I didn’t know the proper etiquette of the doula so I let her go first. Once I kind of got a feel as to what Eleanor was doing then I kind of got into that...She rubbed her neck and I rubbed her back, if she rubbed her back then I rubbed her neck. I just kind of played off her, I just basically followed her lead...I wasn’t sure what to do at first but then once we were an hour into it we were working together it was like we were a team, so it was good...It was so intense so fast. Without Eleanor there I don’t know, even with Eleanor there I was kind of like, “What the heck is going on here because I was [interrupted].”

Justin’s response to Eleanor’s active approach was mixed. On the one hand he appreciated how she was helping Ariel and teaching him how to better support her. On

the other hand, he felt that she took over and he had to fit himself into what Eleanor was doing rather than the other way around. In other words, Justin expressed a desire to feel that his place next to Ariel was respected but at the same time he was uncertain about leading the support team. Eventually both Justin and John feel that Eleanor reinforced their preferred roles and level of involvement, and they were able to contribute in the way they optimally aspired to. When it came time for the baby to emerge, Justin was more disengaged from labor support. He and Ariel were appreciative that Eleanor was by her head, so he could “experience the birth in his own way”. Therefore, the integration of facilitating the father’s involvement by the doula was rough but both fathers agreed that it was smoothly established by the end of the first hour of working together.

Giving Breaks At Opportune Times

More than half of the parent participants mentioned the value of the doula in giving the fathers a break from being in the room or from the intensity of labor support. They were able to use the restroom when needed. Many had family in the waiting area and were glad to be able to report to them about the progress of labor. Huntley mentioned, “Whatever she needed was the focus, but they were just as concerned about me. Linda wanted me to nap and she wanted me to eat and everything else.” Fitz recalled:

“She was really good about making me, sending me out and Enid was too of course. ‘Go ahead and leave’. ‘You can leave, you can go get something to eat. Go eat, relax. Don’t rush back, I’ve got this’. Which was nice, because the whole time I’m, it’s a nervous time. The father in that situation is just a bundle of nerves, especially someone who actually cares. Because I don’t know what’s going to happen, I want to be there. I don’t want to get too far. I don’t want to end up missing the birth. It’s important for me to be there. It was nice to have someone go ‘Listen, we’re a little way off. Go get you something to eat. Go down to the cafeteria, go to the Hardee’s and get you something to eat.’”