THE MIDWIFE AS DOULA:
A Guide to Mothering the Mother

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ABSTRACT

"Mothering the mother" is Dr. Raphael's prescription for successful, healthy breastfeeding. Any supportive person including the midwife can fulfill the role of *doula*.

In most cultures of the world, women have traditionally breastfed their babies as a natural part of their participation in society. Built into this tradition is a very special support system which provides someone to mother the mother during the difficult and dramatic transition to motherhood, a stage I call *matrescence*.

Today, many American women are turning back to breastfeeding. But they are doing so with little awareness that it might not be so easy. They have been led to believe that nursing one's baby is simply a return to the natural and pure. They quickly discover, however, that breastfeeding is not as instinctive as one might think. Little do they know how delicate the balance is between breasts that will and breasts that will not "let down" their milk. All too quickly these new mothers must resume full partnership roles in their nuclear families. They soon discover that they and their hungry infants are going to have to make it alone.

After studying 278 anthropological reports on various cultures around the world and interviewing hundreds of American mothers, who failed or succeeded at breastfeeding, one element in most cultures seemed to emerge which facilitated success—the presence of someone who cares for the mother.

I call this caring person a *doula*, someone who literally mothers the new mother and offers continuous encouragement. Too little mothering, and no doula, means not enough milk. Incidentally, the word *doula* comes from an ancient Greek word referring to the woman who comes to the home when a child is born, cares for the older children, cooks the dinner, bounces the fretting baby, and generally helps the new mother through the early postpartum period.

In most cultures (though not in the United States), women gain an intimate knowledge about the art of breastfeeding from childhood and they learn how to handle babies by caring for younger siblings. The preference in such cultures is for the new mother's mother or some close female relative to fill the supportive role of doula. In addition, traditional cultures have institutionalized the doula to assist women during pregnancy, childbirth, and the neonatal period. In some parts of India, for example, the mother has two doulas. During the latter part of her pregnancy, the woman moves in with her own mother, an ideal doula. Additionally, she has the help and support of the traditional midwife (dai), who not only helps with the delivery but also cares for the mother throughout the many weeks of ritually prescribed seclusion. During this time, the mother can rest and become adjusted to the baby and her new role. Slowly, breastfeeding becomes firmly established.

By contrast, in modern industrialized Western-type societies, young women often receive little information on breastfeeding during childhood and seldom ever observe another nursing mother. With the disappearance of extended families and the geographic separation among nuclear families, the "how-to" information women depended on from older female relatives, is no longer available. To make matters worse, the routine in most maternity units is so "efficient" it actually fosters an "anti-doula" effect.

During the first few days postpartum, new mothers appear to be very impressionable. New behaviors, unpleasant incidences, great moments of joy are highlighted in some yet to be understood manner. The liability of this period is only compounded by the trend toward early discharge after birth. In such cases, breastfeeding women are sent home before their milk supply is established and they are deprived of critical information

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and support, the keystones of success in lactation. The final insult occurs therefore when they return home and become overwhelmed by the awesome full-time responsibilities they face as mothers and homemakers.

Breastfeeding is not all that suffers in a culture that isolates the childbearing woman from a significant supportive doula. When the new parent is without such support, whether or not she breastfeeds, the matrescent period can be a nightmare. In desperation the mother turns to her doctor or midwife for help. However it is often impossible for physicians to provide this ongoing reinforcement and support for all the mothers in their practice. Thus alternative support systems for new mothers have evolved as "surrogate doulas."

During the 1950s, when a substantial number of women returned to breastfeeding, they invented a creative form of support, the La Leche League. This group with its 6000 branches is one form of doula that helps mothers through their matrescence by providing reciprocal nurturing among breastfeeding women.

A more recent innovation is the trend towards appointing a nurse as a lactation specialist within pediatric offices who is available in person, or by phone, to answer the common, worrisome, and practical questions of breastfeeding mothers. Another modern approach may be the joining of women with other women in the same reproductive stage in twos or threes to share their work and their infants.

The midwife is in an ideal position to assume a primary supportive role for new mothers. She can introduce the mother to the techniques of breastfeeding and caution against the pitfalls. She may also agree to serve in a doula capacity.

Throughout pregnancy, the midwife has established an intimate relationship with the mother which readily enhances the initiation of her doula role. The midwife should not be discouraged by the constraints of time. Experience has shown that the doula role is very intense but usually not too time-consuming. One face-to-face contact and an open and generous telephone response is usually sufficient. The midwife who agrees to be available to the new mother as her doula should initiate a call after a week or so to check on her progress. This serves to reassure the mother that the midwife is receptive to such calls and that she is concerned. It also gives the mother the opportunity to ask for help without embarrassment. After the midwife has worked in this way with a number of mothers, she can determine how much extra time it takes and consider adding a fee for her doula services. The emotional trauma for mothers who fail to breastfeed is so devastating that the midwife should suggest this service without hesitation. If the midwife decides not to assume the "doulaship" or is unable to do so, she can advise the mother about doula alternatives.

Who else makes a good doula? A husband, a sister or sister-in-law, an older relative, or friend are other good candidates for the doula role. But with our mobile society the new mother often has no relatives or friends near her or may not get along with those relatives who are near. In this case, she might consider a "reciprocal doula" arrangement between two women in similar straits. In working out these arrangements it is important to recognize that some women require a great deal of time and actual physical help while others need only a little mothering. Sometimes, a couple of hours or a few afternoons a week will let a mother feel rested and secure, enabling her milk ejection reflex to function effectively. In fact, for some mothers, just knowing that help is available, just feeling that someone is there and concerned, is enough to make breastfeeding a success. In all cases, the partners must choose each other for their ability and willingness to respond to each other's unique needs.

Since no precedent exists in most Western cultures for the behavior of either the mother or her doula, ways to permit this relationship to work have to be invented. I have developed an Interaction Guide for the doula–mother pair to help them organize, participate in, and enjoy an intense experience of short duration. This program, which is described in my book, *The Tender Gift: Breastfeeding,*[1] is designed to help individuals form a relationship where the ultimate goal is the contentment of the new mother and the success of her breastfeeding experience. Use of the Guide can help a mother/doula partnership become a creative adventure.

Each of the suggestions in the Guide are carefully discussed by the pair. They are also urged to do this in the presence of husbands, older children, in-laws, whoever will be involved or even present during the postnatal period. Whatever is decided *must be written down!* Accurately specifying each role and activity—when, how, and for how long—can save a relationship and a mother's milk supply. Such a list, taped to a conspicuous door or wall and checked frequently, is the best insurance against misunderstanding. A written arrangement, agreed to in advance, allows the participants to share without being imposed on. Cementing the reciprocal arrangement in a fairly formal manner is especially important if the doula is not paid for her services, especially if she is a willing friend but not in the same reproductive period of her life.

In going over the Guide together, the partners decide if it is the activity of the doula that is to be reciprocated or the amount of time that is involved. Since the new mother and the doula will not perform equiva-

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lent chores for each other, they might arrange to do the job each finds more pleasant. The aim of the discussions is to organize work and relationships into a mutually rewarding experience. For example, if time is to be the commodity of exchange, one hour given for each hour received is a good starting point. Not everyone is satisfied by this kind of arrangement. For some, one hour of ironing is worth two hours of baby-tending or five hours of "sitting" for an older child.

The common denominator for success in breastfeeding is the assurance of some degree of help from some specific person for a definite period of time after childbirth. There are innumerable possible variations on the doula–helper theme. Yet, few can better perform that role or arrange creative pacts between the parents and a supportive doula than the midwife. Either way, the outcome will permit the mother to feel secure, to be a more loving parent, and to establish and maintain the essential rhythm of breastfeeding.

REFERENCE

1. Raphael D: The Tender Gift: Breastfeeding. New York: Schocken Books, 1976.

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