

NATIONAL BESTSELLER
5TH EDITION, COMPLETELY REVISED AND UPDATED



THE BIRTH PARTNER

A COMPLETE GUIDE TO CHILDBIRTH FOR DADS,
PARTNERS, DOULAS, AND OTHER LABOR COMPANIONS

PENNY SIMKIN WITH KATIE ROHS

"In these days of fear-based maternity care, this book is an antidote. Employing the lessons and information provided, the birth partner, working with delivery staff (and hopefully with the support of a doula), can form a strategic alliance that will promote the mother's desired birth experience."

—Michael C. Klein, M.D., University of British Columbia and Children's and Women's Health Centre of British Columbia

FIFTH EDITION



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Dedication

. . . FROM PENNY

To the thousands of expectant parents who have taught me so much while I have taught them;

To the hundreds of women and their loving partners whom I have been privileged to assist as a doula during childbirth;

Especially to Peter, my husband, father of our children, and my beloved partner for six decades;

To our four grown children, to whom we could not feel closer and of whom we could not be prouder, and to their spouses, who enrich our lives;

To our eight grandchildren, whose births I have been privileged to attend in the role of proud grandmother;

To our three grandchildren-in-law;

To our two great grandsons.

. . . FROM KATIE

To each family I have supported in birth, for teaching me as much about myself as they did the importance of birth;

To my teachers and mentors in birth, especially Penny Simkin, for inspiring me and challenging me to lean into this work and the rewards it brings;

To my mother, Molly, who is a doula to so many in her life, and who taught me the meaning of presence and empathy;

To my father, John, who understands my brain and how it works, and who is steadfast in his love and support;

To my VBs, Kelli, Amy, Selena, and Beth, for loving me, supporting me, holding me accountable, and reminding me to laugh;

To my husband, Todd, my partner, my champion, who encourages and supports me every day;

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Preface

I'D LIKE TO EXPLAIN WHAT LED ME TO WRITE THIS BOOK, now in its fifth edition. The first edition was published in 1989, after I learned some truths about what it means to give birth and what it means to be a birth partner who deeply loves the person giving birth. One of these truths is this: how one gives birth matters to one's self-confidence and self-esteem, to the baby's long-term health, and to one's relationships with their partner, baby, and other loved ones.

This is as true today, with this fifth edition, as it was in 1989 and for generations (even millennia) before.

Here's another very important truth: how a person is cared for and supported during birth is a major influence, not only in how they give birth but also in how they feel about the birth for years to come. Yet, medical care before and during childbirth focuses almost exclusively on the *physical safety* of the baby and birthing person and places little emphasis on their emotional well-being, relationship with the partner, and readiness to parent. Such matters are given low priority in our very expensive health care system, which is beset by nursing shortages, pressure to increase the use of medical and surgical interventions while increasing efficiency, reduction of psychosocial support services, threats of malpractice lawsuits, and other factors that work against personalized, flexible, family-centered care.

I learned the importance of emotional care during labor when, in the late 1980s, I conducted a study of people's long-term memories of their experiences giving birth to their first child. These people had attended childbirth classes I taught between 1968 and 1974. They had sent me their birth stories shortly after giving birth. For my study, I contacted some of those people fifteen to twenty years later and asked them two things: to write their birth stories again as they remembered them and to rate their satisfaction as they looked back on their childbirth experiences.

In comparing the two stories from each person, I was astounded at how clearly they remembered their birth experiences and how consistent they were with their original stories, despite the intervening years! As we did not have copy machines in those days and they had not written their stories for themselves after the births, I possessed the only stories (which I photocopied and returned to them at the end of the study!). I then interviewed each person and discovered they had detailed memories of their doctors and nurses (there were no midwives practicing in my area at that time). Everyone vividly remembered specific things done and said to them. Many could quote the exact words! Some actually wept as they recalled some of these things—either with joy over the kindness and care they received or with sadness or anger over being treated disrespectfully or thoughtlessly.

Briefly, those who felt they had been well cared for by the professional staff reported the highest satisfaction, even if the labors had been long or complicated. Those who felt they had been treated disrespectfully or ignored reported the least satisfaction. Also, those who reported a great sense of accomplishment in giving birth were the most satisfied. They felt they had been in control and that the birth experience had been good for their self-esteem. The less satisfied women did not have these positive feelings.

The presence of husbands or other loved ones was unusual because, at the time, it was not customary for men, or even female relatives, to attend childbirth classes or the births of their babies. In fact, my classes were part of two emerging radical trends: unmedicated natural childbirth and the presence of husbands (with the marriage certificate to prove it!) to attend the births of their babies and assist their wives in giving natural births. The classes encouraged men to take the role of “coach” for the birthing person, and most played as active a role as they were allowed, although they were often required to leave the labor or delivery room for long periods.

The women’s memories of their husbands were also clear and detailed. Here are quotations from some of the women:

“He was the only reason I got through it.”

“It was one of the finer moments in our life and relationship.”

“He was more patient and took it more seriously than I expected.”

“He’s a competitor. He was my coach. It was a very big deal for him.”

“It hurt him to see me in pain.”

“He could feel me tense immediately.”

“He was there 100 percent.”

“He was apprehensive, but wanted to be there.”

I learned from that study that birthing persons need and appreciate loving, familiar people to stay with them, help them, and share the birth—one of life’s most meaningful moments. The kind of professional care and emotional support they receive during labor largely influences how they look back on the birth experience—with satisfaction and fulfillment or with disappointment, sadness, and even anger. I realized, in this age of high-tech, high-pressure obstetrics, it is unrealistic to expect busy nurses, doctors, and even hospital-based midwives to provide continuous individualized emotional and physical comfort throughout labor and birth, along with all their other clinical responsibilities and other laboring patients.

The conclusions from my study (published in 1991 and 1992 in two parts, titled *Just Another Day in a Woman’s Life?*) have been confirmed time and again by other studies of long-term memories of one’s birthing experience. During the hundreds of births I have attended as a doula and with the thousands of expectant parents who have attended my childbirth classes, I have always been guided by the question, “How will they remember this?” That study prompted me to write the first edition of this book. I wanted to help partners feel more knowledgeable and confident in their support role, so their laboring loved ones would always appreciate the help.

This study helped convince me that laboring people, as well as their partners, need trained doulas to provide continuous emotional support, reassurance, and comfort throughout childbirth. I developed a training program for doulas in 1988, and with other doula advocates, founded the Seattle-based Pacific Association for Labor Support (now called PALS Doulas) and in 1992, with pediatrician/researchers, Marshall Klaus and John Kennell, psychotherapist Phyllis Klaus, and health administrator Annie Kennedy, founded the international organization Doulas of North America, now DONA International. Our goal was to

ensure childbearing women get the kind of care they need and their partners the kind of practical guidance and tools they need during this challenging and unforgettable time. Extensive published research (by Klaus, Kennell, and many others) has demonstrated that the doula fills a gap in maternity care and provides benefits in medical outcomes as well as fulfillment and satisfaction as the mother or parents define it. (See Recommended Resources, page 418, for more on the benefits of doulas at birth.)

When it was time to publish the third edition of *The Birth Partner*, we realized the book had become popular with birth doulas. I decided to add extensive material for and about the doula's role during and after birth, to guide doulas and also inform parents on how doulas and partners work together with hospital staff to provide excellent support to the childbearing woman.

About the Fifth Edition

This fifth edition builds on the previous editions with updated information, added comfort measures, and new illustrations. The two major purposes in writing this book have not changed: to give readers—birth partners, doulas, pregnant people, and others—clarity, confidence, excitement, and joy about the upcoming birth of a very special child and to ensure that laboring people are not left in the care of strangers, with loved ones standing by, feeling anxious, uncomfortable, and uncertain of ways to be helpful.

Typically today, childbearing people are cared for by maternity professionals whom they hardly know or have never met. During the span of one labor, with shifts and breaks and the staff's need to look after more than one patient at a time, the laboring person will meet and adjust to numerous different professionals. This model, "care by strangers," has evolved from a need by hospitals to maintain efficiency and contain runaway costs, but sadly often results in families feeling disappointed, or even traumatized, after childbirth. While unexpected complications and extra-challenging labors cannot always be prevented, if a person is cared for with respect and kindness during such times, they are less likely to have these negative feelings and their emotional

recovery is smoother and faster. Being attended by known and trusted caregivers and support people helps. Therefore, I hope to improve the chances that each laboring person will receive continuous attention, respect, and nurturing from those who accompany them in labor. I want every birthing person to be able to look back on their birth experience with the feeling of being well cared for, no matter how the labor and birth proceeded.

Introducing Katie Rohs as Coauthor for the Fifth Edition

I asked Katie Rohs to join me as coauthor in updating and adding new content for this fifth edition. As an experienced childbirth educator, a sought-after doula, an independent thinker, and an emerging leader in our field, Katie provides the fresh perspective of one who is closer to the action than I. As I age and step back from direct “in-the-trenches” involvement as a doula, I rely on Katie and other colleagues to challenge me and keep me up to date. Katie began working in my office in 2012 while parenting her busy twins and starting her career as a doula and childbirth educator. That was serendipitous. Both of us, as active childbirth educators, find our students—expectant parents—are also valuable teachers. Their needs motivate, guide, and inform us.

Katie is the person who championed the use of inclusive gender-neutral language to address the needs and interests of nontraditional families not addressed in previous editions—our nonbinary families—the lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities. We hope this book ignores no one taking part in childbearing—directly or indirectly. As our society shifts toward acceptance and celebration of multiple family configurations, our language falls short of the inclusiveness needed to address everyone’s needs. New words and new definitions of old words reflect the fluid nature and meaning of “gender.” The language of this edition reflects where we are in 2018. A future edition may reflect more shifting as we are in the midst of rapid change.

—*Penny Simkin*



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WE HAVE HAD OUR SHARE OF SUPPORT throughout the process of revising this book. We want to thank the following extraordinary people who have made it possible for us to accomplish this in the midst of our busy lives:

Two people in Penny's office have been extremely helpful: Kathy Wilson has kept the office running smoothly, kept track of finances, paid the bills, handled sales and shipping, and supported Penny's birth classes, all while continuing her own career as a childbirth and parenting educator; Dolly Sundstrom, who has many talents, provided new drawings for this edition, helped with updating our Recommended Resources (page 418), and kept Penny's library up to date, all while attending university to become a clinical psychologist. Both brighten the office with their competence and good cheer!

Penny's colleagues and friends at the Simkin Center for Allied Birth Vocations at Bastyr University have challenged her to provide more culturally sensitive education. She is particularly grateful to Annie Kennedy, Carrie Kenner, Sharon Muza, Teri Shilling, Kim James, and Laurie Levy.

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We also want to acknowledge our dedicated and talented fellow board members of PATTCh (Prevention and Treatment of Traumatic Childbirth), who recognize the alarming incidence of traumatic birth and join us in seeking ways to prevent it and to treat its potential negative emotional aftermath when it occurs. Our current board, Leslie Butterfield, Annie Kennedy, Phyllis Klaus, Kathy McGrath, Suzanne Swanson, Onion Medina Carillo, Mora Oommen, Sharon Storton, and Kathleen Kendall-Tackett, have come together with us in this cause, which is also one of the causes of this book.

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Shanna Dela Cruz, the artist who drew most of the illustrations in this and previous editions, has been fastidious and reliable. We admire her simplicity, accuracy, and individuation of the people in the illustrations. Dolly Sundstrom has contributed the fine illustrations that are new to this edition.

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Childbirth Graphics, producers of teaching materials for expectant and new parents, has allowed me to use some of their classic drawings.

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Most importantly, Penny wants to thank Peter, who has been her loving, patient, and accepting partner and husband for six decades, patiently and attentively listening and giving feedback as she has struggled with phrases and concepts throughout the labor and birth of this book and others.



How to Use This Book

The *Birth Partner* is intended to be both a useful guide to prepare you for your role as birth partner and a quick reference during labor. It will be most helpful if you can read the entire book before labor. Then, if there is time, you may want to review parts of it during labor.

There may be times during labor when you need immediate help and want to find something quickly in this book. Anticipating which information you may need on the spot, we have printed such topics with a dark orange background so they will stand out as you fan through the pages. Fan the pages of the book and find those with dark edges. These sections are as follows:

Chapter 1

Supplies to Take to the Hospital or Birth Center (page 33)
Supplies for a Home Birth (page 35)

Chapter 2

Signs of Labor (page 68)
If the Bag of Waters Breaks Before Labor Begins (page 71)
Timing Contractions (page 77)
Early Labor Record (page 79)

Chapter 3

When Do You Go to the Hospital or Settle in for a Home Birth? (page 95)
Normal Labor—in a Nutshell (page 138)

Chapter 4

Positions and Movements for Labor and Birth (page 169)

Checklist of Comfort Measures for Labor (page 198)

Chapter 5

The Take-Charge Routine (page 202)

On-the-Spot Coaching (page 206)

The Emergency Delivery (page 209)

Slow Progress in Active Labor and the Birthing Stage—
with or without Back Pain (page 221)

Incompatibility with the Nurse or Caregiver (page 233)

Chapter 7

Prolapsed Cord (page 290)

Chapter 8

When Are Pain Medications Used? (page 331)

Chapter 9

Know What to Expect During Cesarean Birth (page 346)

Please also refer to Recommended Resources (see page 418) to find other recommended publications and online resources, including some videos.



A Note to Doulas

This book includes much information on the doula's role before, during, and after birth. Doulas use it as a reference and a guide regarding their role during labor and also how they interact with the birth partner, the laboring person, and the clinical care providers. Both Katie and Penny are experienced doulas (Penny now retired) and strongly believe the doula's role is uniquely different from the roles of loved ones and partners, nurses, midwives, and doctors, even though the roles overlap. Doulas' training is focused on physical comfort measures and ways to enhance labor progress. Their training also includes extensive discussion of the emotional shifts that laboring people experience throughout their labors and how to attune themselves to the changing moods and movements of the laboring person. It may be that doulas reduce stress and fear in laboring people. Those emotions increase stress hormones, which are known to impair labor progress through most of labor. Doulas help people feel safe and less afraid or anxious. They also guide and reassure partners. This nonclinical care can improve clinical outcomes (such as lower cesarean rates, shorter labors, fewer requests for pain medication, greater satisfaction with the birth, and fewer newborns who need extra nursing care).

This book explains the birth process to birth partners and pregnant people and explains the role of the doula throughout the process.



PART
one

BEFORE THE BIRTH

YOUR ROLE AS BIRTH PARTNER BEGINS before the pregnant person is in labor. During the last weeks of pregnancy, you can learn about labor, encourage the pregnant person to continue good health habits, help with last-minute preparations for the baby and for labor itself, and figure out the role you will play as birth partner.

This is also the time for you both to make many important decisions about the birth and to discuss them with the caregiver. If you attend childbirth classes and go to prenatal checkups, you will not only become informed, but also meet the doctors or midwives and become more comfortable in your role. You can also get advice and reassurance about anything causing anxiety or uncertainty for either of you.

During these last weeks, you can prepare for your role through introspection, discussions with the pregnant person, gathering information, and practicing comfort measures.



CHAPTER

1

THE LAST WEEKS OF PREGNANCY

As the third trimester went on, I had a growing sense of wonder. The big day was coming when I would finally meet my daughter. I felt her kicks and saw Janna's belly bump around when we spoke or laughed. But, who was she? What would she be like? I couldn't wait to meet her. My spouse knew she wanted to have the baby naturally. I was worried. I thought, "Why? We have hospitals and medicines to provide comfort. Why turn it away?" She told me she just wanted the right to try. This changed my thinking forever. I would not be a roadblock because she should have the right to try to do what her body was designed to do.

—SCOTT, FIRST-TIME FATHER

Early in pregnancy, it seems that nine months are forever and there is plenty of time to do everything that has to be done. It is all too easy, especially for busy people, to postpone “getting into” the pregnancy. Now, suddenly, the baby is almost due. Time has flown by. As the pregnant person's birth partner, you realize you are being counted on you to help them through childbirth. Do you feel ready? Can you help? What do you know about labor? Do you know what to do when? What should you do now to get ready for the baby? The last months of pregnancy are a perfect time to learn these things, but you had better start right away—a month or two before the due date is truly the “last minute,” especially as many babies arrive early. This first

chapter is basically a checklist of things to do before labor starts, to help ensure the two of you will work well together during labor and birth.

What Kind of Birth Partner Will You Be?

Birth partners come in all shapes and sizes, and they help the laboring person in any number of ways. Most often, the birth partner is the baby's father or co-parent and/or the pregnant person's husband, wife, life partner, or lover. The birth partner may also be the pregnant person's mother, sister, or friend.

A doula is another kind of birth partner, one becoming more popular in North America. The number of doulas is increasing rapidly, especially in cities, although doulas are still in short supply in some areas. Sometimes, the doula is the pregnant person's only birth partner, but more often, the doula helps both the laboring person and birth partner. The doula is an experienced guide and support person to the pregnant person or expectant couple. (See the description of the doula's role on pages 25 through 28.) In this book, you will learn how doulas can help you and the pregnant person in the variety of labor situations you may encounter.

The role played by the birth partner varies according to many personal factors and the nature of the partner's relationship with the pregnant person. What role will *you* play? What role does the pregnant person want you to play? How much effort do the two of you want to put into learning about childbirth and practicing comfort measures? How actively does the pregnant person want to participate in decision-making, in managing labor pain, in helping the labor progress well, and in delivering the baby? Does the pregnant person prefer a more natural birth or a more medical birth?

If natural birth, both of you should acquire a basic understanding of childbirth, learn the techniques for managing pain, and plan realistically for the challenges of labor. You should expect birth to be challenging, demanding, and also fulfilling and also feel capable of meeting the challenges with help, guidance, and encouragement from the medical and support teams. The pregnant person should plan to rely more on inner strength, coping skills, and the support team and less on drugs and procedures to get through labor and give birth.

If the pregnant person prefers or needs (because of health concerns) a more medical birth, they will need to rely more on the doctor or midwife to make decisions, to use drugs and procedures to control the progress and pain of labor, and to deliver the baby.

How Will You Feel?

For a realistic idea of the situations and feelings you may encounter as a birth partner, ask yourself these questions. How will I feel if or when the pregnant person:

Asks me to take time off to go to prenatal appointments together?

Tells me we are signed up for 12 to 18 hours of childbirth classes?

Asks me to read this book or others?

Wakes up moaning every 10 to 20 minutes during the night thinking it's labor, and I am very tired?

Has a gush of water from the vagina followed immediately by long, painful contractions in the abdomen?

Does not accept my suggestions for relaxation or coping?

Needs my help with every contraction, but I am tired or hungry?

Asks me if we should go to the hospital?

Makes distressing sounds I have never heard?

Expresses discouragement (“This is so hard,” “I can’t keep on,” “How much longer?” “Don’t make me do this”)?

Clings to me and says, “Help me!”?

Vomits or needs to vomit?

Is in pain and begins to cry, grimaces, and becomes very tense?

Criticizes me (“Not like that,” “Don’t touch me,” “Don’t breathe in my face,” “Don’t leave me”)?

Needs me to press hard on their back with every contraction, until my arms ache?

Tells me, “I want an epidural.”?

Has a labor that goes on for 12, 18, or 24 hours and still no baby, and I am so tired I can't keep my eyes open, but they need me?

Is told a cesarean will be necessary?

Hears the caregiver say, "Look here! The baby's head is starting to come . . . ?"

Feels and sees the baby slide out, wrinkled, soaking wet, streaked with blood, and crying lustily?

Asks if I want to cut the cord?

Hands me the little, squirming, bundled baby to hold and cuddle?

Looks at me and says, "I couldn't have done it without you."?

Although no answer is right or wrong, your role as birth partner is affected by the pregnant person's preferred approach to labor and birth and your comfort with those choices. Does the pregnant person have thoughts about what they want and need from you? Do you feel able and eager to meet those needs?

All these questions may be impossible to answer right now. But keep them in mind as you read this book and start discussing them with the pregnant person. Start imagining them in labor and the challenges you may face as the birth partner.

Use the exercise "How Will You Feel?" as a reality check. This book will help you prepare for such situations and plan good strategies to handle them. By the time labor begins, you should have a much clearer and more confident picture of yourself as birth partner.

Getting Ready for Labor

If you haven't already done the things described in the following pages, try to do so a few weeks before the due date or at least before labor starts.

Visit the Pregnant Person's Caregiver (Doctor or Midwife)

If you have not yet met the caregiver, this visit may be more important than you think—for both you and the caregiver. Even a brief meeting

helps establish for the caregiver that you are an important person in the pregnant person's life. Although a substitute caregiver (another partner in the group practice) may actually attend the birth, this meeting still provides you the opportunity to ask questions, get a feel for what doctors and midwives do, and play a more active role.

Visit the Hospital or Out-of-Hospital Birth Center

Take a tour of the hospital maternity area—triage (the room where people go when they first arrive in labor) is usually where a nurse decides whether to admit patients to the hospital, birthing rooms, waiting room, nursery, kitchen, and postpartum rooms. You'll see much of the equipment used during labor. They do not usually visit operating rooms (where cesareans are done) on the tour but may show slides and describe them. You can find out when tours are available by calling the hospital. Sometimes, a tour is included in childbirth classes, or you can attend a regularly scheduled tour. Ask your caregiver how to make arrangements. This is a good time to ask questions about the hospital's usual way of doing things and any choices they offer for labor management.

Birth centers are smaller and have fewer rooms than hospitals: labor, birth, and the first hours afterward are spent in the same room. Birth centers also have fewer protocols and less equipment, but it is still important to visit and learn the usual practices in the birth center.

On the way to the tour, figure out your route to the hospital or birth center and how long it takes to get there (during both rush hour and slower traffic times). At the hospital, learn which entrances to use during the day and at night (you may have to use the main entrance during the day and the emergency entrance at night). Entrances to out-of-hospital birth centers are seldom staffed around the clock and are usually locked at night. You arrange to meet your midwife there when you call her to announce labor.

If the pregnant person is planning to give birth at home or in a birth center, be sure to tour the backup hospital so you won't be confused if a transfer becomes necessary during labor.

Preregister at the Hospital

If you're having a hospital birth, you should preregister, which involves obtaining, reading, and signing pre-admission forms and a medical consent form. By registering in advance, you save time and avoid confusion when you arrive with the pregnant person in labor.

Consider Having a Doula Help You Both During Labor

Why consider a doula? Childbirth is intense, demanding, unpredictable, and painful, and it can last for a few hours to 24, 36, or even more. Even if you are well prepared, you and the pregnant person may find it difficult to apply your classroom learning in the real situation. If you are not well prepared, all the challenges of labor are baffling and anxiety producing.

Of course, you will have a nurse and a doctor or midwife who are likely to be kind and caring, but they will probably be very busy with the clinical aspects of the birth, which are their highest priority. Hospital nurses and midwives rarely remain in the room throughout labor, as they have duties outside the room and are often taking care of more than one laboring patient at a time. They work in shifts, so over the course of labor, several different professionals are likely to be involved in each laboring person's care. Doctors rely on the nurses to manage the labor, with phone reports as necessary, and they may briefly visit from time to time and will come if problems arise during labor. And, of course, they are there for the birth.

One of the most positive developments in maternity care is the addition of the birth doula, who guides and supports women and their partners continuously through labor and birth. The doula usually meets with you in advance, is on call for you, arrives at your home or the hospital when you need her, and remains with you continuously, with few breaks, until after the baby is born. The doula is trained and experienced in providing emotional support, physical comfort, and nonclinical advice. They draw on their knowledge and experience as they reassure, encourage, comfort, and empathize with the laboring person. The doula also works with the partner, guiding and assisting you on how to help, suggesting when to use particular positions, the bath or shower, and specific comfort measures.