

Why Are We Trying To Turn Men Into Women?

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Introduction: Fathers influence birth outcomes indirectly because his relationship with the mother affects her decision-making. His labor support also affects her labor coping, which in turn affects labor and neonatal outcomes. However this does not happen in the way that you might assume.

For a long time, doulas and midwives have been focusing on increasing the father's skill and involvement in labor support. We see the father's involvement as important and apply subtle and overt pressure on his involvement. We have not questioned this cultural mandate. But major involvement in labor support may not be the best thing for a man's emotional development, the course of the labor, or long-term for the couple's relationship. Given the option, some women and men would rather keep his involvement at a minimal level.

My work is profoundly influenced by my studies of sexual and gender related behavior, my research on labor support, and years in the labor room supporting families. In the next hour I'd like to examine some of our cultural assumptions and relevant research that leads me to provoke your thinking. Then I'll review the mechanisms for influencing outcomes of importance.

I. How did men get into the labor room anyway?

- A. Influence of childbirth education methods – Russian/French Lamaze and American Bradley
- B. Nursing literature documents negative attitudes of many nurses
 - 1. fear of another patient to take care of
 - 2. work load shifted from group wards to individual rooms
 - 3. one on one nursing demands
 - 4. Prevailing attitude – “If you're going to be here, you better be useful!”
- C. Culminated in 1980's FCMC movement
 - 1. Institutionalized role of “coach”
- D. But, no one ever asked a MAN what was best for him. His emotional development, needs as a father, how he could be best supported, etc.

II. Research on Fathers and Childbirth

- A. It begins in pregnancy – loss, disequilibrium and change. “Demanding psychological reorganization of the self” (Genesoni)
- B. Birth is overwhelming, stressful, with joyful moments. Most men feel incompetent which colors their postpartum experience. (Johnson, Draper, Chandler)
- C. Fatigue masks anxiety (Tzeng)
- D. Men like epidurals (Capogna, Chapman)

III. Women's Culture and Men's Culture (Tannen)

- A. Communication styles –power structures, hierarchy
- B. Evolutionary survival mechanisms of community and individuality

- C. Male and Female Emotional Needs are Different
- D. Women are often the emotional caretakers in the relationship. She often needs to hand over that role to someone in order to give herself over to laboring. He also needs someone to be in that role as this is an incredibly difficult and stressful time for him. Who on the birth team can fulfill this function? (Gilliland)
- E. The Midwifery realm is dominated by female cultural rituals.
Does that make males foreign visitors?
- F. Women and Men's Biobehavioral Responses to Stress are different
 - 1. Hormones affect behavior (Taylor)
 - 2. Relevance to the Labor Room and Birth Outcomes

IV. What Men Say About Their Needs in the Labor Room (Gilliland)

- A. Possible paternal Roles: Partner, Protector, Constrained by their Gender Role
- B. Preferred Involvement in Labor Support: Fully engaged, Less than fully engaged, Partially engaged, Disengaged (Most men were not fully engaged but all men and women were comfortable with the man's level of engagement.)
- C. Some women said they did not want primary labor support from their husbands but that the men felt obligated to serve in that role. They related to his touch sexually rather than in a caretaking manner.

V. Sex Matters (Williamson, Safarinejad, von Sydow, Olsson)

- A. Childbirth is most often desexualized and stripped of intimacy in order to increase the comfort levels of disengaged medical professionals. What are the possible consequences for male partners of desexualizing childbirth?
- B. What messages does he receive about his partner's body, verbally and nonverbally, during labor and birth?
 - 1. Her private parts aren't private anymore
 - 2. Birth events may be distressing & associated visually with her body
 - 3. Depersonalization of his mate's body may affect his desire

VI. What Men Really Need For Their Optimal Birth Experience

- A. Speak in his own tongue – understand why and how males talk
- B. Emphasize that his experience is your third priority (after mom and baby)
- C. Explain that our culture pressures men to have an active role in labor support without any experience or adequate training for that role
 - 1. allow him and his partner to choose disengagement without your judgment
 - 2. doula support for him may be just as vital as for the mother
- D. Show respect for and accommodate male stress coping patterns
- E. Realize he will likely not reveal his emotional needs and may even deny having any. You may need to observe his behavior to discover his best labor support role
- F. Treat them as a laboring couple not as “a laboring mother with a partner present”
- G. Acknowledge overtly the sacredness and primacy of their sexual bond.
In very primal terms, her body is his familiar and intimate territory.

VII. How Men Influence Outcomes

A. During labor

1. When men are stressed by birth, they withdraw or confront.
2. Men want solutions and answers, which may mean they favor interventions.
3. Men may influence or suggest epidurals to relieve their own distress.
4. His distress and withdrawal to cope with it may increase her tension and anxiety, leading to labor difficulties.
5. His ineffective labor support may decrease her ability to cope.
6. A partner may not correctly interpret the mother's response to labor sensations, which may increase his anxiety and stress.

B. Women are attuned to their mate's distress.

1. Women may not allow themselves to labor fully because they are concerned about their mate's welfare.
2. Women may choose pain medication or an intervention to alleviate their partner's distress

C. During birth

1. Men may not feel free to change positions or pay attention to their own emotional state.
2. Men may not understand what they are seeing or feel they can express their concerns, which increases their distress and may lead to traumatic memories.
3. Without an understanding of their relationship, we may not know how to most effectively support his needs and experience. He may not be able to articulate it either.

D. Postpartum (Koppel, de Montigny)

1. Men report their experiences with pp nursing care set the stage for health care interactions and feelings of confidence with their newborn.
2. Men feel perceived as auxiliary parents, as second to the mother by health care professionals.

Conclusions: Male involvement with birth rarely begins with an honest assessment of the individual's needs for support. Information about the history of men's attendance at births, encouragement for introspection, and adequate emotional support for men during pregnancy and birth may positively influence male behavior during labor. Birth professionals who understand male cultural communication styles and stress coping patterns may interpret the male partner's behaviors more effectively. Labor and birth events may be positively influenced when adequate support and understanding for the male experience is provided and men are free to choose their preferred level of engagement with labor support.

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Relationship Building Techniques with Fathers: Gender Communication Styles

By Amy L. Gilliland, Ph.D., CD(DONA)

Prenatal Visits

1. When asking questions, **understand that a man's stated answer or opinion may be the beginning of a negotiation, not his concluding opinion.** (Save your emotions!) Respond with "Tell me more about that" – it opens the door.
2. Conversation with the male partner will more likely be to the point. **You will build rapport by doing things together where you share equally.** Ask him to show you where on her body his partner likes to be touched. What relaxes her. Let him show you his expertise. Then you can work other techniques into the exchange. Remember this is cross cultural communication!!
3. If he challenges you, your knowledge or experience, that's okay. **So, just because a male seems to argue with you does not necessarily indicate a problem,** either personal or professional. It may just be his way of engaging with you and getting to know you. You will know better the next time you interact if its personal or just his style.
4. **Some women are overly concerned about their mates' wellbeing during labor.** When a contraction ends, they will ask him how he is doing or try to see that his needs are met. This can interfere with relaxation and labor progress. If no doula, make sure that he or other support person communicates that he is taken care of, both emotionally and physically.
5. When you are coaching appropriate advocacy skills, you may wish to **discuss indirect and direct strategies** to getting what you want in the hospital system.

Relationship Building Techniques with Fathers: Prenatal Visits or Early Labor

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Step One. Start with Yourself.

Explore your attitude and beliefs that you have about fathers' role at the birth. For an optimal experience, do you believe he must be very involved? Watch the baby being born? Cut the cord? Can you let go of your preconceived notions and allow him/them to choose freely?

Step Two. Gently Discuss Different Possible Roles

1. Explain about coach, teammate, witness.
2. You may be the only one who explores a different idea than cultural norm.
3. Allow men to change from preconceived idea about preferred role to a different role at bedside.

Step Three. Discerning men's emotional needs

1. Ask directly.
2. Ask inquiring questions. WAIT for answers. Sensitively discourage mother from answering for him if needed.
"What would you like your experience to be?"
"What is important to you?"
"Is there any interaction that you are particularly looking forward to?"
(Catching baby, cutting cord, kissing wife, etc.)
"What are you not looking forward to?"
"In general, what things in life bring you a great deal of satisfaction?"
"What are you afraid of?"

Step Four. Do the Ideal Birth Exercise – Have everyone draw a picture of their ideal birth. (Use oil pastels or crayons and large pieces of paper.) Doula draws a picture of herself supporting the family.

Step Five. Work together at prenatal visits. Ask him about mom's cues. Touch mom at the same time – have him show you a massage technique that she likes, etc.

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During The Birth

1. Now imagine how this comes into play in an advocacy situation at the hospital. **The medical hierarchy is dominated by male communication principles** even if the physician is female. Midwives may have a more female gendered communication style.

You know you have to **appease to the doctor's status and keep his or her sense of personal power intact** as you ask them to do something the system does not naturally encourage them to do. Especially when this is with a doctor who is not used to negotiating or having to answer questions and ponder alternatives with patients.

The doula has the opportunity to influence the conversation so it is not seen as a “challenge to authority” but as a desire to understand the physician's recommendations more fully. It is a good idea to figure out how to use your natural female gender style to negotiate, and when male strategies are more appropriate (and have dad use them).

2. **You and mom are the primary relationship builders** with nurses and other staff. Both of you naturally know how to connect, especially with other women.

3. **Your job is to build rapport with nurses** to make it easier for Dad to enter that relationship when needed. The doula has an opportunity to establish the tone.



InJoy Birth and Parenting

Hereby states that

Completed the webinar program:

What Men Need in Labor—Isn't It Time We Cared?

Presented by Amy Gilliland, PhD, BDT (DONA) on July 30, 2014.

This webinar was the equivalent of one contact hour of continuing education.

Debbie Young

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