

a comfort during labor

While a mother-to-be battles pain and nerves, a doula's sole goal is to make her feel better

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Special to The Plain Dealer

Kelly Wolfe's water broke just before 8 on a Monday night. On her way to MacDonald Women's Hospital three hours later, she called Mary Bader to tell her. She was laughing as the words rushed out. She was in labor.

By 1 a.m., her excitement had turned to misery. The 33-year-old science teacher was lying in a hospital bed with one cold compress on her forehead and another around her neck, crunching ice chips and enduring one searing contraction after the next. Each time the pain shot from her back, her face, flushed pink and framed with tendrils of damp blond hair, contorted in agony. She gulped big breaths of air.

The silence was punctuated only by the baby's heartbeat thumping away on the monitor and the calm, soothing voice of Bader. The older woman kept a close vigil at Wolfe's bed, her gentle brown eyes emanating both a mother's concern and a coach's encouragement.

Bader kept reminding Wolfe to relax and breathe. Your body is supposed to do this, she said. It's supposed to hurt. Your baby is fine. You will be fine.

"Here comes another one," Wolfe said at 1:40 a.m.

"Slow, deep breaths," Bader whispered. Then, a few seconds later, "Is it gone?"

Wolfe nodded.

"You're so good," Bader said. "We can't even tell."

Wolfe managed a smile.

Giving encouragement

For thousands of years, it was traditional for lay women — not just doctors, nurses or midwives — to help with childbirth. They stayed by the laboring mother's bedside offering advice and encouragement. As Western medicine advanced, however, the female circle of support weakened as women began giving birth in hospitals instead of homes.

Beginning in the 1970s, however, a series of pioneering studies, including those led by retired University Hospitals of Cleveland neonatologist Dr. John Kennell, showed that childbirth came more easily when other women were present to support laboring mothers. Many times, these mothers experienced shorter labors, used less pain medication, and had

fewer forceps deliveries and cesarean sections.

Those results sparked the evolution of a new childbirth professional: the doula, a Greek term that means "woman's servant."

Doulas such as Bader, 42, give physical and emotional assistance to women during childbirth. They differ in technique and philosophy. Some prefer to work only with women committed to natural childbirth. Others, like Bader, respect the individual birth plan of each new mother, regardless of what it entails.

Every doula acts as the mother's advocate in the delivery room. In most cases, she is the only member of the birthing team focused entirely on the mother — trying to make her comfortable, explaining obstetric procedures and giving encouragement.

"We're birth junkies," said Ann Grauer, president-elect of Doulas of North America, a professional organization. "... To help a woman when she's in that place, when she's very vulnerable and trusting, is just an incredible thing."

Some women, including Wolfe, who hire doulas want to have natural births. They fear the risks or side effects of pain intervention. And they want to be alert the first time they see their babies.

Some don't have family or friends willing to help, and some want to lessen the burden of comforting them on their partners.

Wolfe said she worried her husband, Jay, would forget the pain interventions they learned in childbirth class. Jay worried he wouldn't be able to help when it counted.

"I can watch any horror movie," he said. "But I get queasy with the real-life medical stuff."



Bader jokes with laboring Kelly Wolfe while labor and delivery nurse Jessica Maiden checks out the patient.

LABOR

FROM L1

Doula's sole goal is to help mom-to-be

The national doula group does not keep track of how many births are doula-assisted, but its membership has grown steadily, suggesting that using a doula is becoming more popular. In 1994, the organization had 750 members. In 2002, it had 4,550, up from 3,800 a year earlier.

This heartens Grauer.

"Our goal is a doula for every woman who wants one," she said.

Doulas are independent contractors. Some work with hospital programs, like the one at University Hospitals. Some, like Bader, are certified by the national organization, which means they have attended an intensive weekendlong program or similar training.

Insurance doesn't cover their services, so they set their own rates. Bader's is \$450, which covers meeting with the mother before birth, staying through labor and delivery, and visiting with the mother after birth.

However, she assists University Hospitals-referred clients for the hospital rate of \$275, and she

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has helped low-income mothers for far less.

For Bader, being a doula means being ready to rush to the hospital 24 hours a day. It means missing holidays and family vacations. It means sacrificing sleep, food and all other personal needs until a baby is born. Then it means taking ibuprofen for days after the birth to soothe her massage-weary wrists.

Being a doula, she explained, is more than a job.

"It's like a calling. I always wanted to be around women having babies."

The mother of six said her own deliveries drew her to the work. The first time she gave birth, 19 years ago, no one in the medical team talked to her or let her make any of her own treatment decisions. The doctor and nurses pumped her full of Demerol and dismissed her husband in her 23rd hour of labor. They also carried on conversations as if she wasn't there — while she was pushing out her daughter. Among other things, they talked about how much weight she had gained during the pregnancy.

Bader has had painkillers and natural births, doctors and midwives. Each birth was different. But she's convinced all would have gone more smoothly if a doula had been there.

Before Bader became a doula, she wanted to be a labor and delivery nurse. After the birth of her fourth child in 1989, she went through a nursing program at Lorain County Community College. But she couldn't finish the clinical component because of family obligations. So, three years ago, she became a doula instead.

She's glad she didn't become a nurse, she said, because nurses have so many other responsibilities that they often don't have much time to comfort the mother.

"I've heard nurses explain to family members that the doula is doing what they want to do but can't," she said.

Quick bond

Bader brings an array of massagers and aromatherapy oils to the hospital. But she rarely uses anything besides a large inflatable birth ball and the palms of her hands.

So far, Bader has helped 41 birthing mothers. She remembers them all, including the petrified 14-year-old with no childbirth education, the woman who gave her child up for adoption, and the one who endured 31 hours of labor.

Regardless of the mother's background and how the delivery goes, a kind of bond usually develops between the mother and her doula, said Bader.

"It's amazing how you click with these women," she said. "They're someone you met once for a prenatal visit, then you're helping them while they're in labor, holding their head while they're throwing up."

Wolfe didn't throw up, but she needed Bader in other ways.

At about midnight, the baby was still high in her uterus. Walking around may have caused the umbilical cord to wrap around its neck, so the doctor ordered Wolfe to stay in bed. Bader suggested comfortable positions, held her hand and rubbed the tops of her feet.

By 4 a.m., the baby had descended, and Wolfe was allowed to move around. But by then she was having terrible back labor because the baby's head was on her tailbone, making it too painful to stand. Bader laid towels on the shower floor and told Wolfe to kneel on them. Then, Bader put the birth ball beneath her elbows and showed her how to rock on it to ease the pain.

Wolfe's husband sat beside her in the shower, giving Wolfe juice and keeping her hair out of her eyes.

With the drain blocked by the towels, the water ran over the lip of the shower, flooding the bathroom. Wolfe didn't care. The water relieved some of her discomfort, so she stayed in the shower until 5:50 a.m., when she felt ready to start pushing.

To help her dilate, Bader suggested that she lie on her side. It worked. Around 6:30, she was fully dilated.

Wolfe closed her eyes. She let Bader help her into a stomach-crunch position with a knotted sheet. She pulled on one end, and Bader pulled on the other. Her husband held one of her legs. Her sister, Robyn Whipple, held the other. Wolfe pushed and pushed.

Just after 7, her son, Joshua, entered the world. He was healthy and alert. Eight pounds, 14½ ounces, with a mess of black hair.

Three weeks later, Bader stopped by the Wolfe home in Kirtland to drop off his "birth story," a chronicle of what happened during the delivery. Bader does this to remind mothers of their success. She takes no credit herself.

"It's her accomplishment," she said.

Wolfe has a different perspective. Giving birth to Joshua was the hardest thing she ever did in her life, she said, and "there's no way I could have ever done that without Mary."

Marino is a free-lancer living in Cleveland.