

My goals as a postpartum doula

By Lisa Behm, PCD(DONA)

My goals are of two complementary parcels. As a doula I intend to provide the mother with support so that she can heal physically and develop emotionally into her new role as a mother as well as progressively guiding family members to provide that same support. As a doula I also intend to help each family understand the importance of their role in supplying the love, support, bonding and stimulation that is necessary for their baby to become a physically, emotionally and mentally whole person. My goal is to provide this guidance through example, education, nurturing and praise.

With each family I hope to successfully:

- Conduct a prenatal interview in a thorough and professional manner so that I can gather significant information about the family's education on infant care and feeding, their expectations about newborns and the impact this will have on their lives and their expectations of me and my role while with them. In turn I expect to provide

them with helpful, accurate information about newborn care and needs, as well as mother/ father/sibling needs and roles during this new phase of their lives. I hope to present myself as a non-judgmental aide or support, with skills to be shared with them, not forced upon them. I hope to make them feel comfortable with the idea of my presence in their home under very intimate circumstances.

Encourage breastfeeding and to educate the family on the value of breastmilk for their baby and make sure they feel supported even if problems arise. My plan is to determine in advance their expectations about breastfeeding and help to develop a realistic understanding of the process of milk production and the importance and demands of the first few weeks. I will discuss pump options and be sure they know how to obtain what might be necessary. That said I also intend to make it clear that I will not judge them if they choose not to breastfeed or if attempts fail sooner than desired.

Begin with the family in their home with the intention to assess as quickly as possible: (1) how the baby is doing (sleeping, feeding, diapers); (2) how the mother is doing (sleeping, eating, her postpartum body); (3) how the father/significant other is doing (sleeping, eating, support skills); (4) how the siblings are doing; (5) the condition of

the home and baby gear; (6) general mood in the home (calm/chaotic, disorganized/well prepared). Always leave my "baggage" outside the door! My feelings, opinions, beliefs, wounds, insecurities and issues do not belong in the recipe for reaching my goals as a doula to a family and their baby. I'm there for them, not for me. My goal is to be okay with it being all about them and not about me.

Assess as soon as possible, if mother is breastfeeding, the baby's latch, the mother's milk supply, nipple condition and frequency of feedings; and check the pump (if one is being used). If all is in order, then I will praise and support as a doula, helping the mother take care of her posture, her milk supply and her rest. If things are not progressing well, I will suggest that the mother contact a lactation consultant. Be prepared to answer questions about the process of breastfeeding, breast care, milk care, infant care, infant development, sleep/activity states, sibling care, mother's postnatal body care, doctors, support groups and the best gadgets—pumps, strollers, carriers, car seats. I will do my homework and have referral resources.

Determine what they might be missing or needing and provide whatever comfort, education, support or referrals that I can in those areas. Spend time listening to the mother and family members talk about how they are feeling about their new roles and their new baby. Listen to what they have to say about the birth experience, assess if there are disappointments or feelings of failure—anything that might indicate the need for healing. Allow them time to



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talk and process the changes in their lives, help them explore their feelings and expectations of themselves, each other, family members and society. I hope to be a sounding board for their many emotions.

Identify any signs of postpartum depression or anxiety and to be able to maintain a supportive role even though I cannot relate to this from a personal level. I hope to be able to provide guidance to the mother or significant others through referrals or support groups in such a way that they will seek professional help. Help the family learn new skills for comforting, calming, loving and bonding with their new baby. I intend to educate them on the importance of their calm presence, their love, their physical contact, their voices, their faces, their touch and their smells for the healthy development of their new baby.

Help father or significant other feel important in the baby's life. If the father or significant other is not feeding the baby, he/she will need to learn other ways to nurture and comfort the baby. The father or significant other may need more help and direction when developing a relationship with the new baby; therefore I will demonstrate how much the baby can get from him/her through communication, play, stimulation, kangaroo care—in essence, bonding.

Praise and present educational material in a positive manner allowing others to feel important and naturally good at what they are learning. No one should be made to feel inadequate by my examples or directives. Help the father or significant other learn support skills for the mother,

like providing her with drinks, snacks, pillows, massage, time to rest and praise.

Provide an air of calm, comfort and confidence with my presence and be a quiet, unimposing addition while I'm there.

Provide them with the tools needed to manage without me. When it's time for me to leave, I hope to have helped them organize their home with changing stations and activity stations for mother and siblings while feeding; make plans for meals and snacks during the day or night; organize efficient storage of breast milk and cleaning of breast pump and/or bottles and formula (if necessary); successfully manage outings, shopping excursions, etc. with baby; and to have established the importance of joining some kind of peer group or organization with

infants, nursing mom groups, play groups, church groups, etc. I hope to have helped everyone in the family develop an important role in this expanded family and to have bonded with the new baby in one way or another. Although it's nice for me to feel needed, if I've done my job right, I should be able to leave knowing they really don't need me anymore. ~



Lisa Behm lives in New London, Pennsylvania with her husband and four children. She has a BA in Special Education and earned her DONA postpartum doula certification in 2006. She divides her time between responsibilities to her own family and working with other families as a postpartum doula or as an Early Intervention Special Instructor for children ages 0-3 with special needs.

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easily, and mothers are more affectionate to their babies.

The birth doula's responsibilities

The responsibilities of a doula are many beginning with understanding her clients' vision and desires for their birth. She is responsible to be "on call" for them for up to a month surrounding their due date, guaranteeing she will be there and having a backup in place in case of an emergency. Whenever the mother requests her presence, she meets her clients as soon as possible and remains with them until after

the birth of their baby and initial bonding and breastfeeding has taken place.

After the birth, the doula stays to help ease the transition in whatever way she can—whether it is finding extra pillows, helping her clients as they move to the recovery room or running to get takeout food. She meets with the family at least once postpartum to discuss the birth and to offer any additional resources the family might need. ~

Kelly Olmstead has been a doula since 2004. She is currently apprenticing to become a midwife with a busy homebirth practice and attending National Midwifery Institute. She is married and has three children.