

# Fourth Trimester Podcast

## Episode 93: Birth Doula 101 - What to Expect From A Birth Doula with Esther Gallagher

**Sarah Trott:** [00:00:05] My name is Sarah Trott. I'm a new mama to a baby girl and this podcast is all about postpartum care for the few months following birth, the time period also known as the Fourth Trimester. My postpartum doula, Esther Gallagher, is my co-host. She's a mother, grandmother, perinatal educator, birth and postpartum care provider. I've benefited hugely from her support. All parents can benefit from the wisdom and support that a postpartum Doula provides. Fourth trimester care is about the practical, emotional and social support parents and baby require, and importantly, helps set the tone for the lifelong journey of parenting.

When I first became pregnant, I had never heard of postpartum Doulas, let alone knew what they did. So much of the training and preparation that expecting parents do is focused on the birth and newborn care. Once a baby is born, often the first interaction parents have with medical or child professionals, other than the first pediatrician visits, is the six-week checkup with the OB/GYN. *What about caring for mama and family between the birth and the six week doctor visit? What are the strategies for taking care of the partner and the rest of the family while looking after your newborn?*

Our podcasts contain expert interviews with specialists from many fields to cover topics including postpartum doula practices, prenatal care, prenatal and postnatal yoga, parenting, breastfeeding, physical recovery from birth, nutrition, newborn care, midwifery, negotiating family visitation, and many more.

First-hand experience is shared through lots of stories from both new and seasoned parents. Hear what other parents are asking and what they have done in their own lives.

We reference other podcasts, internet resources and real-life experts who can help you on your own parenting journey. Visit us at <http://fourthtrimesterpodcast.com>

**Sarah Trott:** [00:00:00] Hi, this is Sarah Trott and I'm here with my co-host Esther Gallagher.

**Esther Gallagher:** [00:00:03] Hi. Good to see you. Sarah.

**Sarah Trott:** [00:00:06] Good to see you, Esther. Yeah. We are back for a brief session on the topic of a birth doula. What does a birth doula do? And spell that out and help define that for anyone who's curious about the service and what it is and how it works.

So I couldn't think of a better person to be discussing this with, because Esther you've been doing, if that's a word, providing care, how is it providing care for women and parents and families and other caregivers for decades? And you've seen many, many births. So I just really admire your wealth of information on this topic. And so let's just dive right in. What is a birth doula? Yes.

**Esther Gallagher:** [00:00:51] Well, I'll start by saying the word doula originally was used for postpartum work and care, but when we recognized in this culture that we needed support and advocacy in the birthing space, particularly hospitals, we needed a word for the person who's doing that. And doula got kind of absconded with this space.

And so to this day, 30 plus years later, I still find that people think that the word doula only has to do with birth. They've never heard of postpartum care. As we echo on this show all the time postpartum, postpartum, postpartum because they've only ever heard this term referred to for birth care.

So a birth doula, like a postpartum doula, is somebody who offers non-medical support. And that support comes in the following ways that are similar to, and not necessarily don't have to be separated from, postpartum care. If you're lucky enough to have what we like to call continuity of care. So perinatal care all the way from pregnancy, birth and through postpartum. So they provide presence. So they're a calm, supportive, listening, observing presence, witnessing your process, your experience, the environment around you in which you're having this experience.

Whether it's at a home visit that we do with you prior to going into labor or your home in early labor, and as you transition and or in the hospital setting, if you're delivering in a hospital or birth center setting, we are a source for referrals and additional resources to help you have a more healthy pregnancy, a more mentally and emotionally healthy pregnancy, a more physiologically healthy and supported pregnancy.

**Esther Gallagher:** [00:03:12] We offer physical comfort and support, especially during labor. People have come to understand doulas as the people who put their hands on your body. When your body is doing this amazing, powerful, very intense thing to help you integrate all the sensations that your body is delivering to you, we help you understand what's unfolding in the birthing space so that you can relate to and make healthy choices around how to respond to that.

We often are kind of the translators or liaison between medical staff delivering medical information and opinion, and your integration of that right and your wishes around that. We may be liaising between those players, those stakeholders. Some people would call it alongside the physical comfort, touch, nourishment and hydration are very important through this whole process. Their life processes, they don't change just because you're pregnant. They just get more right.

We need more things when we're growing another human in our bodies, or any kind of mammal for that matter, or fish or whatever. Right? We that's just the physiologically of being embodied in, in this space, in this time and then alongside that liaison role. There's an advocacy role, so we will have made time during your prenatal visits to listen and learn with you about what your preferences might be for your birth, giving and immediate postpartum journey, and help you create a document around that and then help you communicate that with, let's say, medical care providers.

**Esther Gallagher:** [00:05:26] If you're having a hospital birth, in particular, if you're having a home birth with a midwife, all of this is part of the package with them, which is nice, which doesn't preclude having a birth doula. But we're more intimately a part of a team that's with you from the beginning all the way through, which is really lovely and really nice. So I want you to be thinking about that as well.

But in the hospital setting, you're very likely to be encountering many people who come and go. So there's not a continuity of a person giving you care through that space. And so your doula is going to be the continuity of care person who's helping you transition between care providers and communicating back and forth, but also standing as a presence for empowerment for your wishes. Right? It doesn't mean you always get what you said you wanted. It means that you feel agency around making those decisions and changing your mind and all the things you know, going with what's appropriate for you. Because these are personal decisions and parenting decisions, right?

We're there to help you reinforce yourselves around making these decisions. Because, again, whatever our ideas about what you should or should not do, this is your journey. We are simply supporting people along the way, and sometimes we are showing up to help you sort that out in the moment right? And over time, depending on what is arising.

**Sarah Trott:** [00:07:04] So can I touch on something you said earlier, you said putting a document together. Some people call that a birth plan. Some people call that birth intentions. Importantly, we've talked about it in other episodes of our show, which we can link to in our show notes on our site, which is [fourthtrimesterpodcast.com](https://fourthtrimesterpodcast.com). And so go check the templates out that we have if you're interested in those.

But I wanted to go back and talk about that a little bit. The idea of documenting and advocacy and what that means in the moment. So if a nurse or doctor or some other medical professional in a hospital setting is recommending something or doing something, I think what's interesting is something I learned from you actually, was that the patients, the individuals are not necessarily being presented with all of the options.

They're being presented with a recommendation, but it's unclear to the person giving birth that there are other options available at that moment. And so I'd love it if you could bring that to life a little bit with an example or two. Sure.

**Esther Gallagher:** [00:08:07] You know, one of sort of the classics (and this can sometimes seem a little heavy handed, so I don't want to be too heavy, heavily handed

around this subject) but a classic conundrum for a birthing body person in the medical setting is that if they start to express themselves around the sensations they're feeling, a medical professional is tasked with addressing their pain in a medical fashion.

So these days, you might be asked, would you like to speak with the anesthesiologist? Or can I offer you some fentanyl or something of that nature? These are medical things that your doula can't recommend necessarily, and certainly cannot provide you with. I've worked in birthing spaces, hospital birthing spaces where nurses are quite skillful at working doula like with clients with physical, social, emotional support, working with other tools, physical tools, getting in and out of the shower, hands on massage, back pressure, all the things that doulas know about and they're wonderful.

And they will not pull out the medical approach until this particular birthing person is saying, this isn't enough, I need something else. I want more. And that's always, in my opinion, a wonderful approach. But I have also experienced many times a medical professional jumping in when we're all just doing our thing quite well and this person is expressing, I can't do this, I can't do this, which everyone says while they're actually doing it. Right, like it's happening and you are the one doing it and you're doing great.

**Esther Gallagher:** [00:10:04] But upon hearing I can't do this. Immediately, like, oh, we gotta fix this, right? Instead of words of encouragement, things of that nature. So when somebody has expressed a strong preference for an unmedicated birth, a doula is maybe sometimes going to be the only person in the room who can reinforce that wish, that desire that was expressed in the past.

Now, it's not our job to stand in front of the epidural, right? That's not our job. If somebody says, nope, nope, I want that epidural. Get it? Get that person in here, get me that epidural. We're not going to stand in the way. We're going to remind, we're going to encourage, we're going to offer. Why don't we try the shower? How about we walk around a little bit and get out of this position that you feel is you can't really do anything in things of that nature and sometimes going really deep with a person psychologically, for instance, or somatically like, okay, what's where's this coming from right now? What's, what's the crisis? Because everything is physiologically normal and

healthy. So what's, what's the big crisis right now? Actually, yeah. Your baby is moving through. Things are working. You're okay. Your baby's fine. What's going on? Right. And if that's available, then we do that, right? It's not always available.

**Sarah Trott:** [00:11:44] And you're describing a situation where someone has expressed an intention already to go one way or the other. You would be supporting the birthing person with whatever choices they wanted to make. You're not holding any kind of bias one way or the other, right? Right, people are pretty fine taking Tylenol. If they have a headache, they might have the intention to to medicate beforehand.

But that's what you're describing is one of the typical things that you encounter. Another example might be delayed cord clamping. Right. There's things that people don't realize are necessarily an option, but you can work with them to decide, hey, let's write this down. You want it one way or the other, and maybe even educate on what that is and why someone might want that.

**Esther Gallagher:** [00:12:31] Precisely. Yeah. And that there's an example of a preference that's around supporting the baby in a particular way. Right. So if parents have strong feelings about that then they're going to need support. And it's the kind of thing that I note depending on the setting that it's just baby out 123 clamp and cut. You know. And unless you slow the care providers down a little bit and say, I just want you to remind you that when the baby comes out, they'd like to delay the cord clamping. Right. You're advocating directly, right? This is part of the birth preferences plan. You're speaking directly to the provider. They then are welcome to confirm that with their patients.

You're not you're not that person as the doula but or or jump in with maybe a concern that they have about doing that in this specific instance. Right. Maybe the baby's struggling and they want to do things a certain way because of their perception. The baby's going to need a different kind of care when they're born. There's lots of perspective and experience and counterargument to clamping and cutting. When a baby is in trouble, too. So it's an interesting phenomenon.

But again the parents can become educated about these details and express their preference and a desire. And your doula is going to show up to help support that.

**Sarah Trott:** [00:14:22] So how far out should someone book a birth doula or postpartum doula? If they're thinking about working with one.

**Esther Gallagher:** [00:14:28] As a community, Doulas like to say, hopefully there's never a too late, right? If you just heard about birth was yesterday and you're about to probably deliver in the next two weeks, doesn't mean you couldn't have a great experience and find the doula for you. Et cetera. Et cetera. So get on it. Don't wait. Right.

On the other hand, if you want a feeling of support and spaciousness and sort of that ongoingness. Knowing you have your doula set up for you and that you can call, text or email them anytime if you have a question or concern. Then the sooner the better.

Now I know with so much pregnancy loss in the world as a thing that we experience and have to cope with, a lot of people feel like, you know what? I've experienced a loss and I'm not going to invest in a doula unless and until I feel really certain that this kid will stick and we're going to get to the end of the goal post with this one. And that's certainly a perfectly understandable way of looking at it.

And I want to say out loud that if you're a doula, we're here for care and support, if you somehow manage to book a doula before you were 12 weeks pregnant and then experienced pregnancy loss at any point, we're your doula. We're going to do our best to show up for you. Yes, our contracts all say that. We go on call two weeks before and two weeks after your due date. And that's all true. But we would be very sad if you thought you could not or should not call us if you were experiencing anything perinatally that was concerning to you, or that you felt you need some form of support including loss. So I think that's very important.

You know, at some point in a long career, somebody who calls themselves a birth doula will have experienced a full spectrum of possibilities in this journey with our people, with

our families. Yeah. And we try to show up in any way we can. And if we can't, we look for somebody who is available that could support you. Right.

We also have lives. Sometimes we're coping with, for instance, in my life elderly parents are now a thing. And maybe I'm not going to be able to show up when I said I wanted to because there might be an elderly person crisis. But I'm going to be responsible to make sure that I find somebody available, willing and nurturing to fill my boots.

**Sarah Trott:** [00:17:26] Yeah, of course no one's going to be left out in the lurch. And so the experience, end to end, might look like whether it's booking two weeks before the due date or sooner or maybe six months out. There are a lot of planner types out there. And so what would be kind of an ideal experience? Maybe giving enough time to have some prep sessions? I recall that's something that we did that was really helpful for me and my family.

I've heard people make the point that it's not just meeting with the birthing person. Not everyone has a partner. So single parents out there, of course, but if someone is partnered, then having the partner there for some of those prep sessions is a preference because you're getting on the same page and making decisions together. Yeah.

**Esther Gallagher:** [00:18:13] Strong preference, hopefully building a rapport. That means that I can directly address partners and anyone else who might be in the birthing space with this birthing person. Hey I think this would be really helpful or I know you think that's helpful. I'm sensing that it's a little bit overwhelming. You know, things of that nature. I want to be able to be very direct with people, not to boss him around, but to help them be more effective. And if that's their goal, it is to be helpful in an effective way.

I want to mention, too, that when we're looking for the possibility of having a birthing or postpartum doula in our parenting journey, that there's also the possibility for having what we currently call a community doula. So, for instance, if you identify as someone who comes from or is, has been and is now living in an ethnic community, for instance,



perhaps you're African American, Pacific Islander, Asian or Latinx as examples, you may have another group that you identify with.

Then perhaps it would be appropriate and comforting to have somebody who also identifies that way, who has become a doula, and who is going to offer you community support in that way. And I think in particular now that the white world is starting to acknowledge the harm caused to brown skinned bodies in the medical sphere, that having somebody who may have studied and trained around that subject, in terms of the kinds of care and advocacy they're going to offer you if you're planning a hospital birth, may be something very important to you, whether you know it or not yet.

**Esther Gallagher:** [00:20:18] And so there are community doulas available in San Francisco. As an example, we have a wonderful organization known as [Sister Web](#) that everyone should know about and refer people they know to whenever appropriate. So that's an example.

And in the community you live in, something similar may exist or somebody they may not work for an organization, but that doesn't mean that they wouldn't be the right person for you. But you're going to have to state that as a personal goal and preference to have a community doula. Yeah.

By the way, I was reminded while I was on a webinar about community doula work. And one of the brown-skinned doulas present, said, I don't think that it's appropriate, and I really resonated with what you said, that we preference trained and certified doulas over anyone who's willing to show up in the birth place and offer comfort and support and advocacy. Whether or not they're trained, they could be your sister. They could be your grandpa. They could be right. Like, who cares what they look like, where they come from, and whether or not they've studied and certified themselves. There have been instances across America where hospitals have discriminated against care providers based on whether or not they had a certification, and I say no bueno to that. You know, if somebody is willing and able and loving enough to show up with you in this space, in this time with what you're going through, they're your family members.

**Sarah Trott:** [00:22:05] And friends can play that role just by being present. Not saying they're anything other than they're family or they're a friend, and show up and be there for you and help advocate for you as a birthing person or a partner or whoever is in the room.

**Esther Gallagher:** [00:22:21] And I think that's just very important to note. And also, when we have circumstances where hospitals are limiting the amount of support that you can have, and somebody has to prove that they're your doula, that's also problematic because it means that your social support is being limited. Now, are there sometimes good reasons for that? Yes, of course there are. Should that be a deal breaker? Something like a certification in my opinion, no, it should not be at all. Right.

It's not always going to be the partner who's going to offer the best kind and capacity of care. And most of the time we need at least another person. Even if our partner is going to be our primary person, they might need to take a potty break. They might need a little sleep. They might just need to decompress somewhere for a minute and come back strong. So you should never be limited to only your partner or only your doula or whatever. There needs to be, in my opinion, at least one other person who can offer support and care that's non-medical.

**Sarah Trott:** [00:23:38] So working with a birth doula might look like what? Some visits during pregnancy, setting some intentions together, documenting that being present for going into labor, maybe doing that at home, whether it's a home birth or in the hospital coming over to the home and being present for that period of time, helping decide and decide when to go to the hospital. If it's a hospital birth or when to go to the birthing center or call the midwife whatever that looks like, and then be present throughout the duration of the birth?

**Esther Gallagher:** [00:24:11] Yes, and the immediate postpartum. So for a few hours after the baby's out to witness what's going on, to maybe support with a first breastfeed, things of that nature, maybe if things have really gone in a direction nobody expected just to be present and offer any kind of social emotional support and physical comfort on

an ongoing basis, until everyone agrees that it's time for the doula to go get some sleep themselves.

Yeah, and I wanted to also just interject that the prenatal, before you go into labor, kinds of care and support, can depending on your doulas specialties and inclinations, could include things like going over your lab work with you to help you understand whether or not you're anemic and what you can do about that processing, how you feel about that doctor visit you just had, and whether it was satisfying to you or not, and what to do.

Maybe in the future, if you're finding that you're coming home feeling a little wrecked by a doctor's appointment, there are things you can do. You are the agent and you can change your circumstances, and maybe you just need a little emotional support around that. So things of that nature can really span anything. And everything you're going through while pregnant could be a subject that your doula may be able to offer you some care and support around. And if not, they might know somebody who could.

**Sarah Trott:** [00:25:47] Yes, we've covered a lot of ground. We are happy to answer more questions. You can reach out to us through the Contact Us page on our website on [fourthtrimesterpodcast.com](http://fourthtrimesterpodcast.com). If this has piqued your interest and you still have more questions, you can reach out to us. We are just so happy to have this time with you. So thank you for listening. Bye for now.

**Sarah Trott:** You can find out more about Esther Gallagher on <http://www.esthergallagher.com/>. You can also subscribe to this podcast in order to hear more from us. [Click here for iTunes](#) and [click here for Google Podcasts](#). Thank you for listening everyone and I hope you'll join us next time on the Fourth Trimester. The theme music on this podcast was created by Sean Trott. Hear more at <https://soundcloud.com/seantrott>. Special thanks to my true loves: my husband Ben, daughter Penelope, and baby girl Evelyn. Don't forget to share the Fourth Trimester Podcast with any new and expecting parents. I'm Sarah Trott. Goodbye for now.