

What about Men and Birth? by Elmer Postle

At birth, the moment a father sees his child for the first time a great wave of love can burst into his chest, filling him with pride and a profound sense of the opportunity life offers. The discussion this article engages with is about men's participation in birth and what that means. However, men are always involved of course; they have been involved from the start, from conception and being the dad who supports all the miracles of the family. As we go through this exploration remembering the 'health' of men's involvement in the family, the things that men do well and are doing well, will help us. The question; "what about men and birth?" is one we are asking because the last twenty years have seen an unprecedented rise in men's participation in and involvement with pregnancy, birth and early childrearing. The fact that nearly all men want to be at and are at the birth of their child tells us something significant is going on. Looking at men's involvement you also cannot overlook the fact that many doctors are male and, though this is changing, there is a sense of 'maleness' in the profession of obstetrics which mostly deals with something that's very female. "What about men and birth?" is a question worth asking because it also helps to reveal attitudes, assumptions and practices that tell us much about how we value the transition birth represents.

A midwife I recently spoke to said she wished men were 'not there' (in the room at birth) at all because she felt they disrupted the process; a female one for her. Others point out that the man can be very supportive for the woman in labour and is a key companion. Still others think that no one should really be there except the labouring woman and possibly her midwife. That there is a discussion at all means there is some business being explored in the collective and a focus on the moment of birth suggesting we think it is important in our lives. It seems healthy that these questions are being explored since understandings from science increasingly tell us that what happens at birth makes an impression on the life of the person and family created in that moment. Research shows that the children of men who are present during the first months of the child's life do better and are more stable later in their lives. Though a recent Guardian report showed how though there was greater opportunity for men to take longer paternity leave, few men chose to do so. That these questions about the presence of men are bubbling up and are not explicitly stated as being valuable indicates that there is a lack of clarity about men's role and relationship to the event.

There is an almost universal involvement of fathers in the birth process as the study by Mary Newburn at the NCT shows: 93% of men want to be at the birth of their child. Another study by the Royal College of Midwives shows 96% of men are in some way involved in labour and birth itself. This is an astoundingly high percentage considering 25 years ago a young man with a pushchair was a figure of fun on the high street.

This state of affairs suggests a couple of main things 1) men are getting something out of being there and 2) women giving birth want and need these men there to support them. Compared with the days when the father would be in the hospital waiting room pacing, sweating, smoking, drinking vending machine tea, waiting for news this seems a healthy improvement: his love is more present and being involved, he gets to take part and contribute. He is 'there'. Men mostly now get to see their children arrive and welcome them into the world. For anyone who has been in close proximity to this, it's an experience beyond words. There is a sense of wonder and magnificence at a miracle that is everyday yet utterly unique that can take the new father into a deeper appreciation of life. The sense of wonder and joy carries the day. However, ambivalence can seep in for men when they feel contradictory emotions which are not acknowledged by those around them as it all takes place. This lack of acknowledgement is less healthy. Revulsion or pure terror along with great joy, for example, can be hard to reconcile without someone to talk with to help him make sense of what he is feeling. We can be our own worst enemy in this regard because the macho culture says men just 'bear' it, cool and isolated, a, Rambo like hyper-masculine stance (even Sylvester Stallone recently noted that most of the Rambo films were crap).

What's remarkable considering how ubiquitous men are at birth is how little preparation there is for this moment of close up care. As hospital services become further stretched, men are expected to carry even more of the burden of care. Men often may attend two partners' evenings as part of antenatal classes. The culture among men seems to be that knowing much about what is going on is a sign of weakness. Like reading the instructions to a piece of equipment, it is something we tend to do *after we have not been able to get it to work*. A friend described how the huddle of men in one of these classes talked in a bluff way about how they had not idea what was going on. After a while into the discussion it became clear that individually some of the men had been reading assiduously and knew an awful lot about what was going on. Owning up to preparation was not the opening statement.

The lack of preparation on the broad scale may be confined to the time of birth itself: men spend an inordinate amount of time getting houses and jobs organised in preparation for the arrival of a child. Being at work is preparation for the arrival of a child if it is supporting where they are going to live. And all of that creates a peaceful place in which the family can grow. The unhealthy framework is when it involves so much work it takes people apart from each other and the human scale growing does not happen or becomes distorted through the parents both having to work and putting the child into childcare often. The fact of more men looking after children while mum's go to work means that the polarities of the past, father at work and emotionally isolated and mum at home, unsupported, are fading. Birth is an important for a man as a place to bond with his child if he is going to spend many hours looking after them in the relatively near future. But the fact of low preparation for the moment of birth itself is not something only for men. In society as a whole we have a really low expectation of what it means to be prepared for birth. As a birth educator said to me recently: 'Many people would never go into an important meeting as ill prepared as many go into birth'.

One of the reasons for this is much of the way birth is thought about and actually handled is as a solely 'biological' event; one which is about a woman's body 'ejecting a baby'. Through this lens birth tends to be seen in a physical light, which largely ignores psychological, emotional and spiritual dimensions, those facets we tend to think of as what makes us human. The system of medicine within which most births take place grew out of a model of health that saw the healthy male body as the ideal. In the 1930's, definitions of health were devised by men who saw the woman's body and especially the pregnant woman's body therefore, as pathological, an illness to be cured - because they were not like men, the ideal. This view of the pregnant woman not being in a state of health contributes to the lack of attention we give to birth as a spiritual and emotional event. If you are ill it's not somewhere you generally want to dwell, its something to get through, to move on from and forget.

Part of this attitude to birth manifests as a dichotomy: people can speak about birth as a sentimental 'sweet' event yet not really speak about it at the depth at which the feelings reside. To bring feelings about birth up as a conversation piece though is often to find that you are really on your own, especially as a man interested in such matters. The job is to find or create a place where more people are interested in this kind of conversation. One of these places is the community who are working with Pre and Perinatal Psychology of which there is a growing field of training, writing and experiential workshops (see www.APPPAH.com). And this is the idea behind the Fathers to Be initiative; nourishing the thought of men's support and preparation for birth. Being in a community who are interested in creating a deepening understanding of the feelings emotions and impressions about life at the level birth represents. Changing thoughts about such collectively agreed assumptions requires the momentum and camaraderie of community. Creating the environment where new thoughts about birth can be explored is key because of the power of thought, in this most transparently creative moment is the area to work with: What we *think* about what is going to happen is significant because of the quality our expectation brings to the event itself. Binnie A. Dansby the creator of the Source Breathwork process has helped many to develop life affirming thinking about birth as an alternative to the 'fear based' thought that is often wider societies default position (see www.ecstaticbirth.com for more).

Birth is often seen, as one midwife in a major London hospital put it; “as only 24hrs in your life”, something to be “got over” or “through”, an opinion with echoes of the view of birth as an illness. Among men in general conversation there is very little conversational depth in discussions about birth and what can be expected. Often it is reduced to a 'good luck mate', or grimace and 'see you in two weeks'. On return to work: 'how's mum and baby?'. The full response, one which could take about a week and involve many re-tellings has to wait. A midwife reported to me the desperate need for men's conversation about birth and pregnancy can result in them being buttonholed when on a social night out by a tearful man separate to talk to SOMEONE about what happened. The healthy need to relate a story of great importance deserves support.

An emergent body of thought of birth finds that a contributory reason for this lack of willingness to visit the psychological and emotional territory of birth is that memories of painful and unresolved birth experiences exist in the psyche of many of us. The approach of Pre and Perinatal Psychology is to explore how the infant has an experience at birth and what the implications of that experience are in the life of that person. To begin to think about this possibility is in itself to make a step towards a more holistic approach to the infant at birth and therefore the whole moment of birth itself. This boils down to a simple but surprisingly controversial intercession on behalf of the families bonding and early life: keeping the child with its mother, supporting bonding and creating alternatives to separation from dramatic and painful physical or chemical intervention. If our thinking about life is generated in our most formative early experiences, as Binnie A. Dansby and many others propose then, acknowledging experience in the psychological, emotional and spiritual realms will continue to develop the felt experience of birth as a safe, pleasurable, exciting, loving expression of life.

A lack of celebration of birth may also have its roots in the past when many mothers died at birth and many babies would not make it to their second year. To be too celebratory could have been peremptory, and indeed may have contributed to the notion common in some western societies into the 19th Century that the child did not have a soul until they were two or three years old (DeMause 2002). All this speaks on a personal and society wide level of unresolved historical impressions, considered by Dansby and others as heal-able. Developments in nutrition, sanitation and health generally, along with medicine for helping heal disease have also contributed. The fact of the Caesarean section, what Dr. Michel Odent calls a 'terrific rescue operation', has contributed to the notion of seeing birth as 'survivable'. The long term societal implications of high intervention levels exemplified by the Caesarean have not been explored (see [The Caesarean](#) by Michel Odent - Free Association Books).

The health in our existing approach lies in the intention to care those involved with birth. Despite arduous hours and a problematic lack of support NHS midwifery staff, for example, continue doing the work because they essentially wish to contribute something good. The gifts of medicine, however, are alloyed with the idea of birth of the people who provide the care and support the carers. This is important to look at because these attitudes can undermine such benefit as there is available: an idea that birth is an, 'under supported struggle' seems to be played out in maternity units across the country. Midwives are bizarrely in a position of being an overstretched resource when they are busy with one of the single most important jobs available.

For men to have a means of navigating some of these ideas and beliefs is most helpful when it comes to being aware and supportive of his family. A recent study by the Equal Opportunities Commission (2007) found that many women were very unhappy with the standard of care they received in hospital. They found women were left in wards untended after delivery and were treated rudely by over stressed staff. Does the picture of birth as something to be 'got over' not now fit our needs and expectations and what is men's role in improving this situation?

Richard K Reed, an anthropologist at Trinity University in Texas in his book 'Birthing Fathers: The Transformation of Men In American Rites of Birth' (2005, Rutgers University Press) makes a fascinating study of the minutiae of men's involvement in birth in America that has resonance with our situation in the UK. He finds that the 'biological' model informs men's experience and it helps generate a 'double bind' men find themselves in.

“If there is scant attention paid to a mother’s experience of birth, there is even less to a father’s. The essentialist aspect of the biological model ignores fathers *because they are men* (my italics). Birth is not just for bodies; it is for *women’s* bodies. As fathers are believed to make their singular cellular contribution at conception, their masculine responsibilities are fulfilled long before labour. Finally, by defining a single and specific individual as a patient, the medical system renders the father invisible to the process. His relationships as husband, lover, father, and friend are only important in their capacity to facilitate the biology of birth. As the biology of birth moves forward, men find themselves pushed aside, or reduced to practical nurses, managing the most mundane and insignificant tasks in a highly choreographed drama.”

“Men are most involved during the intimate moments early in labour, often at home, while they and their partners manage and experience labour together. Not coincidentally, this is when fathers feel most connected with mothers, and when they feel that their contributions are important.” (P86)

To step into the significance of the father in this 'highly choreographed drama' is to enter a political discussion of birth as an emotional and spiritual event as well as a biological one. The thought of this wider vision of birth, as something important for the family inevitably brings everyone's 'experience' to the fore: mother, baby and father. Yehudi Gordon in his book 'Birth and Beyond' (2002) refers to men having aching backs, or going through moods during the time of pregnancy and birth. It is a common experience though not one regularly given much emphasis because rightly much attention is on the mother. However, historically these kinds of symptoms were called the 'couvade' and in many cultures specific rituals were set up to meet the needs of these men at this time. This period has been considered sacred in some indigenous societies because it is the time the men became fathers-they felt the impact of this change in their role. In the west this idea of the sacredness of the time of becoming a father easily slips to a back burner, even being considered pathological.

Reed again:

'based on a biomedical model of health and illness that locates pregnancy in (and only in) the mothers body, American medicine can only understand couvade reactions of fathers as a pathological state. When a fathers symptoms are recognized, they are explained as aspects of his body, without reference to the changes that are taking place in his partner and his baby' P72.

No wonder a man doesn't talk about birth; he might be considered mad for doing so! But what is it that might be considered mad by this definition, or healthy by a more inclusive model? Responses to pregnancy would include physical and psychological symptoms, feelings about pregnancy and birth, emotional responses to the changes he is witnessing in his wife/partner, feelings from his own early life that surface might also be considered part of 'couvade'. According to Reed the image of the man as the cool 'rock-like support coach' during labour and delivery is a 'hyper-masculine' role for him to play. But men are not generally hyper-masculine in practice. We often hear that men are not able to be the strong idealised image at birth. Is it because the task they find themselves in is actually nearly impossible? The jokes about men having the Gas and Air or collapsing on the floor at the sight of blood are perhaps pointing to the phenomenon of the man having an experience, though an overwhelmed and unsupported one. If he's overwhelmed and unsupported he's no use to himself, let alone his family. The collapse in fright at the sight of blood, or even the super cool man who misses the experience in another way because he's too frozen in trying to do it right is part of a restricted vision of human experience at birth and men's experience in particular. Men can be 'in the room but not present' according to Patrick Houser of Fathers-To-Be.

Richard Reed found in his study that men's involvement as 'coach' to his partner, to help her stay steady in her breathing and so on had advantages and disadvantages. The advantage was that he was involved and close and could play the part of watchful protector; he could be involved, often successfully. The disadvantage was that in addition to the limited 'cool' role he got to play

he found himself in a terrible double bind in relation to his partner and the institution he found himself in, the hospital. He had to relate his partner's needs to the hospital, 'protect' her from it and at the same time 'speak to her' for the hospital, neither of which would be enviable tasks with no experience and when the needs of either seemed to be in conflict. What is interesting from what Reed noticed was that if and when it all collapsed and intervention became necessary (which is more likely than not in a hospital setting), the man would be elbowed out of the way. Usually the male OB asserted superiority and find the father can find himself in a very particular hierarchy of power which has the institution at the top and the birthing woman at the bottom. This is a microcosm of the wider society, according to a feminist critique of power, Reed asserts:

'Although birthing would ideally support the empathic and nurturing father, our rituals often emphasise his rationality and power. As men are recognised as powerful in American society, fathers are integrated into conventional systems of authority that exert themselves over female patient'. In effect, birthing serves to reinforce fathers' power over mothers (as 'coaches') and co-opt father's socially recognized authority into the system of controlling birthing women. As medical power reinforces fathers' power over the mother, it asserts its power over him. Men find themselves disempowered and empowered in the same moment. They are empowered as men over women in society, yet disadvantaged in the face of scientific technology.' P242.

Men at birth aside, this analysis raises interesting and particular questions about what the baby's experience is in this hierarchy if we consider that they too are forming impressions. Based on the work of those within the prenatal and perinatal psychology field (the exploration of psychological responses around the time of pregnancy and birth see: www.birthpsychology.com) it becomes clear that impressions formed at birth do live on into adulthood. We must ask the question 'Does the collective understanding about 'what birth is' have its roots in being 'at the bottom of the pile' from the start?' Does this inform the men who later become fathers about what birth is at a sub-conscious level?

Dr Michel Odent, has observed how disrupting the process of bonding at birth helps create aggressive personality characteristics which are highly prized in many societies. Broadly It has been a benefit, according to Odent, for our societies to be aggressive because our fortunes as nations and villages have been based on the ability to repel invaders, attack another and dominate nature. Ancient Sparta was the classic example with infants being dropped to the ground at birth; those that survived were deemed 'strong enough' to become the warrior like person Sparta required. With the increasing realization, in what has been called a post-modern time, that we are all on the same planet together, a greater cooperative spirit less automatically prone to violence and more seeking of cooperation with nature is helpful. That there can be a link made between the characteristics of a people and the way birth occurs is one of the achievements of Dr Odent in his emphasis on research to balance conviction about intervention free birth. Over many years he has helped pioneer a low intervention approach to birth, first in France at Pithiviers and later attending home births in the UK. He found that certain environmental and 'relational' ingredients provide the best conditions for a low intervention, drug free birth and these preclude men if they are unable to contribute to these conditions effectively. In the field of obstetrics, criteria for success are seen in the context of maternal and infant mortality and little else. But new science emerges with insights that radically shift the ground from which we look at birth, particularly in the field of ethnology, the study of hormones, new criteria for success need to be applied.

In his work with the Primal Health Research Databank (www.primalhealth.org), Odent has been collating respectable scientific studies contributing to understanding the needs of the labouring woman. He is able to identify some basic needs which when met create optimal conditions for labour to take hold, for birth to happen, for the delivery of the placenta and for bonding to take place. The birthing woman, in certain conditions, naturally releases a complex cocktail of hormones as she gives birth principal among these is Oxytocin, known for its mechanical effects. These well known effects included the contraction of the uterus for the birth of the baby and the delivery of the placenta, the contraction of the breast cells to make the milk ejection reflex possible' (P38)

Interestingly since we are talking about men and birth; 'the contraction of the prostate and of the seminal vesicles during the sperm ejection reflex, and also the contraction of the uterus during female orgasm, which tends to facilitate the transportation of the sperm towards the egg'. (P38)

A key study found that injecting Oxytocin directly into the brains of virgin rats brought about maternal behaviours in the presence of pups. And later discoveries of Oxytocin receptors in the brain meant that it was possible to see Oxytocin as being present and active when loving was happening. This loving is expressed in different ways, sometimes more maternal, sometimes more sexual for a partner, but always there. Odent suggests that Oxytocin is the 'hormone of love' strongly related to labour and childbirth and he describes this understanding as part of the 'Scientification of Love'. (Odent 1999)

For naturally inspired birth to take place he suggests the woman needs to feel safe, usually in the presence of a motherly figure who has been through it before without needing drugs (a midwife), she needs not to be disturbed, ie: in private and needs not to be stimulated mentally with questions that take her into the neo-cortex part of the brain and out of her more instinctive nature.

Building on the understanding of the role of Oxytocin in pregnancy and birth a critical and relatively new finding is that the presence of adrenaline in the woman will help slow up the process because it acts as an antagonist to the presence of Oxytocin. If she feels overlooked, anxious and unsafe, for whatever reason, it becomes harder for the 'foetus ejection reflex' to occur naturally. And the thing about adrenaline is that it has a contagious quality. If someone in the room is activated with adrenaline then its hard for others to stay calm. If this is so, urgent approaches are likely to be counterproductive to gentle low intervention delivery. The capacity of the people present therefore, including the father since nearly all men are there, to manage their own adrenaline becomes crucial to the creation of an environment that will facilitate the meeting of the needs of the labouring woman and therefore the arrival of the child.

Birth activist Sheila Kitzinger has for many years been speaking about how creating an environment like the one the baby was conceived in is the one they are most likely to arrive happily into. Stimulation of the nipples and the clitoris helps bring more Oxytocin present and can help stimulate labour, an idea in the mainstream enough now to be covered in the Independent Newspaper (20th March 2007).

Asked why so many women want to have 'natural' births and end up having caesareans for example Odent states that the set up in hospitals, with the urgent attitude, inadequate resources and lack of privacy means women cannot but deliver with intervention. The very circumstance of being overlooked and not private, in the hands of a variety of people they don't feel safe with, in the presence of technology, mean that they are paradoxically unlikely to feel supported enough to give birth without drugs to manage pain or in the timescale allotted to them.

These insights, from Reed and Odent come from men working from intention to support what a man in David Vernon's' wonderful book 'Men at Birth' called 'the real power in the situation, that coming from inside her'.

A woman's ability to deliver a child is something that man can support her to remember whether he's in the room or not. Bringing an awareness of her true needs, environment right kind of support etc, thus brings the man into a political awareness of his role. He finds he has to appreciate there are ideas and practices based on beliefs about birth he may or may not share and knowing about these brings him to a choice: he can pay attention and be aware of the choices they imply or not. Though making an enquiry into this material is an 'off road' terrain at the moment, it is more interesting countryside to be in. Opening to this kind of enquiry brings the potential for a families' alive sense of who they are in relationship which is different from

assuming societies 'default' position and blaming others afterwards. Exploring this territory of how we are at birth is a privilege we are able to access in the west at the moment. It offers us the possibility of being able to choose more creatively how we welcome our children and therefore each other into the world, something which has far reaching implications for how we evolve as a species. Making the most of this opportunity is something we can choose to do.

I'll end with a quote from Binnie A. Dansby a pioneer in birth psychology and understanding birth:

'Having a baby is the most natural thing in the world!'