Anne Nicholson Weber (00:00):

Today I'm talking to four Chicago area providers who work with expectant couples. Two of them are therapists, two of them are very experienced doulas. They are Suma Karandikar, who is the owner of the practice, Thrive Postpartum Couples and Family. She's a licensed clinical professional counselor, a couples counselor, a certified Gottman therapist, and also a certified perinatal mental health specialist. Michelle Schaefer is a partner at Cherry Hill Counseling. She's a licensed clinical professional counselor with a perinatal mental health certification, and she is also trained in EMDR and in emotionally focused therapy. Megan Trinter is a birth doula and childbirth educator with Birthways and has attended over 600 births. She's also a certified professional midwife. And finally, Tara Van Dyke is a birth doula and childbirth educator with Family First Birth Services, who has attended over 400 births and with her husband, who's a marriage and family therapist, she hosts a relationship-centered podcast called With You, letter U. Welcome to the four of you. I'm so excited to talk about the topic for today, which is aligning with your partner around issues in pregnancy and childbirth, and particularly focusing on decision making. So I think we could just dive in. Maybe Michelle, you could just talk about some typical areas of disagreement that you see between partners around this topic of decision making and pregnancy and childbirth.

Michelle Schaefer (01:33):

Yeah, so, you know, the decision making process can vary dramatically. People oftentimes come in with different values, different cultural experiences, different family concerns. And so some areas of conflict that I have talked through and, and worked with are from decisions about like who will be present at the birth. That's a big one. That shows up often when there's a little bit of a mixed cross-cultural dynamic between partners where maybe one partner comes from a family culture or an ethnicity where family is expected to be very included in the birthing experience. And then, you know, maybe one partner is like, no, it's just you and me doing this thing together. And so that can be an area that becomes very sensitive because whenever you're talking about family and history and values where those things intersect or are maybe in conflict or intention, that can be difficult. And then other sort of current somewhat charged topics like, you know, whether or not we're going to circumcise our baby, you know, things like that where there can be deeply rooted traditions and, and family values. Those would be some examples. But I know that the doulas will have many more to add to that story as well, because, you know, they're really in it. We're sort of talking about it outside the context, but they're on the front lines of it, so,

Anne Nicholson Weber (03:07):

Well, I, I agree with that. So maybe, Tara, what would you say are some of the topics that can be difficult to navigate as a couple?

Tara Van Dyke (03:15):

Yeah, so as birth doulas, we start working with clients as soon as they hire us and talking very, you know, specifically focused on their birth choices. So we go directly to that. And I'd say the top things that I, that come to my mind that sometimes cause conflict are sometimes just the birth location or type of birth. So, you know, one partner might want to have a home birth and the other feels that's unsafe. And so they have to come to agreement on that. And the other is, like Michelle said, has a lot to do with extended family <laugh> and people -- who's going to be involved in the birth and how, and who's communicating with, you know, the grandparents to be and all of that stuff. So those are the biggest ones. And then maybe a third one would be how the partner support is going to look. So how involved

the partner's going to be with supporting the person giving birth and what they, what they, how they both view that and how they, what they want from each other.

Anne Nicholson Weber (04:16):

Suma or Megan, does either of you see anything notably lacking in that list?

Suma Karandikar (04:20):

I feel like that's a pretty complete list. The only thing as a therapist that I see after, maybe after the birth has happened is resentment or hurt around lack of emotional support during the pregnancy. So that sometimes it starts there and then it's held and we're, I'm not seeing the couple until their one year postpartum or so it's really important for couples to talk about that, maybe the pregnant partner to say, what do I, what am I, what are my expectations or values? How best will I feel supported during this pregnancy? Rather than to feel like their partner's just going to know what to do and when to do it and how to do it because a lot of times there's these unwritten expectations.

Anne Nicholson Weber (05:12):

Yeah. Yeah. Megan, anything else?

Megan Trinter (05:16):

Yeah, I would probably just add off of what Tara said about like, the type of support. I think that there are some partners that are sort of very deferential, whatever they want, whatever the birthing person wants, then I'll do that. But almost to a fault. Like they, maybe they won't join us for all of our visits, or they are, have no questions, or they don't want to talk about where they think they're going to struggle with that support. And whether or not we talk about it beforehand, it shows up. So it's sort of you know, I, I think that's more often than not the case that we're working with as doulas. There are also, of course, partners who want to support in a really specific way that isn't always the most helpful. So we sort of have to find that that place where it's it doesn't align. Also, if we're lucky, we find it beforehand.

Anne Nicholson Weber (06:10):

<Laugh>. Yeah. Well that's a great list. The one thing I would add to that, and it's a subset of what you've talked about, who's going to be in the birth room, but I know there can be conflict in a couple about whether to hire a doula and probably Tara and Megan, you wouldn't hear about that 'cause it's after the fact. Okay, well, that,

Tara Van Dyke (06:27):

No, not, not always <laugh>. It's not after the fact. <Laugh>,

Anne Nicholson Weber (06:30):

You're talking about couples coming in and one of them is all gung ho and the other is, why are we here? Mm-Hmm.

Tara Van Dyke (06:35):

<Affirmative>, yes. There are many reluctant dads who come to a doula interview <laugh>, and, and I'm sure Megan and I have learned how to join with the dads, and they, they become our biggest supporters after they see how that's how we support them as well.

Anne Nicholson Weber (06:50):

Mm-Hmm. <Affirmative>, that is so true. And I know it because there's a podcast episode where I interviewed several fathers about their experience working with doulas, and it's very moving and full of enthusiastic support for doula care from the father's point of view. So I'll add a link to that in this podcast. Okay. So we've maybe defined the territory a little bit and I'd be interested to talk about, I mean, every marriage or every partnership has areas of conflict, of course. I imagine that in pregnancy and around childbirth, it may be more so because this is such a big intense change in a couple's circumstances. And also the stakes I would imagine are very high because you're kind of setting the tone for how you're going to navigate all of parenting together, which is a huge undertaking. Recreating yourself as parents together. So you've talked about several of you have raised cultural differences as being one of the dynamics that can underlie these conflicts. Are there other kind of general dynamics that you could tease out that can heighten the conflict in this particular time of life? Anybody?

Megan Trinter (08:13):

I would say one of the things I feel like we're always trying to talk to folks about is that they are who they are when they're coming into this process. You know, you're not, you don't get pregnant and have a baby and go into labor and become totally different human beings. So we bring with us everything that we are. And I would say one of the, one of the biggest humps that we have to work to get over is when the person who's having the baby kind of makes decisions and runs the show and manages all the mental load of everything in a, in a partnership or in a marriage. And then they step into the part where they're having a baby and they're incredibly vulnerable and they're not able to manage everything. And their partner is, doesn't quite have the skillset to feel confident in what they're doing, you know, to feel like they're doing it right. I, I think that when there's not sort of shared interest or they're not talking about where those gaps are, you know, to say, Hey, this is what I think I'm going to need. If we can't say that, then there, then the gaps are there and it's hard to know how to fill 'em in the moment.

Anne Nicholson Weber (09:21):

Michelle or Suma, would you add anything to kind of these underlying dynamics that can heighten these, these conflicts?

Suma Karandikar (09:28):

Something that, a couple of things that come to mind. One is communication styles. I think understanding whether they tend to have a passive communication style, passive aggressive, assertive or aggressive. Obviously we want couples to communicate assertively, but sometimes due to feeling like they can't, their needs aren't valuable or, or, or, or they feel like they can't, shouldn't ask for things or their partner should just know that can impact sort of how things are communicated. So really helping partners communicate in a way that their needs are stated clearly so the other partner doesn't have to guess. So really working on that. And the other thing I think is anxiety. Any kind of depression or anxiety, any mental health issue that's so prevalent in the perinatal time. One in five pregnant people can be diagnosed with perinatal mood or anxiety disorder. So if there's anxiety around the pregnancy, the birth, it, it can be a space of disagreement or partner can feel very overwhelmed and, and there can be a lack of understanding.

Anne Nicholson Weber (10:57):

Yeah. Michelle, anything you want to add?

Michelle Schaefer (11:01):

Just to kind of piggyback on what Suma was talking about in terms of like, the style of communication, sometimes, you know, when I encounter couples, especially early in therapy, I'll notice that a partner's like underlying fear or vulnerability or anxiety might mask itself as like a critical way of speaking to their partner, kind of sometimes harsh or can come across as a, a, a need to control everything about the dynamic. And so from a, from a professional standpoint, my goal is always to help couples sort of go a little bit deeper beneath the surface of the surface communication pattern and say, you know, what, what, what is that that's happening inside of you? And see if they can access the fear and talk about the fear with their partner. Because if they can do that, and it enables their partner to come in close and support that fear and care about that fear with them, rather than shutting down and feeling hurt and defensive because they feel like they've been criticized or some fault or failure deficit is being pointed out. And so helping them, you know, access the vulnerable stuff that's going on beneath the surface is really important.

Anne Nicholson Weber (12:32):

Yeah, I'm really glad you raised well, perinatal mood disorder at the kind of dramatic end of it. But I mean, I know when I was pregnant I was slightly insane. I just have, you have that feeling of your emotions being so heightened and you need, I needed my husband to be rock solid, but he was going through a pretty big transition too. And so I just, I'm just thinking that as we're, we're talking about big decisions between people who are navigating a very new experience, and at least one of them is hormonally challenged <laugh>. <Laugh> is not herself, let's say which must be disconcerting for a husband or a partner. So it, it does seem like a recipe for a lot of complicated navigation and negotiation. Anything anybody wants to add to that picture?

Tara Van Dyke (13:33):

Yeah, I just wanted to say too, I think, you know, you take the, the big mix of the defaults that we all come with in our own family context, no matter if there's a cultural difference or no matter how, how similar our families are, we have these patterns that have been set that maybe we haven't even spoken about with our partner. And then you add this huge life transition and lots of decisions to be made and information overload and vulnerability and fears. It just makes kind of a swirling tornado of possibility for <laugh> for conflict, right? So I just think it brings it all to the surface and it just makes it more likely that there's, there's going to be opportunity to have, to not be on the same page about things and to set a new pattern as a new family and figure out how you do that together. So I think it's, it sounds like we're talking a lot about conflict right now, but I think it's also a time of great opportunity for change and new patterns. So that's kind of exciting and I think we're probably going to get there, but there's ways that we address that, those expectations before we get to the birth. I think as doulas after we live and learn the hard way <laugh> seeing people not talk about those things ahead of time that intentional communication beforehand is huge for prevention of the conflict.

Anne Nicholson Weber (14:56):

And I think it's worth pausing just for a minute and going a little deeper into the patterns you were referring to, Tara. We've talked about cultural background as creating expectations and patterns, but there probably are other sources of those. Mm-Hmm. <Affirmative>. Can you anybody kind of enumerate some others of those?

Michelle Schaefer (15:12):

I would say temperament. You know, if you have one partner that is wired, a little bit more anxious, a little bit more hypervigilant, that is going to really show up and, and in a heightened way during childbirth, pregnancy, childbirth, early postpartum period. And so, you know, if one partner is like, everything will be fine, I'm sure it'll be great. And the other one's like, you know, very anxious, that can really start that cycle of the anxious partner feeling unsupported simply because they don't feel validated in their fears that their partner instead of validating them is trying to counterbalance them and talk them out of their fear, and they get caught in a reactive pattern that way. Mm-Hmm. <affirmative>. So that would be one that's super common in my world.

Anne Nicholson Weber (16:07):

Yeah. Are there others like that? One, one I think about is just family history in terms of birth you know, mm-Hmm. <Affirmative>, maybe the father's mother had very interventive births and expect c-sections and the other, and the mother of the mother had really natural birth. And just those, that's another form, I guess, of cultural difference. Is there any anything else that's worth calling out? Be, just as people are trying to imagine what we're talking about, like specifics of the situations we're addressing?

Megan Trinter (16:37):

I mean, I would, I would say going back to sort of different ideas of what would be an ideal way to birth. Sometimes I, I, I guess I, you know, I'm sort of casting a broad net, but sometimes the birthing person is thinking, Hey, I want to have this experience and I know it's going to be hard, but to me it's worth it. And the person who's doing the supporting is like, I just don't, I can't imagine why that would be worth it. I don't want to see you in pain. I don't feel comfortable with it, and it's hard for me and I don't know, and, and I don't like it. And so just not being on the same page about where the value lies in that decision can cause a lot of conflict both before, during and after.

Anne Nicholson Weber (17:21):

That's a really good point, Megan. And, and that conflict is also part of, I don't like this term, but the mommy wars. You know, if you, if you're someone who wants a natural childbirth in this kind of instinctive way, it's very difficult to rationalize it to someone who says, why would you have pain when you don't need to <laugh>? And that. So I feel like these are very deep impulses that are kind of inexplicable in a way. And I can well imagine that in a couple, if you're on different sides of that, it's tricky. Another one that I'm very interested in is just your attitude towards medical people and how you do medical decision making in general. Mm-Hmm. <Affirmative>, there's a very interesting scale, the Groopman template where Dr. Jerome Groopman kind of lays out the ways that we can have different attitudes towards medical care, and it can be from naturalist to technologist and high intervention, low intervention. Anyway. So those, those seem to be the kinds of things that you're all referring to that can, that can be the source of conflict. Okay. So now how, Tara, you talked about before, when you, when you start working with a couple, you're consciously thinking about some of this and trying to help a couple navigate it. What are some of the things that you do?

Tara Van Dyke (18:37):

Yeah, so in prenatal meetings, we talk obviously about their choices for the birth itself. So there, you know, the options that they'll have for intervention or for pain management and those things and the delivery. But I've learned to really ask the questions about you know, I might ask a couple, and maybe we're only a month away from the due date, and I say, so who do you imagine being there? And sometimes the person giving birth will say, oh, my mom's going to be there. And the partner will look at

her like, what? I had no idea. You were thinking your mom was going to be there and this is the first time this has come up. And she just was planning on that in her head and that the conversation hadn't happened. And so and then it's a time to have that conversation and, and say, what, what is important to you about who's around you?

Tara Van Dyke (19:25):

And if you want to have your mother and your partner and your doula, how are we going to decide on those roles and how, what does the partner want his role to be? And how do we elevate that while also, you know, having these other support people in the room. And so just addressing that, bringing it up sometimes it really prevents a really big situation from happening. And we've had, I've been at births where, you know, a grandparent just walks into the room uninvited and the expectations are different from the extended family and from the family giving birth and just, they just assume it's going to work out. You know, sometimes I'll ask and I'll say, well, I don't know. We'll just see on the day if my mom wants to come or not. And usually that ends up in disaster and sometimes like long-term hurt feelings that take a long time to repair.

Tara Van Dyke (20:22):

And so just bringing up those conversations about, that's the, the extended family one. But then of course about the partner's role. And even so far as to say, you know, look at each other and say, you know, what words do you want to hear from him? What words do you really not want to hear from him? And where do you want him to be when you're pushing the baby out? And you know, those really specific questions because it brings up sometimes things, even the person giving birth hadn't really known were important to them. And then we can have, we can at least start the conversation even if they're not in agreement right. Then we have time to sort of work through it before we're in a really high stress situation. And that turns into something more, you know more difficult to deal with.

Anne Nicholson Weber (21:11):

Yeah. There's really a deadline on these conversations, isn't there? <Laugh>,, Megan, is there anything else that you make sure to raise with the couple along these lines of expectations?

Megan Trinter (21:23):

Yeah, I mean, similar to what Tara said, I think that so often when we meet for the first time in person, I mean, this is one of the things that I like about seeing people in their own space is when you're just having chitchat or you're just going through the beginning stages of like, oh, how was your day? Tell me what you do. You know, things like that. You start to see, you can see behaviors, you know, sometimes partners will launch into their anxiety or their stresses and, you know, we're there for, as a birth doula. And so in theory, we're here to talk to this pregnant person who's and about their birth and when, when it gets started. And we are way off topic right at the beginning, you know, about questions about his mom, her mom, things like that, or the things that make the partner stressed.

Megan Trinter (22:16):

Things like that. It's sort of, you start to get a sense of where you need to take this conversation. You know, you, you can only go to so many births where you've supported a partnership like this before and you think, oh, this is going to go poorly if we don't start to bring up what I'm seeing here. So it's nothing I do with everybody every time. But you know, if a partner is yawning 20 minutes into a visit -- I think I'm, you know, I think I made good conversation. I'm kind of funny. Like, I'm sort of like, oh, there's something

here that we have to understand why it's important for the two of them to be their biggest support. Like, we're here too, but we aren't replacements and we aren't the primary support. Mm-Hmm. <affirmative>.

Anne Nicholson Weber (23:01):

Yeah. And you won't be there five years down the road. Yeah.

Megan Trinter (23:05):

No. <Laugh>,

Anne Nicholson Weber (23:06):

Suma, do you want to add to -- well maybe even talk more specifically about how partners can have these conversations in a way that's productive?

Suma Karandikar (23:18):

Yeah, absolutely. I think setting a time to, first of all, sit down and give each other undivided attention. So putting the phones away, if there's other kids. So first having that space. Secondly, practicing listening and not advice giving. And really having open-ended questions and trying to understand where each person is coming from. So creating that space and not using what we call the four horsemen -- contempt, criticism, defensiveness or stonewalling. So creating a space that is calm, and reflective. And there's a lot more listening happening than having to jump in or interrupt their partners, so they can start to have these difficult conversations and start to explore their partner's desires and dreams around parenting and pregnancy. 'cause each of us comes with different desires and dreams based upon our own family background and our past experiences. So really keeping flexibility and an open mind around what you want and feel like is really important. It might not exactly be what your partner feels is super important. So being, having that space to talk through things in a way that is non-confrontational.

Anne Nicholson Weber (24:57):

Michelle, maybe if you could take those principles that Suma just outlined and apply them to a specific instance. So suppose that a couple are in deep disagreement about where to have the baby, and the mother feels very strongly she wants a home birth, which I think is maybe more typical. And the father feels like, why would we not be right where this technology is that can keep our baby safe? And now here are these two people with very deeply held very different attitudes. Can you kind of describe how a conversation could go that would help them come to an agreement on that topic?

Michelle Schaefer (25:40):

Hmm. You know, I think just thinking about the core issues at play in the disagreement in the first place. And again, you know, I was talking in my earlier comment about accessing what's vulnerable beneath the surface patterns of the communication is really important in this situation. The reactivity that can take off and escalate the conversation and keep a couple like stuck or stalled in their disagreement, feeling like they're at an impasse with this -- typically there's like a little bit of a power struggle, a back and forth a tug of war, but the deeper issues aren't really being tapped. And so, you know, that's what I love about this conversation is everybody here that's a professional working with this population is saying, these preparation conversations are so important because if you can access and talk about those vulnerable issues from the heart without criticism, without defensiveness that's really valuable.

Michelle Schaefer (26:50):

So perhaps the wife might be talking about this ideal dream that she has, right? About this lovely, calm, peaceful, connected experience in her home with her loved ones without all of the noise and the chaos and the bright lights of the hospital. And she's, she's verbalizing a deeply held desire and dream for what her birth experience might look like, that has to do with love and connection and safety and security. And the tug of war, some of those, some of those deep longings might not get expressed in a way that the husband can come alongside her because what might be going on for him is his priorities are safety or you know, a fear that something could go wrong or, you know, an imagination for the most catastrophic outcome. And where would that leave us if we weren't in that medical setting?

Michelle Schaefer (27:59):

And for him to be able to verbalize very vulnerably and tenderly like what his deepest fears are really about, so that she can see this isn't just a rigidity for the sake of rigidity, that he doesn't care about her experience, but he's really afraid, he's afraid of what might happen. When vulnerability can come into the conversation like that, it opens the door to compromise and negotiation where a couple can find a pathway that meets some of both of their needs. Like, well, I, I can't go this far, but what about if we did this? Because I do want you to have some of your dream. I want you to feel that that peace and that connection that you're desiring in your experience, or I don't want to be in a hospital setting, but would it help meet, you know, if we had an emergency plan that was really concrete so that you know, that if something were to go wrong, here's our plan. And it's very clearly etched out. You know, like they can find that pathway through when they stop that tug of war and that reactivity and the power struggle that might be playing out in that scenario where they don't feel heard, right? So once they both feel heard, so many possibilities begin to open up in the plan. Right?

Anne Nicholson Weber (29:25):

Yeah. Tara?

Tara Van Dyke (29:27):

I am thinking because you just outlined such a great plan for a way for couples to do that, and I have a real life example if that's okay to share. I did call her yesterday and ask for permission, and because it's a couple that I was involved with that I think did this really well. They had some decision making that we couldn't have foreseen. We didn't have the opportunity to discuss this ahead of time. And it was somebody who had had a cesarean for her first birth because the baby was breech, and she came to me for support for a vbac and her second baby turned out to be persistently breech again. And she felt very strongly that she didn't want to agree to a c-section just for the position of the baby. But her husband was very uncomfortable with the idea of anything else.

Tara Van Dyke (30:19):

So they were really strongly at an impasse. But I think they did what Michelle outlined really well -- of meeting, finding out what the core issue was, what's at the root of why do you want this and why do you want this? And listening to each other and saying, well, if you, if we can't -- we can't each have our, you know, opposite ends of the spectrum choices. So how do we meet more in the middle? And my client agreed to do all the things to try to turn her baby from breech into Vertex position and did an external cephalic version and did all the spinning babies exercises and all the everything. And she said, if these don't work, I want you to agree to a vaginal breech delivery, which was, it's, it's a difficult thing to find a provider who will support that, but she was willing to do the work, and her husband was willing to

compromise after we talked about a safety plan and all of the things that were his deepest concerns and his worries.

Tara Van Dyke (31:24):

And so they, they really negotiated with each other, but also listened to each other as Michelle was talking about, and Suma. And really I think strengthened their relationship in the process and had a triumphant beautiful breech birth, which is one of the highlights of my birth support <laugh> experience watching this unfold. But it was partly just about that whole process of them coming to this agreement on something they hadn't foreseen. And they both ended up getting . . . , they had a healthy birth and she had the autonomy that she wanted over making the decision about her own body, and it was really beautiful. And so I think that's a good example of somebody who, you know, encountered something that was, they were really on very opposite sides of what they wanted out of the experience and came to agreement and then really are in a, in a really great place. And now she's becoming a doula herself because she's so <laugh>, she wants to do the same thing for others and, and see other people having that experience.

Anne Nicholson Weber (32:27):

So that story brings up two important things to me. And one is just about education and good facts. Because for instance, in the home birth story or the breech birth, there's a lot to know about how big is the risk, really, what does it look like, and how can you mitigate that risk? So I think in addition to all of the emotional openness that you all have talked about, it's important to note that actually knowing the evidence, which is surprisingly hard to find sometimes.I think we all think we know a lot about how dangerous home birth is or how dangerous breech birth is, that if when we really dig in turns out to be not the case or not as much the case. But the other thing that I'm really interested in, and several of you have alluded to this question or problem, which is, does the mother, does the birthing person have any kind of a trump card because it's her body? Because it's her body that has to be effective in birth? Megan, I'm interested in what you would say to that.

Megan Trinter (33:36):

Well, every time we're talking about what you are allowed to do or what, you know, someone's going to make you do because of your X problem, high blood pressure, position of your baby, whatever, we're going to say, Hey, as a bottom base layer of consent, no one makes you do anything. Like, we should all be doing it because we want to be, and that includes your partner. So I think that very quickly if someone is saying, you know, if there's a big disagreement about what to do, and the person who's having the baby is like, what? It's my body. If we're there and we have any ability to sort of mediate this conversation or, or just like, you know, be a person witnessing this conversation, we want to go back to what Michelle is talking about. Like, this isn't someone's . . . I'm going to guess he's not trying to control you for the sake of controlling you.

Megan Trinter (34:35):

I'm going to guess he's scared. So let's talk more about that. So I am, and -- and I think that as a doula, you know, I'm not a professional counselor and I'm not there to give clinical advice either, but I would want to talk about why it's important for both of you to feel safe and secure. Like this isn't actually a thing you're ever going to do on your own. And one of the conversations I feel like I have occasionally with people when, when there's a little bit of a disagreement is maybe this person who's having a baby is like, no, I want to do this without medication. I want to be completely natural. And perhaps her partner

has expressed a, you know, like a not being totally on board with that, and now we're sort of begrudgingly understanding that this is what she's going to go for. And I feel like I want to make it really clear that even though she wants it, and even though it's her goal and it's her like mountain to climb, there's going to be moments because you're her person, you're her partner that she's going to be clinging to you and say, help me.

Megan Trinter (35:39):

I can't do this. And it's not, you know, it's not just enough to be like, okay, do what you want. You have to understand why she wants what she wants, or if you don't understand why she wants what she wants, you have to understand that you, if your first response to her saying, I cannot, I cannot do this anymore, is like, okay, don't, let's not, or to like hit a button to call in for, you know, the help from the doctors or the anesthesiologist, that isn't team playing in the same way. So, it goes back again to the education. Like, we do have to sit and educate people like, what, what does birth look like? What does it sound like? If you're scared of it in theory, well, friend, just wait till you're in the middle of it and someone's moaning and crying, <laugh> and asking for help. Like, it gets scarier if you don't know what's going on. So we -- I think that's the role of all of us, is to get people on the page to say, this is actually normal, this is the way this plays out normally. And you don't have to be on board completely, but we do have to understand why each other feel the way they do. Yeah.

Anne Nicholson Weber (36:44):

Suma or Michelle, do you want to add anything to that?

Michelle Schaefer (36:48):

I was just thinking, you know, I love that Megan brought up the . . . like there is sort of a baseline consent piece, right? That the birthing person has ownership of, right? And that's, it's necessary, but I think that the way in which that all plays out is super important. Is there, -- is it because there's a moment of vulnerability or just a true limitation within that a person has to say, I just cannot do that. Or is it more of a, you know, you framed it, Anne, as a trump card, which sounds more like a power play to me, right? And if it's a power play, maybe in theory the birthing person can do that, but it comes at a cost, it comes at a cost to the relationship. And that would be my concern. And something I'd want to shine light on in a therapy space is like, maybe there is a point where there is a like, sort of a final say, but how you utilize that or what the circumstances are or why you need to have that say in that moment, and there can't be a compromise or a mutual agreement really matters, right?

Michelle Schaefer (38:07):

Because a partner can say, I understand that you've reached a limit here and we talked about doing an unmedicated birth, but you're at a place where you are saying you need to shift gears and I can be with you in that. And hopefully maybe they've talked about that moment in time ahead of time, so they're prepared to navigate that together. But if it's more of a -- to use some of Sumas language -- like a stonewalling or something like that, where it's more of a power move, that's going to do harm to the relationship over the long term. And it's not uncommon for couples decades later to come into my office for marriage therapy and to refer back to moments when their children were being born as moments of injury to the relationship, what I would refer to as an attachment injury where you disregarded me or you abandoned me or you whatever. And it's coming up as a pain point where some basic level of trust and mutuality was severed or at least damaged a bit in a moment when their family was in its early stages of formation.

Anne Nicholson Weber (39:23):

So that goes to how high the stakes are and how long a tail <laugh> these interactions can have. Tara, were you going to say something?

Tara Van Dyke (39:31):

Yeah, I was going to say as far as that, you know, who has the final say if they're still at a disagreement? I really like what Michelle said about that. You know, using that as a power move can really be damaging, but sometimes there's just . . . we're not on the same page and somebody has to kind of have the, a little bit more of a say at the end to make a decision. A more lighthearted topic that I see that I just thought of that often comes up to as naming the baby that I see this used or who gets more say if they're at disagreement about names and sometimes brings in, you know, the family long family traditions of, you know, everybody's George the third and then George the fourth or whatever, and <laugh> and deciding who gets to, that's a really important decision.

Tara Van Dyke (40:19):

It's going to be in the family tree forever. And I think it goes to those patterns again, of what's already their style for making big decisions in their family life and their couple life that comes really into play. So when those things happen, you know, agreeing on where to move for a job or something and you don't really agree on that, how do you make that final choice? In my relationship with my husband, we sometimes have had those moments where we're kind of not fully on the same page and in general we've agreed to defer to the one that has the most stake in the game. For instance, you know, if it was his career on the line, I will compromise and go live -- that's why I live in the Midwest. It wasn't my choice.

Tara Van Dyke (41:08):

<Laugh>, uhhuh, <affirmative> but I was in support of him. And so I think that's what comes into play for most couples is who -- and in the case of birth, as people are saying, it's her body, I think ultimately it gives her a little bit more of weight in that direction because her body's more obviously involved in the birth process. But we really want them to be on that same page so that it does feel like a team so that even if ultimately it's in a location that wasn't his choice, that he's agreed to be part of this and fully in it, because that's when conflict comes up. If they've agreed to it, but still reluctantly agreed, and then in those moments of high stress that comes up -- well, I didn't want to do this anyway, or, you know, something like that. And that can be when it really turns into something that they're coming to Michelle for therapy 10 years later, <laugh>. Yeah.

Anne Nicholson Weber (42:07):

So we haven't talked about you know, at what point do you say we can't seem to navigate this ourselves and maybe a counselor is called for. So now,-- this Michelle or Suma -- seems like it would be helpful to describe what does, what does really needing a counselor look like?

Suma Karandikar (42:27):

Well, I think that that could be at many different spaces. Sometimes it's just hard to bring up difficult topics that each have different positions on, that a third party, like a therapist, could come in and try to help build compromise and talk over things in a way that's not escalated. I think if discussions are getting escalated quite often, which means harsh language and, and hurt, and people are saying things they wouldn't want to say to their partner, that's definitely a point to talk to a professional. It's, this is a hard,

hard time in a couple's journey and there should be no shame in sort of saying, we're putting our family first and our -- we want to try to work through these difficult conversations in a way that's going to help us build skills to talk about all the other difficult conversations that are to come. And what a great time to really try to improve their bond prior to adding another human to their, to their world.

Anne Nicholson Weber (43:41):

Yeah. Michelle, what would you add to that?

Michelle Schaefer (43:45):

You know, when a couple -- adding to what Suma said -- when there's an escalation in the conflict where harm is being done in the nature of the conversation and there's harmful, you know, give and take in the interaction, that would be one indication. Another point in time would just be if they, if they continue to remain stuck, you know, they're just sort of circling the plane and, and never really being able to land it-- to just get some assistance with becoming unstuck. The thing that Tara said earlier about this period of time being an opportunity, that it's not all about conflict. You know, childbirth, pregnancy, childbirth, starting a family, building a family, launching out on this new adventure together is also kind of like a moment of revelation for people, where new things about who they are as a partnership are being revealed in this journey.

Michelle Schaefer (44:48):

And so, you know, even from a perspective of opportunity as you enter into your parenting journey, starting therapy, then just as a like, hey, let's really get on the same page here. Let's take this moment of massive change and growth and maximize it with some support and some assistance. And viewing it as an opportunity to strengthen the bond to, you know, grow together is a wonderful place. So it doesn't have to be a terrible situation to say, now's a good time to enter therapy, right? It could just be, now's an opportunity for us to do some work together that could really lay a foundation for our whole family and our future.

Tara Van Dyke (45:37):

And I think that's a great point because when Megan and I spend time in prenatals with couples, it's very limited. We have short meetings that are focused on their birth plans. But when these things come up that we think maybe it would be helpful to have some of those tools for that healthy communication and conflict, it's a great time for us to refer to the counselors too and say, you know, I think it would be great to go farther with this and practice some of these skills, because when we're sleep deprived and postpartum, we're not always our best selves. And so having some tools and some things to fall back on can be really helpful for both partners. So I think it is a great thing to recommend to couples that they do this prevent . . . not preventatively, but just in a resource way, in a way to like -- it's kind of a date night together to go and talk intentionally and gain some new tools and insights into each other. You know, when things will be revealed under stress anyway, but let's do it in a circumstance where we're not under stress.

Anne Nicholson Weber (46:36):

Yeah. You know, I'm thinking about premarital counseling, which really has no stigma. And I think Suma, you may be a certified -- you have a specialty in that, right? Yes. and, and it seems like it would be so great if there was the same attitude towards pre-parenting <laugh> counseling. Just that it, it'd be part of, you know, -- obviously I don't mean to discount the fact that it can be expensive and it's time

consuming and it's, you know,-- but, but that if there could just be no stigma that, well, we're about to have a baby, we're starting on this adventure, wouldn't it be great to have, do a little work together without it being freighted or somehow a sign of failure? And the way I, I'm really glad Michelle and Tara, you brought this up because I think it's so easy to think of it as, oh, oh, things are bad. We need help. Instead of, oh boy, what an opportunity. I love it that you took us there. Alright, I think we're coming to an end. I always like to ask though, is there something we haven't talked about that any of you feels is really important to raise -- something that went across your brain and I didn't give you a chance to share or a topic that you think this conversation isn't complete without?

Megan Trinter (47:50):

No, I think I think this is a lovely conversation and these are the things that -- I mean, even though we all have our own specialties and maybe people think of doulas as being just there for the birth, I think the older my kids get, the further away from my own births I get, the more everything I talk to about people who are prepping for this time in life is actually about prepping for the relationship and the family. You know, it . . . all these things we do when we wait, when we make decisions, when we set boundaries, when we weigh options, when we take a step forward, even when we're filled with some anxiety and fear about it, are things we're going to do for the rest of our lives with our partners and with our kids. And so I love having this conversation about how it is actually about the family. Mm-Hmm, <affirmative>.

Anne Nicholson Weber (48:39):

Great. Thank you so much.

Megan Trinter (48:52):

Thank you, Anne. Thank you. Thanks