

# Map Partner's Class



**Mentor Preparation:** Read *Birthing From Within*, pp. 149-155, 242-244

**Suggest to Partners:** Read BFW, pp. 156-188, 242-244 (offering a Content Warning that this section does not use inclusive language)

**When to Lead the Special Class for Partners:**

It is best to bring this into any class format once rapport is established—so towards the end of a series, or past the midpoint in a weekend immersion.

You may want to prepare a list of local and online resources for parent support groups, lactation/nursing information and help, as well as a checklist of Postpartum Mood and Anxiety Disorder warning signs, so that you can have easy access to the information if necessary.

## Creating the ambiance

Find a way to have partners separated from the pregnant parents for this class.

### SUGGESTIONS:

- Have the pregnant parents work on an art process (clay can be fun here, or Welcoming My Baby Art Process)
- Send the pregnant folks for tea nearby
- Send the pregnant parents to walk a nearby Labyrinth (if there is one available)
- Have pregnant parents talk to a special guest (like a lactation consultant or belly dance instructor)

This “Special Class” is not gender exclusive—it’s a time to shift the focus from preparing the birthing parents to preparing their partners who are becoming parents, and/or those who will be present at the birth.

## Building the framework

### Validate:

Acknowledge that their preparation for and experience in labor and postpartum include supporting their pregnant partner, of course, but that there are deeper layers to explore as well. All parents-to-be, including the non-pregnant ones, require their own personal preparation so that they may experience birth as a Rite of Passage, and feel supported in this transformational time.

Acknowledge how non-pregnant parents are expected to be supportive throughout the childbearing experience, and yet they often feel “invisible” in prenatal appointments and childbirth classes, as well as in the birthing room. Not only are their own needs not always addressed directly, they may also be reluctant to bring up their concerns or worries in front of their pregnant partner/loved one, for fear that they will not look capable or strong enough to be the unwavering support person.

Additionally, many partners get into “task mode” or “fix it mode,” falling back on habitual patterns. Explore what it would mean for them to be tuned into that part of themselves, but also open to being present with what IS unfolding, without needing to try to change, control, or fix it. That is why you are holding a special class just for them. During this class, or segment of the class, labor and the postpartum transition time will be discussed from their unique perspective.

Their experiences and needs will be addressed and validated. They can talk openly about their concerns or doubts, or how to handle a particular situation in this special space carved out just for partners. We have discovered that many non-pregnant parents-to-be are thinking as much about the transition to parenthood, and what this means for them, as they are about the actual birth.

Throughout the Partner’s Class, when the opportunity presents, sincerely validate their positive intentions or something unique about them (avoid “canned” validation). Having spent time with the non-pregnant parents leading up to this “Special Class,” you have probably noticed what is special about them or their relationships, or their unique concerns. They will want some specific tips and suggestions on what to do during the birth and postpartum (their Gatherer may be present!). They will also need space to uncover what this monumental transformation/Rite of Passage means for them personally, and to discuss how having a baby will affect their relationship with the pregnant parent (time to awaken the Hunter/Huntress and Love Warrior)!

**Motivate:**

Non-pregnant parents-to-be are often highly motivated to learn and talk during a class you have created in their honor. What could be more motivating than being respected enough to have time set apart just for you to be seen and considered?

It helps to motivate them for change and awareness when you talk about the difference their attention to certain matters will make to their relationship and memories (not just focusing on the difference it will make to the birthing parent). And that this is another reason for having the special class separately... If the pregnant parents hear you telling the partners to do or say this or that, then when they do it, it won't feel authentic; or worse: if they don't do it, it may be taken personally or may later create a rift between them. When a partner is mentored in their new role, they may show up having a deeper sense of who they are in each moment, and a broader spectrum of possibilities for supporting their partner and coping through their own intensity. When the birthing parent receives this extra level of awareness in labor and postpartum without expecting or monitoring it, it can change the way they see themselves, their partner, and their relationship.

It can be motivating to partners to want to learn about Postpartum Mood and Anxiety Disorders when they hear that most parents experiencing this get help because their partner knew what to look for, and said something.

### **Educate:**

Begin the Partner's Class by discovering where the parents are. What are they wondering about? What are the specific places they are feeling apprehension, resistance and uncertainty looking ahead to the birth? Ask the group if they have any special concerns or questions they've been reluctant to bring up? Jot down their comments, then begin. As with any class session or module presented to parents, it's important to think through your objectives and choose a few key pieces to offer them. It will be enough, especially if you start with where they ARE and what they are hungry for!

*Over the years, we've found these are among the most frequently requested topics/concerns:*

1. When the birth giver does not want to have drugs, what should the partner do if they change their mind in labor? If they are being offered drugs, how can the partner know if being supportive means encouraging them to keep going or accepting the drugs?
2. What to do if there is a separation between baby and the birth giver?
3. Questions about grandparents who are already anxious or giving advice, and how to set boundaries.
4. Changes to their relationship and intimacy as a couple after the baby arrives.
5. Postpartum Mood and Anxiety Disorders.
6. How will they balance work, self-care, bonding with the baby with supporting the postpartum parent?

You have so little time in this class, and there is so much ground to cover. What is often most needed and appreciated is a balance between validation and practical information. To give you an idea of what can be covered, we have provided a brief “outline” for three of the most-often-asked questions (please don’t think of this as a script, but rather a foundation from which to grow as a mentor).

***1. In labor: changing mind about drugs, or drugs/epidural offered***  
(refer to *BFW* pages 242-244, and *AMMB* pages 285-296)

- **Validate:** Partners are put in a difficult spot to support here—“between a rock and a hard place.” What are you actually supporting: A plan made before birth? A belief in your partner? The solution to a problem? How can you know (especially at your first birth)?
- **Educate:** Here are a few tips:

- If labor is normal, progressing, and near the end of dilation, then partners have some room to support the birthing parent in continuing without drugs. Their close presence, attention and love may be crucial to getting through this Gate. This may be a good time to ask midwives, nurses, doulas for suggestions or new ideas—what haven't we tried yet?
- If labor is arrested, prodromal, and/or the birthing parent is truly exhausted, (assess how long labor has been going on, how much rest they have gotten, how the dilation is unfolding—knowing, of course, that things can change quickly, and that labor progress isn't linear!) it may be determined that the birthing parent may need support in doing the “next best thing.” Choosing pharmaceutical pain relief out of fear, guilt, or overwhelm is NOT the best way to make this decision. This is a good time to refer back to the role play for Informed Consent and BRAIN, so that it is instead chosen out of compassion.

### **Suggestions for Partners:**

- What might shift if you alter the room environment or energy by--asking people to leave or inviting new fresh support people, changing the music, changing the lighting; change positions, change pain-coping practice; try the shower or bath;
- Call on the birthing person's spiritual practice;
- Validate their efforts so far;
- Get close and hands-on, eye-contact;
- Ask them to “try four more” (being specific helps) while they throw everything they've got at it before making a decision regarding pharmaceutical pain relief.

## ***2. Separation from the Baby***

- **Validate:** This can be hard! The partner often wishes they could split themselves in two — one to be with the baby, the other to be with the birth giver. Since that's not possible, what would be the next best thing? Often the issue here is that the one who just gave birth wants

their partner to be with the baby, to protect the baby, and... they may also have secret fears of being left alone or of not “bonding with the baby first.” As a Mentor or Doula, you might first validate the non-birthing partner’s position; feeling torn, not wanting to leave the birthing parent, (and worried about their wellbeing) and also excited about being with the baby. Then, validate that the birthing parent might feel lonely, disappointed, abandoned, even resentful. So, how might the partner best navigate the situation?

- **Educate:** Most parents find that it’s helpful to discuss the possibility of separation beforehand and think through how they might cope—what their general plan would be (does the partner go with baby)? Then, if it happens, it is less shocking or traumatizing for the one who gave birth. Also, it can be useful for parents to inquire about the local hospitals’ immediate postpartum policies, especially in regard to routine separation vs rooming in.

### **Suggestions for Partners:**

- Request that the nursery staff come to the room to perform routine exams on the healthy baby. Just asking (even if it doesn’t happen) helps the birth giver feel supported if a separation occurs.
  - If separation must happen, how might partners soften the blow? Have the baby say “goodbye” to the one who gave birth, and promise to hurry back? Some parents like to take pictures, and/or stay in contact on their phones during this time. Who will be with the one who gave birth — doula, friend, grandparent? Making sure that they are not alone is critical.
  - If baby is healthy and the separation is due to protocol, encourage the staff to speed up things in the nursery, including skipping the bath, and doing any possible procedure back in the room.
- \*\* If possible, encourage partners to request a delayed bath so that the birthing parent and baby have a chance to snuggle and smell each other*

*fresh from the birth. It is said that this fresh birth scent triggers the release of oxytocin.*

- Greet the birthing parent upon return, placing emphasis on the reunion and how happy the baby is to see them, rather than how great bonding was and how many things they did together in the nursery. Allow time and space for the birthing parent to express grief or a sense of loss/confusion/sadness over the separation — this does not need to be fixed (validation and compassion is what is needed)!

### ***3. Balance work, self-care, bonding with the baby, with supporting the postpartum parent***

- **Validate:** Sometimes, the pregnant parent has a hard time thinking beyond the birth—how am I going to get this baby out of me? But for the non-pregnant parent, the transition to parenthood, the idea of balancing work/family, the concern about how to take care of themselves AND their partner can all be at the forefront of their minds. This is normal! What would being able to balance all of that look like? How would they know if they were doing it? What if they had to give some things up? Who would they be then? (If you have told the parents the story of Inanna - this is a great opportunity to remind them that they may have to send something to the underworld to retrieve at a later time—What's one small thing they could start doing today that would bring some balance into their life [it might be DOING something, or it might be NOT doing something]).
- **Educate:** It's not uncommon for the parent who did not give birth to find themselves exhausted, feeling ungrounded, overwhelmed, and even potentially struggling with Postpartum Mood and Anxiety Disorders. It's good to remind them that this is a Rite of Passage for them as well—who they once were has been forever transformed, and that is HARD and can even be painful. It can be helpful for them to learn that it's not just the one who gives birth who goes through an



ordeal and emerges fresh, vulnerable and changed. So...what can they do?

### **Suggestions for Partners:**

- Bond with the baby—sometimes partners have a hard time imagining themselves as parents to a newborn (often, they imagine themselves playing catch with a 5 year-old, or helping a school-aged child with homework). Get a baby carrier that fits YOUR body! Snuggle the baby skin-to-skin. Let go of what “needs to be done” and get in bed with your family! Stare at the baby. Smell them. Feed them (if/when possible). Let them suckle your finger. Sing to them. Read to them. Write them a letter. Tell them your stories.
- Get help (and let go)—delegate, elicit assistance with household tasks from friends or family—wouldn’t you gladly help if a friend asked? Hire a postpartum doula if funds allow (or ask for this as a gift—if several friends contribute, it might make it more affordable)! Let non-critical things go (does the toilet really need to be cleaned? Is it ok if the dishes pile up)?
- Do things for your partner without asking them what they need — keeps them hydrated and nourished (simple foods like soups and smoothies are great ! ) , massage their neck or feet, draw a bath for them , prepare a sitz bath, entertain the guests—or set clear boundaries with them regarding length of visit, put the baby in a carrier and go for a walk, let them know what it was like for you to watch them do what they did to bring the baby earthside.
- Do things that make you feel whole (remembering that you might have to send some of the big hobbies to the Underworld—you can reclaim them later). Start small, i.e., take a shower, eat good food, take a nap with the baby, go for a walk, talk to a friend about what it feels like to have become a parent, get some exercise, look at what can go—what tasks, projects, relationships can take a back seat for now so that you can focus on what really needs to be done, what really matters?

**INITIATE:**

Depending on time:

- Teach them a lullaby
- Have them do a quick art process—Seeing myself as a Parent, or Welcoming My Baby (especially cool if that’s what the pregnant parents are doing).
- Have them jot down 3 things they want to remember from this special Partner’s Class
- What else might you do?

**CELEBRATE:**

At the close of this session, make a huddle, or draw them into a closer circle. Recognize that they are preparing for a Rite of Passage, and that you SEE this. Pause and let that sink in. Playfully forewarn the group that the pregnant parents will be curious and will ask what they talked about. If they know what was discussed, it might make it less authentic, sacred and effective!

*\*\* Super secret message to these parents... If they can remember in the first few moments after the birth, to look their partner in the eye, and recognize the feat that they just did (however it unfolded)... saying, with their heart, something like “I just witnessed you become a mother.” Or “I just watched you become a parent.” Or, “I am in awe of what you just did”— it’s like a droplet of medicine for the one who just gave birth. It helps them land back in their bodies and feel seen. It’s like being at the finish line after a marathon to welcome, greet and celebrate the one who just did the most amazing thing. Keep it short and sweet and authentic. Let them know that If they forget to do this in the moments after the birth, not to fear—this droplet of medicine can be given anytime.\*\**