

Waiting to Inhale: How to Unhurry the Moment of Birth

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ABSTRACT

A doula and expectant mother's view of birth is forever changed when she sees a midwife simply place a newly born child below her mother at the moment of birth. The pause that the mother experiences in this moment as she studies, touches, and claims her child prompts the author to reflect in this guest editorial on ways we might be disturbing the natural sequence of birth as we deliver babies directly to their mothers' chests.

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 For more information about this article by Mary Esther Malloy, including birth pause birth stories, visit her website (www.mindfulbirthny.com) and blog (www.birthpause.com).

The moment a child is born, the mother is also born. She never existed before. The woman existed, but the mother, never. The mother is something absolutely new.

—Osho, Indian mystic and spiritual leader

I am a mother of two children and am now expecting my third child.¹ Both of my sons were born into the hands of midwives and passed directly to me. I will never forget those crazy, slippery, stunning moments in which I first held each of my sons. At the time, I couldn't have imagined wanting to meet my children in any other way. And while I fully honor and appreciate the victory and beauty of the quick delivery of my babies onto my chest, I am now thinking rather differently about this typical midwife-passes-to-mom moment as I prepare to birth another baby in the coming months.

As a woman who supports other women in labor now—a doula—I have been witnessing something

lately that has given me pause. And literally it is a pause, a birth pause, if you will. I have been deeply affected by what I have been seeing with a simple shift that allows a baby and its mother to find their own way to each other, unhurried, through the moment of birth and the minutes and hours following.

I first observed this pause at a home birth last year in the Bronx, where I helped first-time parents Laura, 30, and Neil, 35, work through a rather zippy labor. Neil's eight brothers and sisters had all been born at home in Ireland, and home birth had made immediate sense to Laura when I raised it as an option months earlier as she mapped out elaborate plans to arrive at the hospital as late as humanly possible.

But now, after 5 or so hours of strong, active labor on a cold, January morning, Laura's contractions changed, and it was clear that she was pushing. She climbed out of the birth pool and soon she was pushing, hanging off the edge of a table, and even walking up and down stairs. Finally, Laura birthed her baby on her living room floor. She was on all fours, kneeling in the warmth of a brilliant, winter

¹See "Postscript" at the end of this article.



Laura pushes on all fours as her husband and midwife prepare to catch the baby.

sunlight. Valeriana Pasqua-Masback, her midwife, and Neil crouched behind her to catch the baby. I knelt in front of her, her arms wrapped around my thighs, her camera in my hands.

As I photographed the moment Riley was born, I realized I was capturing something I'd never seen before. What I witnessed would forever change the way I view birth. After Neil and Valeriana caught the baby, Valeriana did not hand the baby directly to Laura. Instead, she passed the baby through Laura's legs and laid the baby on soft pads covering the floor below her. As Valeriana guided the baby onto the pads, Laura's eyes were still closed and her head lowered as her whole body seemed to sigh from the effort she'd just made to birth her baby. For an impossibly long breath, she paused and hung her head even lower in a gesture that spoke to a deep exhaustion.

Neil came up close behind Laura. She opened her eyes and quietly sat back on her heels. Together they knelt above their baby, studying their child below. Time passed slowly. They stared down at their daughter, mesmerized, taking in this new being. Laura turned toward Neil and kissed him. She then reached out to touch her newly born child. She felt her baby's hands and then slowly touched her baby's legs and arms. She stroked her baby's sides and then wrapped her hands

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around her child's body. Carefully, but with a clear confidence and readiness, she brought her daughter up to her chest, embracing her for the first time. As I observed Laura, I thought that each move seemed to have its own kind of integrity: She took a moment to pause and catch her breath after the momentous effort she had just made to birth her baby; she then studied her daughter visually and reached out for that exquisite first touch. Finally, she gathered her daughter in. Within the space of these impossibly slow, sweet moments that added up to barely a minute or two, Laura and Neil arrived on the other side of birth in what appeared to me to be a very special way; they arrived, in their own time, as parents. They claimed their child.

THE SEQUENCE OF BIRTH

What I saw at Laura's birth made sense to me in light of a workshop led by midwife Karen Strange in which she invited us to view the classic 1979 Brazilian film, *Birth in the Squatting Position* (Paciornik, 1979), with new eyes. As the women in the film birthed their babies down onto pads below them and took their time to pause, study, touch, and pick up their babies,



Riley is born into her father's and midwife's hands.

For we are not only finding our babies, we are also finding ourselves as mothers, and finding our way into a new state of being.

Karen described what she called “the sequence of birth,” a sort of blueprint for what happens when we do not disturb birth. She spoke of it as one of Connection—mother and baby connected in pregnancy; Rupture—the moment of separation at birth; Rest—the pause as the baby lies before its mother, the mother seeing and touching her baby for the first time; and Repair—the trip the baby makes to the breast, thus completing the sequence of birth.

The beauty and normalcy of the Rest and Repair struck me. With the Rest, there is no rush to get the baby onto the mother’s chest. The baby is gently guided down where it is born. The mother has a moment to take a breath, to come back, as it were, from the work of birthing her baby. “This pause,” says Karen Strange, “allows the mother to integrate this moment of transition” (K. Strange, personal communication, April 14, 2010). The mother now turns her attention to this next deliberate moment, the moment in which she discovers her baby.

Neither is there a rush to “get the baby to latch” on the part of eager helpers (K. Strange, personal communication, April 14, 2010). There is a tender, gentle time as the mother rests from her own hard work of birth where the baby, when ready, begins its search, as all mammals will do, for the breast. The baby is helped as needed, but given the time and opportunity to exercise this age-old, instinct-driven ability to find the breast. In fact, a new and exciting body of research demonstrates how beneficial it is for a baby to be allowed to take the lead in breastfeeding in the special hours after birth (and beyond!; Colson, Meek, & Hawdon, 2008; Righard, 1995; Righard & Alade, 1990; Smillie, 2007; Wiessinger, 2004), something that is dramatically shifting many parents’ experience of breastfeeding.

But just as we are now appreciating what occurs when we respect *a baby’s ability to find its mother at birth*, what I am seeing with Laura and other mothers is heightening my respect for and understanding of *our own abilities as women to find our babies at birth*. When we do not rush through the moment of birth, but honor the pause that marks the center of this sequence, what happens, in my experience, seems to be nothing less than a paradigm shift of equal significance. For we are not only finding our babies, we are also finding ourselves as mothers, and finding our way into a new state of being.

THE BABY

For the baby, there are many benefits to landing (gently, of course) below its mother and waiting a few moments to be claimed. Laura’s midwife, Valeriana, points out that a baby born down onto pads on the floor or bed is kept warm because it rests in a pool of amniotic fluid released with the baby at birth (V. Pasqua-Masback, personal communication, January 19, 2010).² When a baby is birthed down, Valeriana sees the baby stretch out its arms, which in turn expands its lungs for those first few breaths. “The Moro reflex makes such sense!” she adds, referring to the “startle reflex” where an infant throws open its arms (V. Pasqua-Masback, personal communication, January 19, 2010). Additionally, this pause is an important time for the placental transfusion, the return of the volume of blood that has backed up into the cord and placenta with the squeeze through the birth canal, a function that also aids in the transition to lung breathing (Mercer, 2001; Mercer & Skovgaard, 2002).

THE MOTHER

Although each woman’s experience is of course hers and hers alone, mothers like Laura, who find their babies at birth, seem to respond in a near universal sequence, observation and research are telling us (Klaus, 1998; Klaus, Kennell, Plumb, & Zuehike, 1970). Midwife Valeriana takes the fact that she is repeatedly seeing this sequence as strong evidence that something deep and instinctual is at play here (V. Pasqua-Masback, personal communication, January 19, 2010). Karen Strange says, “We all carry this blueprint within us. When we follow it, it turns on the brain in a certain way. It is amazing!” (K. Strange, personal communication, April 14, 2010).

Indeed, if the archeological record of birth is anything to go by, we can safely assume that upright birth has played a significant role in the evolution of human birth. There is a high probability that many a woman throughout human time has birthed a baby down onto a surface below, taken a much-needed moment to recover, and then inspected and gathered up her child. When I have observed Valeriana support a woman who births in an upright

²Karen Strange also makes an interesting point here. She suggests that because the body’s internal temperature is 101°F, the baby actually needs to cool down at birth and that this temperature change is part of what “ignites” a baby as it is born (K. Strange, personal communication, April 14, 2010).

position, this seems a very reasonable supposition. And when a woman gives birth on her side or back, I have watched Valeriana simply guide the baby onto the bed where it emerges. Others will gently help the mother to sit up so that she can—in her own time—look at, touch, and embrace her child.

A MOMENT TO EXHALE

When a baby is delivered directly to a woman's chest, many—certainly not all—women are somewhat overwhelmed when the moment they finish the work of birth and the moment they take in their baby are one and the same.

Sometimes, there will be a sense of disappointment on the part of new mothers who expected the very moment of birth itself to be something along the lines of, “Oh my God, baby! I love you more than anything I have ever loved in the world. I feel great! The love hormones are surging!” When I ask pregnant women what they envision the moment of birth will be like, I usually hear a version of the previously mentioned lines. But, you'll say, isn't this high one of the reasons we work so hard for our births? Isn't this our reward? Yes, by all means. And that is exactly why this high deserves to be parsed.

As a witness to the birth process and a mother myself, the words and phrases I feel describe most mothers' first moments after giving birth include *a stunned kind of relief, bewilderment, and shock*. Of course, the mother is eager to see her baby at long last, but she is still very right brain. The tears I most often see at the time of birth are the father's. The mother is not there yet. But then, like a cruise ship changing course, coming now into port, her attention shifts. There is a coming back, a return, a shifting of focus to this new child who is also experiencing its own coming into port. This changing of course will happen at more of a clip for some women than for others. But it is with this turn of attention that *the high begins to swell*, and it will continue to swell over hours and days, weeks and months, parenting effort after parenting effort, until one day, it is the tidal wave of love that we have for our children.

When a baby is simply guided down at birth, and mother and baby pause, it is not that the moment of birth itself will now be the realization of the all-consuming lovefest that the mother had imagined. Rather, it is that a woman will very naturally have her moment for the stunned relief of delivering her baby. This part of the birth process will be accorded its own respect. *A woman will exhale from the work of birth before she begins to inhale the presence of her*

A woman will exhale from the work of birth before she begins to inhale the presence of her child and her new identity as a mother.

child and her new identity as a mother. There is no rush to initiate her as a mother.

The wisdom in doing so is profound and parallels other times in our lives when we pass from one state of being to another: One moment we are girls, but with the first discovery of menses, we are young women; one moment we are high school seniors, and with the moving of a tassel, we are graduates; one moment we are not married, and with the utterance of a few words, we are married. We move from one state to the next.

But isn't there always a moment between these two states? A moment of transformation or movement from one thing to the next? A kind of slow recognition of the transformation? With death, for instance, isn't there a moment of leaving between the states of being alive and not being alive? With birth, isn't there a moment of arriving between the states of being born and being fully here? I have watched many babies through this process, including my own. Similarly, for the woman giving birth, isn't there a moment between the state of giving birth and the state of being a mother? Isn't there a moment of arriving?

There is. And yet, this moment is so often hurried. Such business at the time of birth! So much going on at the same time. We all get there eventually, but what if we were to pause, consciously, as our babies are born and claim this moment between states? What if, with a simple shift in business as usual at the moment of birth, we were to slow the process of arriving, receiving with slowness our babies into this world and finding our own way, with awareness, into our new state as mothers?

A MOMENT TO INHALE

As a doula who has witnessed the moment of birth more than a hundred times, I am now finding a deep pleasure watching newly minted mothers have the opportunity to truly see their babies in their full newborn glory moments after they are born. In my experience, it is a near-constant variable that when a baby is delivered directly to the mother's chest, especially when a woman is reclining, everyone in the room will have a clear look at the baby long before the mother sees her child's face and body with any clarity. The mother will get a quick peek at the

baby on its way to her, but once the baby is on her chest—depending on the baby’s and mother’s positions of course—mainly, she will see the top of the baby’s head. Often, her first clear view of her child’s face and body is when the baby is taken away for newborn procedures.

When a baby is delivered directly to the mother’s chest, everything is fine. After all, she has her baby’s warm, just-born body on her—surely one of life’s most unforgettable experiences—and there will be plenty of time to get to know the baby’s face and body in the days to come; plenty of time to absorb the presence of this child and digest this new state of being. Everything is just fine, too, when a baby is taken to the warmer at birth, no matter whether the child was born vaginally or by cesarean. The time for seeing, studying, and claiming the baby may be delayed a bit, but it will be found in the coming hours and days. But, as I have observed mothers like Laura who are discovering their babies in their own time in the moments following birth, suddenly, remarkably, having my babies delivered straight to my chest feels a lot like an intervention to me. If intervention feels like too strong a word, at least, it now seems like an interruption to what I might have done if no one had told me what to do.

There are a million ways to slow it down: Babies are born in so many ways, and we arrive, as mothers, in so many ways. For instance, just this morning, I was at a birth in Manhattan where a baby was born at home in water, making a surprise breech entrance into the birthing pool. The midwife, Tioma Allison, skillfully caught and placed the baby on its mother’s backside (the mother was on all fours), as she massaged the baby into its first coughs and sputters. The mother, Christine, later told me that that period of time felt so good. She said she was so happy to do nothing, just resting her head quietly on the side of the pool, feeling grateful to be done, feeling her baby’s body on her bottom, and listening to her child’s first squeaks and squawks. Really, no matter how a baby is born, there is nothing we have to do, but slow down. Karen Strange says, “In fact, we can’t do it perfect. There is no perfect. All we can do is slow down for the connection” (K. Strange, personal communication, April 14, 2010).

I am not suggesting that a baby doesn’t belong on its mother’s chest at birth. When a pause is experienced, the trip to the chest is simply slowed. It is still the baby’s ultimate destination, the completion of the sequence of birth. This morning, after Christine’s longish pause—it had, after all, been a

very long labor—she of course turned, when ready, to embrace her daughter. I am simply suggesting that just as many of us no longer hurry our babies onto the breast but allow them time to exercise their ability to find the breast, trusting their inborn knowledge and instincts, why not allow ourselves to slow down at the moment of birth itself, trusting our own inborn knowledge and abilities in this moment to find our babies, and ourselves as mothers, on the other side of birth?

As I think about birthing this new child on its way to me, I hope to remind myself of something very simple at the time of birth. No matter how this baby might come to me, resting first below me, appearing almost magically from a pool of water, or after some help with start-up from my midwife, I will tell myself very simply: Exhale and then inhale. Exhale the magnitude of the experience of birth and then inhale the unfolding moments in which I am receiving this child. Life is not one big inhale, one big gulping in of experience. It is the symmetry of exhale and inhale. Just as we breathe this rhythm through our labors, present to one contraction at a time, we can also breathe through our transition to motherhood, finding that moment between states and passing through as slowly as we need. This is what I am learning from mothers like Laura: Exhale and then inhale.

POSTSCRIPT

On November 4, 2010, after submitting this article to *The Journal of Perinatal Education*, I met my third child in what I can only describe as the most ecstatic of ways. After an unexpectedly long first stage and a shockingly speedy second stage, I birthed my baby on my bed in the all-fours position. As my midwife guided my baby down below me, I did indeed exhale with a deep sense of peace at the completion of a labor that had seemed to last an eternity. But the next moments are the images forever seared in my memory. As I saw my daughter below me, as I touched her meaty little arms and legs, took in her red hair, watched her first breaths, felt her cord pulsing with the life force we had shared for so long, and finally—when I felt I had really *seen* her—picked her up, the experience was nothing less than euphoric. After watching other women give birth, I knew that not hurrying a baby onto its mother’s chest leaves the moment open to be what it needs to be. But I had no idea that being upright for this precious first meeting with my daughter below me, with no one hurrying her or me, would feel so powerful. I don’t think I



The author, Mary Esther, and her newborn daughter greet each other.

have ever looked so intently at another human being. I feel that I now understand, in a visceral way, what we mean when we talk about the imprinting that takes place at birth. It was an extraordinary gift to be able to truly see and take in this brand-new person at the moments in which she arrived.


REFERENCES

- Colson, S. D., Meek, J. H., & Hawdon, J. M. (2008). Optimal positions for the release of primitive neonatal reflexes stimulating breastfeeding. *Early Human Development*, 84(7), 441–449.
- Klaus, M. H. (1998). Mother and infant: Early emotional ties. *Pediatrics*, 102(Suppl. 5), 1244–1246. Retrieved from

<http://pediatrics.aappublications.org/cgi/content/full/102/5/SE1/1244>

- Klaus, M. H., Kennell, J. H., Plumb, N., & Zuehike, S. (1970). Human maternal behavior at the first contact with her young. *Pediatrics*, 46(2), 187–192. Retrieved from <http://pediatrics.aappublications.org/cgi/content/abstract/46/2/187>
- Mercer, J. S. (2001). Current best evidence: A review of the literature on umbilical cord clamping. *Journal of Midwifery & Women's Health*, 46(6), 402–414. Retrieved from <http://www.cordclamping.info/publications/LIT%20REVIEW%20ARTICLE-MERCER.pdf>
- Mercer, J. S., & Skovgaard, R. L. (2002). Neonatal transitional physiology: A new paradigm. *The Journal of Perinatal & Neonatal Nursing*, 15(4), 56–75. Retrieved from <http://www.cordclamping.info/publications/Theory%20NNT%2002.pdf>
- Paciornik, M. (1979). *Birth in the squatting position* [DVD]. Sherman Oaks, CA: Academy Communications.
- Righard, L. (1995). *Delivery self-attachment* [DVD]. Los Angeles, CA: Geddes Productions. Available from <http://www.geddesproduction.com/breast-feeding-delivery-selfattachment.php>
- Righard, L., & Alade, M. O. (1990). Effect of delivery room routines on success of first breast-feed. *Lancet*, 336, 1105–1107.
- Smillie, C. M. (2007). *Baby-led breastfeeding* [DVD]. Los Angeles, CA: Geddes Productions. Available from <http://www.geddesproduction.com/breast-feeding-baby-led.php>
- Wiessinger, D. (2004, February–March). The world of latch-on: One leader's journey. *Leaven Magazine*, 40(1), 3–6. Retrieved from <http://www.llli.org/llileaderweb/LV/LVFebMar04p3.html>

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