

Labor Support: the “Cliff Notes” version.

(This is just a reminder of what we covered in class. Call your caregiver if questions arise.)

Possible Signs: Crampy, irritable backache, PMS symptoms, nesting urge, Flu-like Symptoms.

Preliminary Signs: Bloody show, water breaking, pre-labor contractions (irregular; discomfort mostly in the front of the belly; change or stop if you change your activity, eat or drink)

Positive Signs: Progressing contractions (longer, stronger, closer together), cervical dilation.

Early Labor

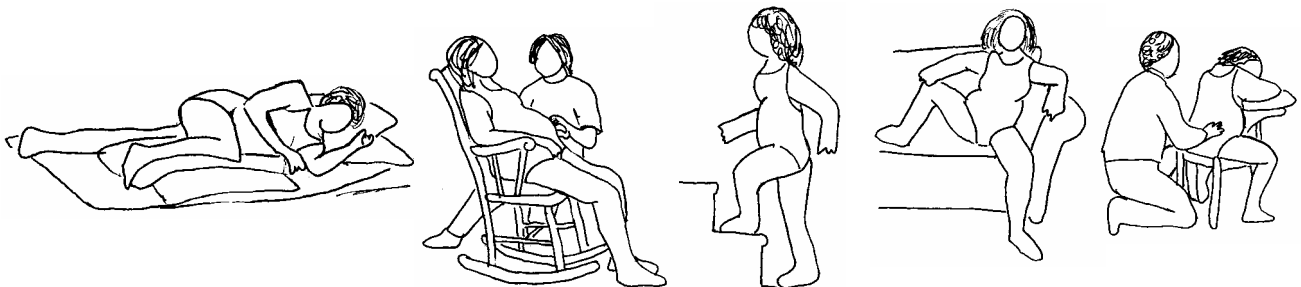
What’s Happening: Cervix effaces from 50-100%, dilates to 4 cm. Contractions 6-30 minutes apart. 30-45 seconds long. Mom may want to focus during contractions, but can walk or talk if desired. Can usually relax between contractions. Early labor can last 2-24 hours or more.

Breathing techniques: No special breathing techniques are needed. However, many moms find it helpful to begin now with breathing patterns which are useful in later labor: Begin and end contractions with a cleansing breath, use deep abdominal breathing through the contraction.

Comfort Techniques: Alternate rest and relaxation with distracting activities. Being active (going for walks, dancing, shopping) can help labor to progress, but it’s very important not to exhaust yourself. Try to be relaxed, and treat this as a vacation day.

If labor is moving *very* slowly, consult with caregiver about the possibility of using natural augmentation methods such as nipple stimulation, orgasm, or acupressure.

What should support people do: Time contractions occasionally (every few hours, or when things seem to change significantly.) Time six contractions in a row, and record: when the contraction began, how long it lasted, and how long it had been since the *start* of the last one. Encourage mom to eat, drink, and go to the bathroom at least once an hour.



Active Labor

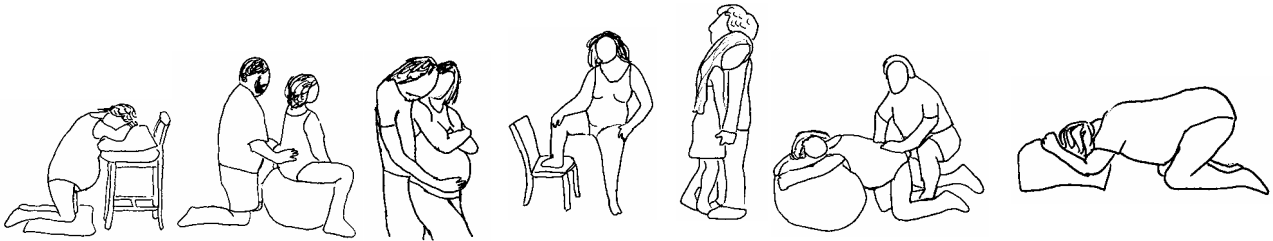
What’s Happening: Cervix completely effaced, dilates from 4-8 cm. Contractions 3-5 minutes apart, lasting 40-70 seconds. Contractions are more intense, mom may not be able to walk and talk during contractions. Mom tends to become focused. May last from 30 minutes to 10 hours.

A suggestion for when to go to hospital: 5-1-1. When contractions are no more than five minutes apart, lasting for at least one minute, with that pattern established for at least one hour.

Breathing Techniques: Deep abdominal breathing for as much of the contraction as is comfortable. Over the peak of the contraction, use hee-hee breathing or hee-hee-blow or slide.

Comfort Techniques for Active Labor: Warm bath. Touch: Massage, Effleurage (light stroking), Counterpressure on Sacrum, Double Hip Squeeze. Hot/Cold: Heating Pads, Ice Packs, or Cool Cloths on her forehead and back of neck. Vocalization: Singing, Moaning. Sensory Distractions: Music, Aromatherapy, Picture to Use as Focal Point. Relaxation Techniques: Touch Relaxation, Visualization, Breathing in Energy and Strength, Breathing out Tension. Encouragement and Support. Try to phrase things as positive suggestions, not criticisms.

What should support people do? Remind mom to drink after each contraction, and go to the bathroom once an hour. Help with Comfort Techniques. Establish Rituals by doing the same thing on each contraction, for as long as that works, then switching to new ritual. Let her rest when she needs to, but remind her that being physically active can help labor progress.



Transition

What's Happening: Cervix dilates to 10 cm. Contractions 2-3 minutes apart, 60-90 seconds long. Intense. Mom may be discouraged, scared, angry. May be trembling, hot/cold, nauseous.

How long will it last? 10 minutes to 2.5 hours. Average is 1-1.5 hours in first time moms.

Breathing Techniques: Hee-hee breathing or hee-hee-blow. Counted hee-hee-blow, where partner tells mom how many hee-hees to do before each blow. Partners breathe with her.

Comfort Techniques: Any of the techniques and positions from active labor. Follow her cues.

What should support people do? Stay very close to mom, establish eye contact. Give short and simple directions, don't ask a lot of questions. Speak calmly, and help to reassure her.

Second Stage: Birth

What's Happening: Cervix has dilated, baby has descended and is ready to be delivered. Contractions may be accompanied by a strong urge to push. (May feel like a need to have a bowel movement.) Mom's vocalizations may change to deep grunts or groans.

How long will it last? Anywhere from a few minutes to three hours. Typically 1-2 hours.

When should mom start pushing? Consult with caregivers before starting to bear down.

Breathing Techniques: With each contraction, take in a deep breath, then tuck chin down to chest, and bear down for five to seven seconds, while exhaling or gently holding breath. Then relax and breathe. Then bear down again. In between contractions, breathe normally and rest.

Comfort: Any of the ideas above. A cool cloth on her forehead or neck is especially popular.

What should partners do: Help support mom in chosen position. Help guide pushing efforts and breathing. Lots of encouragement and reassurance. Reinforce caregivers' suggestions.

