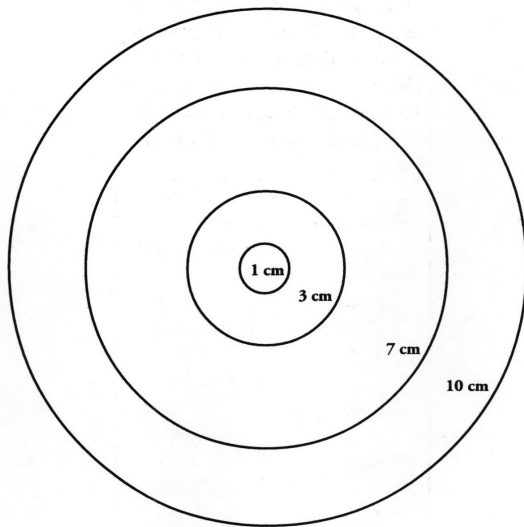
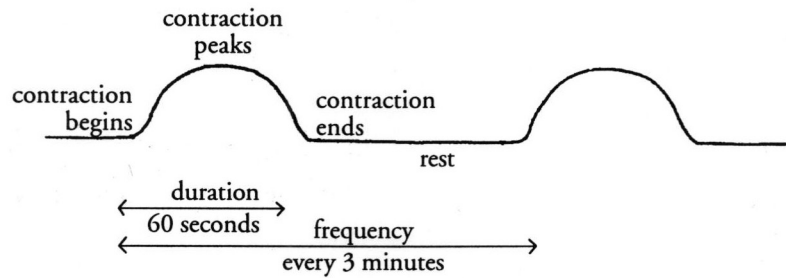


WHAT IS LABOR?

Labor is the process during which uterine contractions thin out (efface) the cervix, open up (dilate) the cervix, your baby moves down the birth canal and you give birth. Contractions of the uterus are often called “labor pains.” With each labor contraction the muscles of the uterus tighten and get harder, and then slowly relax. Contractions last for about 30 to 90 seconds and then the uterus rests for a few minutes. Often pictures drawn of a contraction look like a wave.



It is important to remember each woman is different and deals with pain in her own way. Some women say contractions are uncomfortable but manageable, while others say contractions are very painful. Women who have experienced childbirth have different explanations of the early stages of labor contractions. Some women believe the contractions feel like very strong menstrual cramps, tightness in their back which wraps around to their stomach, gas pains, like the baby is pushing down or all of their pain is felt in their back. During labor your cervix will dilate (open); dilation is estimated during a vaginal exam and is measured in centimeters. When the cervix is 10 centimeters dilated, it is fully open.

Choosing a labor support person is an important decision. A labor partner or labor coach can be anyone that the pregnant woman trusts to help her feel more comfortable. Often labor partners are the baby’s father but they may also be a close friend, mother or sister. One or two calm, supportive people are more comforting to the laboring woman than a room full of people.

Being a labor partner is a hard but immensely rewarding job. To be of the most help to the woman in labor, attendance at classes with her is important. You need to know what she has been taught and how to practice with her. Practicing breathing and relaxation techniques is extremely important in order to be helpful during labor. The techniques of breathing and relaxing should become so familiar to you that during the stress of labor you will be able to help your partner. A labor partner’s job varies because every labor is different.

Things you can do to help include:

- Just being there - your presence is reassuring in a situation that is unfamiliar
- Hold her hand
- Be attentive and help her change positions for comfort
- Offer ice chips, back rubs

You will learn more about effective coping techniques later in this book.

WHAT IS HAPPENING

1. Cervix is effacing
2. Dilation of cervix 0-4cm
3. Contractions:
Intensity - light
Length - 30-60 seconds
Frequency - 5-20 minutes
4. May have bloody show
5. Membranes may rupture
6. Contractions become longer, stronger and closer

ACTIONS

1. Do nothing as long as possible, use distraction then use relaxation during contractions and when that is no longer effective, start using breathing techniques.
2. Try different positions
3. Call doctor as instructed
4. Walk as long as possible
5. Use effleurage

FEELINGS AND BEHAVIOR

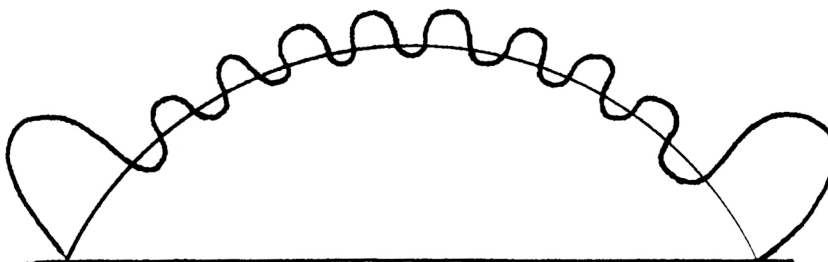
1. Excited, thoughts center on labor, self, body
2. May be talkative or quiet

LABOR PARTNER

1. Time contractions
2. Time their frequency
3. Check for relaxation
-hands open
-jaw relaxed
4. Offer diversion
5. Give support and encouragement

SLOW PACED BREATHING

1. Contraction begins
2. Take relaxation breath
3. Release tension
4. Slow, even breathing
5. Contraction ends
6. Relaxation breath



HELPFUL AIDS

1. Count, in, 2, 3, 4 - on inhalation
out, 2, 3, 4 - on exhalation
2. Visualization - Breathing in a continuous circle, up one side of circle on inhalation, down opposite side on exhalation.
3. Repetition of words - rhythmical phrases
Inhale - Breathe in oxygen
Exhale - Breathe out tension
Inhale - Think "Energy in"
Exhale - "Tension out"
Inhale - "I am safe"
Exhale - "I am sound"
Inhale - "I love my baby"
Exhale - "I want my baby"

WHAT IS HAPPENING

1. Dilation continuing 4-8 cm
2. Contractions:
Intensity - strong
Length - 45-90 seconds
Frequency - 2-5 minutes

ACTIONS

1. Change position frequently
2. Empty bladder every hour
3. Concentrate -
release tension during contractions
4. Anticipate and work with contractions
5. Walk if possible

FEELINGS AND BEHAVIOR

1. Mom less talkative and social
2. Serious - Total attention in work of labor

LABOR PARTNER

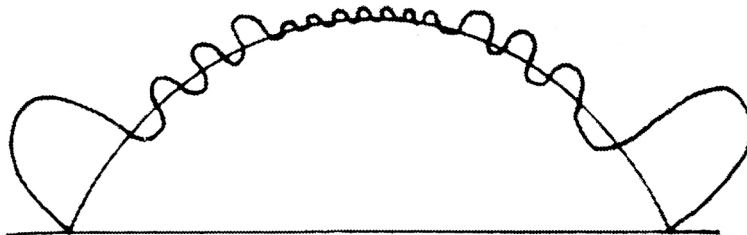
1. Provide direction in relaxation and breathing pattern. Keep slow and even.
2. Protect from interruptions such as T.V. or distracting conversations
3. Comfort measures - establishing a rhythm for movement and breathing, firm stroking of arms, legs, or back
4. Watch for tension
5. Remind to empty bladder every hour
6. May have to breathe with mom at times

MODIFIED PACED BREATHING

1. Contraction begins
2. Take relaxation breath
3. Release tension
4. Start contraction with slow paced breathing (for 15-20 seconds) and then accelerate to shallow more rapid breathing, at the peak of the contraction (for approximately 20-30 seconds). As the contraction eases off breathing down (last 15-20 seconds). At the peak of the contraction breathing should be more shallow and more rapid, but no faster than 30 to 40 breaths per minute.
5. Contraction ends
6. Relaxation breath

HELPFUL AIDS

1. Keep mouth and jaw relaxed
2. In beginning of contraction, count; in 2, 3; out 2, 3 then with the peak count in, out, in, out, until contraction is decreasing, then slow breathing down and count; in 2, 3; out 2, 3, etc.
3. Repetition of words - Inhale Peace Exhale Quiet
Inhale Give Exhale Birth
4. Visualization - imagine a candle a few inches from your mouth and with every breath you cause the flame to flicker.



WHAT IS HAPPENING

1. Dilation of cervix 8-10 cm
2. Contractions:
Intensity - strong and erratic
Length - 60-90 seconds
Frequency - 1-3 minutes
3. These contractions complete dilatation
4. This period is usually the shortest but most difficult part of labor
5. May have a premature urge to push
6. May have nausea, vomiting or trembling
7. Bloody show increases

ACTIONS

1. Relax - Release tension
2. Concentrate on breathing
3. Change position
4. For premature urge to push, blow gently or "AH - WHO"
5. Concentrate on one contraction at a time
6. ACCEPT - Nothing is wrong, you are doing everything correctly. Transition is simply difficult!

FEELINGS AND BEHAVIOR

1. Women in transition are extremely sensitive and frequently irritable
2. Can not problem solve effectively
3. Face flushed and hot, often perspiring
4. Sleepy, may not remember this phase
5. May have a brief moment of panic, usually brief

LABOR PARTNER

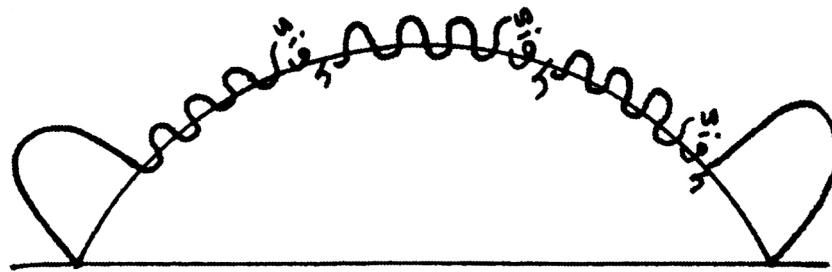
1. Give firm, gentle instructions
2. Offer ice if permitted or wet mouth with cloth
3. Counter-pressure for back pain
4. Help release tension
5. Remind her of her progress.
Stress almost over - soon will see baby
6. Praise efforts - Give verbal encouragement with every contraction
7. Don't argue, woman may be irrational but don't argue
8. Be understanding of irritability - don't leave
9. May need to breath with her

PATTERNED PACED BREATHING

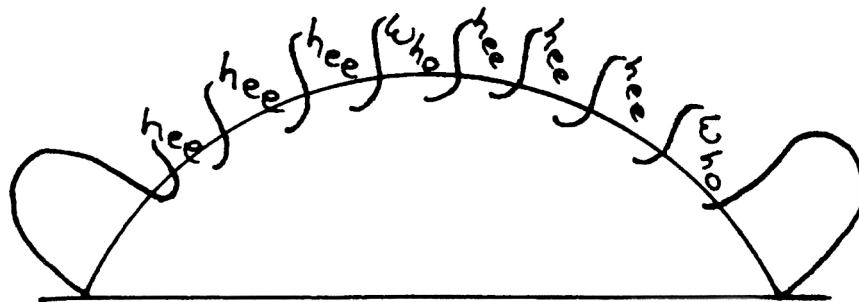
1. Contraction begins
2. Relaxation breath
3. Release tension (especially pelvic floor)
4. This technique is a pattern of shallow breaths in the upper part of your chest, they can be done in two different ways:

Noiseless option - slightly accentuate the exhalation every 3rd or 4th breath.

For example shallow breaths in and out 3 times and on the fourth time inhale and sigh out softly.



Sound distracter option - This helps keep fewer brain cells paying attention to the pain. Make a "hee" sound when you exhale 3 times in a row and on the fourth exhalation breathe out "who". When using a sound distracter make a very soft, whispered sound when you exhale. Only some one very close should be able to hear the exhaled sound. Keep the mouth relaxed.



5. Repeat pattern until contraction ends
6. Relaxation breath

HELPFUL AIDS AND VARIATIONS

1. When using the noiseless option think to self on inhalation "and" on exhalation "one"

Continue	inhale	"and"	exhale	"two"
	inhale	"and"	exhale	"three"
	inhale	"and"	exhale	"sigh"

Continue this pattern of 3 breaths to one sigh until the contraction is over.

2. This breathing can be done in complex patterns/rhythms that require intense concentration. Pyramid building breathing - breaths to sighs or "hees" to "whos" - 1:1, 2:1, 3:1, 4:1, 3:1, 2:1, 1:1, etc. or 1 "hee" : 1 "who", 2 "hees" : 1 "who", 3 "hees" : 1 "who", 4 "hees" : 1 "who", 3 "hees" : 1 "who", 2 "hees" : 1 "who", 1 "hee" : 1 "who", etc. (Go back up pyramid and continue until contraction ends.)
3. Labor partner can signal mom with fingers or verbally the number of breaths to sighs or "hees" to "whos".
4. To prevent you from hyperventilating, do not exaggerate sighs or "whos". Inhale and exhale softly and equally.
5. Keep breathing slow and quiet so you don't get dizzy.

PREMATURE URGE TO PUSH

Pushing before the cervix is completely dilated may cause swelling or laceration of the cervix.

1. When instructed not to push, let breath out, release all muscles, allow head and shoulders to fall back, inhale and blow out gently. Use quick short breaths. **NO** long hard blows.
2. Blow out small bursts of air, try making an "F" sound. Take in a quick breath each time before you blow out. Keep pattern light and as slow as possible.
3. May use verbalization, inhale "AH".....exhale "WHO" continue "AH-WHO, AH-WHO, AH-WHO," until urge to push is gone.
4. Using a short sequence of patterned paced breathing will help control the urge to push. For example, try one breath to one sigh or blow. Use quick short breaths and short gentle sighs or blows. For example, inhale, exhale, inhale, sigh, inhale, exhale, inhale, sigh, etc.
5. When the urge to push is gone return to the breathing pattern you were using before.

WHAT IS HAPPENING

1. Cervix is completely dilated
2. Doctor or nurse OK pushing
3. Contractions:
 - Intensity - strong
 - Length -approximately 60 - 90 seconds
 - Frequency - 1-3 minutes
4. Bloody show increases
5. Perineal muscles stretch and thin

ACTIONS

1. You will begin to actively bear down with abdominal muscles, along with uterine contractions, to push baby down birth canal.
2. Relax pelvic floor (Kegels down in basement)
3. Only push with contractions. If you do not feel the urge to push don't, this is a waste of energy
4. Avoid fatigue....Relax completely between contractions.

FEELINGS AND BEHAVIOR

1. The urge to push is an instinctive reaction to the pressure of the baby on the pelvic floor. This pressure causes an irresistible need to bear down or push.
2. Transition symptoms leave, head is clearer
3. For some, it is a relief to push
4. You will feel your perineum bulging as you push

LABOR PARTNER

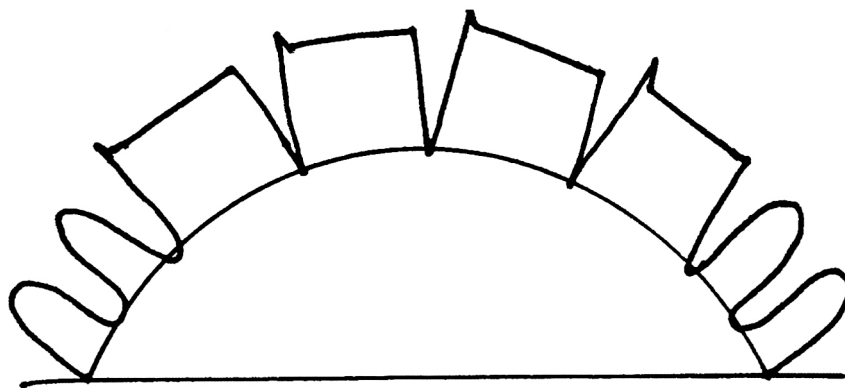
1. Assist mom in getting into pushing position
2. Remind her of breathing pattern
3. Between contractions use cool cloth, fan, massage
4. Support head and shoulders while pushing
5. GIVE CONSTANT ENCOURAGEMENT

LABORING DOWN

Laboring down means waiting to push even after you are fully dilated to "10" centimeters. Instead of forcefully and actively pushing with each contraction immediately after reaching 10 cm, laboring down allows your body to naturally bring baby further down and rotate while you follow only natural, gentle urges to push (or not push at all). This process can last for up to an hour or occasionally longer. Pushing is hard work! It can be helpful to allow yourself a span of time to let your body do the work naturally before exerting the energy it takes to push out your baby.

PUSHING TECHNIQUE

1. To practice, sit on floor propped up against wall or couch at a 45 degree angle, pillow behind back
2. Relax thighs, slightly apart with feet on floor, relax perineum
3. Position hands behind knees, elbows pointing out, round shoulders forward in "C" position with chin toward chest
4. Rock pelvis forward by pushing lower back into pillow
5. Take two slow relaxation breaths, release the top half of your body as you exhale the first time and release the lower half of your body as you exhale the second time
6. Take a third deep breath in, let a small puff out and hold your breath. Let mouth drop open, eyes open, jaw relaxed!!!
7. For practice do not push. When in labor, while holding breath, use upper abdominal muscles to bear down.
8. Hold breath and bear down as long as you can, exhale while you continue to bear down; inhale and repeat.
9. Continue breathing and pushing in this manner until the urge to push is gone.
10. Take two relaxation breaths and rest.



HELPFUL AIDS

1. When pushing think **down, out and away**
2. Think: Baby Out
3. While you push, the upper abdominal muscles are contracting but the lower ones are not. To see if you are pushing correctly, place your hand over your abdominal muscles just above the pubic bone. If your hand moves up, away from the bone when you bear down, you are doing it correctly. If your hand moves in, you are contracting the lower abdominal muscles, and pushing less effectively.
4. Relax completely between contractions.

PHYSIOLOGIC OR EXHALATION PUSHING

1. Start in the same position for pushing as described above
2. Take two relaxation breaths
3. Take a breath in, let it out very slowly, at the same time push with your upper abdominal muscles, slowly in a controlled manner.
4. Inhale and repeat. Push on exhalation.
5. Repeat until you no longer feel the urge to push.
6. This is difficult to do in labor because you want to exhale at a faster pace.

PUSHING POSITIONS



HYPERVENTILATION occurs when the balance between oxygen and carbon dioxide in your blood is upset. Hyperventilation can cause a feeling of being light-headed or dizzy, or a tingling sensation around your mouth, fingers or feet. It may be caused by breathing too deeply, too fast, or unevenly. Practicing the breathing and relaxation techniques prior to labor makes it unlikely that you will hyperventilate. If hyperventilation does occur, it can be easily corrected with the following:

- Rebreath your own air by breathing into cupped hands, a paper bag or a surgical mask.
- Hold your breath after a contraction until you feel the need to take a breath. Do not hold breath during a contraction.
- Set a slower breathing rate. Your partner can help slow the rhythm by using hand signals or breathing with you.
- Make sure "In breath = Out breath."

HER LIPS AND MOUTH ARE DRY

- Try ice chips
- Plain unscented, unflavored chapstick
- Popsicles

LABORING WOMAN IS HAVING TROUBLE FOCUSING ON BREATHING OR RELAXATION.

- Change her focal point
- Breathe with her
- Suggest walking or changing position
- Ask extra people to leave the room
- Try a different breathing or relaxation technique
- Reassure and praise her

LOWER ABDOMINAL PAIN

- Remind her to urinate frequently
- Change position
- Use effleurage on abdomen, thighs or back

SHE IS TENSE IN EARLY LABOR

- Distract her with walk, cards, TV, music
- Try hot shower
- Rub her back
- Brush her hair

SHE HAS CLENCHED FISTS

- Place your hand over hers
- Have her shake her hands
- Massage her arms and fingers

SHE IS HOT/FLUSHED FACE

- Apply cold cloths to face or neck
- Offer ice chips or cold cloth
- Use a paper fan
- Lower temperature on room thermostat

BACK PAIN

- Change her position - get the pressure of the baby off her spine. Try all fours, leaning forward or side lying
- Try pelvic tilt on all fours
- Apply heat or cold
- Apply counterpressure - use partners hand, rolling pin, soda can.
- Use the "junior high dance position"

PELVIC PRESSURE OR RECTAL PRESSURE

- Let the nurse know so she can check her cervix if needed.
- Encourage her to release her bottom into the bed or chair, like Kegels down in the basement.

NAUSEA

- Take slow deep breaths
- Lie on left side or try sitting up
- Apply cool cloth to face or neck

SHAKES OR CHILLS

- Put on socks
- Try warm blankets
- Contract then release all muscles
- Try touch relaxation
- Gently flex her legs at the knees
- Hold her closely
- Massage shaking extremities

CONTRACTIONS STOP

- Walk!
- Change positions
- Try touch relaxation
- Use the break to rest
- Try a hot shower

LEG CRAMPS

- Have partner place heel of affected leg in palm of his hand and use arm to gently push ball of foot toward mom's head
- Do foot twirls
- Apply warm blankets or compresses

THE LABORING WOMAN PANICS

Watch for signs of panic and try to help ahead of time when possible.

IF SHE IS RESTLESS OR MOVING IN AN AGITATED MANNER, TRY THE FOLLOWING:

- Stroke tension away with both touch and verbal signals. "Release where I touch you," "Release to my hands".
- Talk it away, "Uncurl your toes," "I'll hold your hand," "Take a relaxation breath,"
- Have her "sigh" deeply
- Use key phrases from your "special place" to encourage relaxation

IF HER BREATHING IS LOUD AND IRREGULAR:

- Breathe with her. Start at her pace and slow her down if needed.

LOSS OF A FOCAL POINT - EYES DARTING ABOUT OR HEAD MOVING SIDE TO SIDE.

- Keep your face close. "Look at me"

VERBALLY GIVING UP

- This is a request for help. Acknowledge her pain. Reassure her, praise her, take charge. Use as much of **The Take Charge Routine** as needed.

THE TAKE CHARGE ROUTINE

This is good anytime she hits an emotional low, is in despair, cries out, wants to give up and feels she can't go on, is very tense and cannot relax or is in a great deal of pain. The Take Charge Routine is exactly that. You do all you can until she regains her inner strength.

- Remain calm. Your touch should be firm and confident. Your voice should remain calm and encouraging.
- Stay close by her side with your face near hers
- Make eye-to-eye contact. Tell her to open her eyes and look at you. Say it firmly but kindly.
- Encourage her every breath. Guide her in the patterned breathing: "Breathe with me.....BREATHE WITH ME.....That's the way.....Just like that.....Good....Stay with itJust like that....LOOK AT ME.....Stay with me....Good for you...It's going away.....Good...Good...Now just rest. That was so good." You can whisper these words or say them in a calm and confident tone.
- Talk to her between contractions. Ask her if what you are doing is helping. Make suggestions, for example: "With the next one, let me help you more. I want you to look at me the moment it starts. We will breathe together so it won't get ahead of us. OK? Good you are doing so well. It won't be long now before the baby is here." Words of support and encouragement from you can make all the difference in the world.
- Repeat yourself. She may not be able to continue what you tell her for more than a few seconds. That's OK, say the same things again to help her.
- What if she says she can't or won't go on? Don't give up on her. This is a difficult time for her. You cannot help her if you decide she cannot handle it. Acknowledge to her this is difficult but not impossible. Ask for help and reassurance from your labor nurse or doctor. They can check dilation, give you advice, do some of the coaching, try something new, and reassure you that your partner is OK and that this is normal.
- Remind her of the baby. It may seem surprising, but laboring women are so caught up in labor that they do not think much about their baby. It may help for her to remember why she is going through all this.
- What about pain medication? Do you call for them or not? It depends on:
 1. *Her prior wishes.*
 2. *How rapidly she is progressing and how far she still has to go.*
 3. *How well she responds to your more active help.*
 4. *Is she asking for pain medication?*
 5. *Talk things over with her labor nurse or doctor.*

Adapted from Trudy Keller 1994 ICEA Convention and The Birth Partner: Everything You Need to Know to Help a Woman Through Childbirth, by Penny Simpin, PT, Harvard Common Press, 1989.

TRUE VERSUS FALSE LABOR

If you are having contractions that are becoming stronger, lasting longer and getting closer together, you may be in labor. Lay down and drink some fluids. If your contractions continue, call your doctor or come to the hospital.

These are some differences between true and false labor:

TRUE LABOR

- Contractions gradually become stronger, last longer and get closer together
- Changing your activity will not make them go away
- Lying down does not make them go away
- Walking tends to make them stronger
- Cervix thins and opens

FALSE LABOR

- Contractions are usually irregular and brief, they do not get stronger or last longer
- Changing your activity may make them gradually fade away
- Lying down may make them go away
- Cervix does not change

Time contractions from the beginning of one contraction to the beginning of the next one. This is how far apart or frequent the contractions are. This is an example of how to time contractions.

Time Contraction Began	Time Between Contractions
3:00	10 minutes
3:10	8 minutes
3:18	10 minutes
3:28	12 minutes
3:40	

WHEN DO I GO TO THE HOSPITAL?

- Regular contractions that are getting stronger, longer, and closer together
- Bleeding from the vagina
- Leaking or gush of fluid (note the time and color of the fluid)
- Decrease in movement of your baby
- Contractions before 37 weeks