

## ***Comfort Techniques for Active Labour***

Warm bath.

***Touch*** Massage, Effleurage (light stroking on belly),

Counterpressure for back pain, Double Hip Squeeze.

***Hot/Cold*** Heating Pads on back or belly,

Ice Packs, cool cloths on her forehead and back of neck.

***Making noise*** Singing, Moaning.

***Sensory Distraction*** Music, Aromatherapy, Pictures

***Relaxation Techniques:*** Touch Relaxation, Visualization,  
Breathing

### ***What should support people do?***

Remind mum 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.

### **BE WARNED**

**Encourage her** to rest sometimes, but remind her that being active can help labour to progress.

**Phrase things as positive suggestions, not criticisms.**

## **Transition.**

Cervix dilates to 10 cm.

Contractions 2-3 minutes apart, 60-90 seconds long.

Intense. May be discouraged, scared, overwhelmed.

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. **BUT COULD BE QUICKER**

### ***Breathing Techniques***

Partners breathe with her.

### ***Comfort Techniques***

Any of the techniques and positions from active labour.

Follow her cues. ***What should support people do?***

Stay very close to mum, establish eye contact.

Give short & simple directions, don't ask a lot of questions.

Speak calmly.

This is the most intense part of labour for many mums, and mum needs lots of support and reassurance!

## **Pushing**

### ***What's Happening:***

Cervix dilated

Baby descended

Baby ready to be delivered

Contractions 3-5 minutes apart

Contractions last 45-90 seconds

Contractions may be accompanied by a strong urge to push.  
(May feel like you need a bowel movement)

Mum'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 mum start pushing?***

Check with midwife before starting to bear down.

**However,** natural expulsive contractions will take over your body.

### ***Breathing Techniques and Bearing Down***

Caregivers may guide you.

**But** generally: With each contraction, take in a deep breath, tuck your chin down, then bear down for five to seven seconds, while exhaling or gently holding breath. Then relax briefly, take in a quick breath. Then bear down again. Bear down three or four times during each contraction. In between contractions, take nice deep breaths & rest.

### ***What happens if I want to push and caregivers say not to?***

Tilt head back to look at ceiling.

Pant, or pretend to blow an imaginary candle out over and over again.

### ***Comfort***

Any of the comfort techniques from early and active labor.

A cold cloth on her forehead or neck is especially popular.

### ***What should partners do***

Help support mum in chosen position.

Help guide pushing efforts & breathing.

Lots of encouragement and reassurance

Reinforce caregivers suggestions.

# LABOUR - WHAT IS IT?



# Ripple Effect Yoga

## Signs that Labor May Begin Soon / Has Begun.

### *Possible Signs.*

These symptoms do not necessarily mean that labour is going to start right away. It may be days or weeks before labour begins.

**Backache.** Not the type of backache you have in late pregnancy that changes when you shift position, but an on-going dull ache that makes you restless and irritable.

**Cramps** Cramping in your belly that is mild to moderate in discomfort.

**PMS symptoms:** crabby, irritable.

**Nesting Urge** A sudden irresistible urge to clean, or do projects to prepare for baby.

**Frequent, soft bowel movements,** or diarrhoea.

**Flu-like symptoms**

### *Preliminary Signs that labour may be about to begin.*

**Bloody show** Pink mucus plug or just thin, mucous discharge on toilet paper. If there is more blood than mucus, call caregiver. (Note, it's common to have a brownish discharge within 24 hours of a vaginal exam, or intercourse.)

**Water breaks.**

Trickle or a gush.

Pay attention to what time it breaks, write down its colour, odour, etc.

**Braxton-Hicks Contractions.**

Also called pre labour or false labour contractions.

They don't dilate the cervix, but they help cervix soften, thin, and move to anterior position.

**Pre-labour contractions** don't progress; they may be irregular, or may stay same length, strength, and frequency. May last for a short time, or for several hours. Some women even start to develop a pattern: with contractions every 6-7 minutes for 2-3 hours, which then stop again.

Discomfort is mostly felt in the front of the abdomen, as muscles tighten up. May feel like your belly is a basketball.

Contractions may stop if you walk, change position or change activity, eat, drink, or empty bladder.

### *Positive Signs of Labour.*

*Labour has begun.*

**Gush** of amniotic fluid from vagina.

**Progressing contractions:** Get longer, stronger, and/or closer together with time.

These are usually described as very strong or painful, felt in the abdomen, back, or both. May start in the back, and radiate around to front. Usually increase if you walk.

**Dilation of cervix** seen in vaginal exam.

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### Early Labour.

Cervix thins out (effaces) from 50-100%, dilates to 4 cm.

Contractions are 5-30 minutes apart, lasting 15 to 45 seconds, or longer.

Mum may want to focus during contractions, but *can* walk or talk if necessary.

Can relax and chat between contractions.

Early labor *can* last 2-24 hours or more.

### *Breathing techniques*

Don't do any special breathing until you need to! When you feel like the contractions are starting to challenge you, begin basic breathing. Begin and end contractions with a deep cleansing breath, use deep abdominal breathing through the contraction.

### *Comfort Techniques*

If it's night-time, try to rest! (A warm bath might help you feel sleepy. If it's daytime: be active for part of the time (go for walks, dance, go shopping, work on a hobby you never have time for), but remember to rest too, so you don't exhaust yourself.

### *What should support people do.*

Encourage mum to alternate rest, distracting activities, and labour-enhancing activities.

Encourage mum to eat, drink, and go to the bathroom at least once an hour. Focus on easily digested carbohydrates, like bananas, nonfat yogurt, cooked cereal, eggs, crackers, toast, noodles or rice.

Avoid fatty foods and acidic foods.

Drink as much as possible; mostly water and unsweetened tea, since sweet drinks can cause nausea.

Every few hours, or when labor seems to have changed: Time 5 contractions in a row, record when each began, How long it lasted, and how long since the *start* of the last one.

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### Active Labour.

Cervix fully effaced, dilates from 4-8 cm. Contractions 3-5 minutes apart, 40-70 seconds long, more painful. Active labour may last 30 minutes to 10 hours.

### *Change in Mum's mood.*

During contractions, mum is not able to walk or talk, and is focused on contraction. In between, mum wants to focus on labour and does not want distraction.

### *When to go to the hospital or call midwife if planning a homebirth.*

Contractions **no more than 4 minutes apart, lasting 1 minute**, with that pattern **established for at least 1 hour**, *and* mum's mood has changed.

**Breathing Techniques** Deep abdominal breathing for as much of the contraction as is comfortable.