



HUTTmaternity
Hutt Valley Maternity Care

Coping skills for labour

Information for women

Acknowledgements to Auckland Home Birth Association

What is happening	Helping yourself	Support persons
<p data-bbox="114 161 577 215">Last weeks of pregnancy</p> <ul data-bbox="174 272 741 1038" style="list-style-type: none"> • Lightening – baby’s head drops more deeply into your pelvis – usually 2-4 weeks before birth of first baby, later for subsequent babies. • Breasts may leak colostrum • Uterus may become more irritable practice contractions (Braxton-Hicks) occur both spontaneously and in response to stimuli, e.g., Changes in your body position, walking, exercise, sneezing, bumping of abdomen. You may experience a number of these contractions consecutively. • You may lose a little weight. 	<ul data-bbox="817 272 1435 1110" style="list-style-type: none"> • Conserve energy – try to have a daytime rest or sleep • Complete practical preparations for the birth • Make sure your other children are well prepared • Organise support people – know their availability and how to contact them • Practise relaxing during Braxton-Hicks contractions • Protect mattress in case your ‘waters’ leak before labour begins. (A woollen blanket under the sheet is comfortable) • Have contact numbers for your midwife, doctor and support person(s) displayed by the phone 	<ul data-bbox="1512 272 2107 871" style="list-style-type: none"> • Arrange leave from your job • Make sure you can be easily contacted when away from home • Help around the house with household routines and child care • Know what things will be needed during and immediately after labour and where they are stored • Rest – labour is physically and emotionally strenuous for the birth partner – especially in the first labour

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<p data-bbox="125 188 548 225">Last days of pregnancy</p> <ul data-bbox="174 293 743 975" style="list-style-type: none"> <li data-bbox="174 293 633 368">• You may experience low backache <li data-bbox="174 389 703 596">• Most women experience ‘nesting’ urges – the need to organise or re-organise the home or ‘spring clean’. Don’t overdo it! <li data-bbox="174 617 730 740">• You may feel restless, irritable and unable to feel comfortable in any position <li data-bbox="174 761 696 884">• Frequent soft bowel movements or diarrhoea are common <li data-bbox="174 904 743 975">• Show – the mucus plug sealing your cervix may come away 	<ul data-bbox="815 293 1424 596" style="list-style-type: none"> <li data-bbox="815 293 1424 459">• Rest as much as possible but make sure you are getting some gentle daily exercise e.g. walking, swimming, etc. <li data-bbox="815 480 1424 596">• If your ‘show’ is heavily stained with fresh red blood contact your midwife immediately 	<ul data-bbox="1512 293 2092 512" style="list-style-type: none"> <li data-bbox="1512 293 2092 368">• Encourage the birthing mum to rest <li data-bbox="1512 389 2092 512">• Offer massage to help her relax and settle into comfortable sleeping positions

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<p>Onset of Labour</p> <p>You may notice one of more of the following:</p> <ul style="list-style-type: none"> • Regularly occurring contractions which become stronger and closer together as time goes by. • ‘Show’ – vaginal discharge of mucus plug from cervix • Leaking of waters or full rupture of membranes – sudden gush of amniotic fluid from your vagina 	<ul style="list-style-type: none"> • Labour usually has gradual onset – contractions are mild and approx. 15 -20 minutes apart. If night, try to rest or sleep in between early contractions. If day, take it easy – rest in upright or semi-upright positions. Slowly complete final preparations for birth, Take a relaxed walk. • Note the time of onset regular contractions • If your ‘waters’ leak or rupture, note time, colour and approx. quantity if possible. If your waters are discoloured (brownish/greenish) contact your midwife immediately. • Contact your midwife according to the arrangements made with her • Eat if you feel like it and keep your fluid intake up 	<ul style="list-style-type: none"> • If night time and the birthing mum is able to continue resting between contractions, you should rest too. • Check that preparations are complete • Note time of, duration of contractions. • Contact other support person(s) and let them know that they are likely to be needed in a few hours’ time

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<p>Early first stage</p> <ul style="list-style-type: none"> • Your cervix is thinning and beginning to dilate • This ‘latent’ period of labour is often the longest. Contractions are intense enough to require concentration but not so close together that they become all-absorbing • Some women find that contractions during this time are uncoordinated – sometimes strong, sometimes mild, sometimes non-existent 	<ul style="list-style-type: none"> • If daytime, share excitement with your other children and go over arrangements with them • Bath or shower as desired • Go for a leisurely walk • Play games, do crosswords, etc. to help pass the time • Focus on relaxing both physically and mentally during contractions • Keep moving about normally 	<ul style="list-style-type: none"> • Relieve the birthing mum of meal preparation and attending to other children’s needs • Share excitement of baby’s approaching birth • Suggest gentle diversions, e.g. games, walking music etc. if these seem appropriate • Make sure you have something to eat – your energy will be needed as labour progresses. • Check that cushions, drinks, hot water bottle, ice, towels, etc. are handy.

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<p>Active labour</p> <ul style="list-style-type: none"> • Contractions become more intense, or longer duration and closer together • Dilation of cervix continues • Show – if mucus plug has not come away, it may do so at this time • Rupture of membranes may occur at this time 	<ul style="list-style-type: none"> • Contractions require your full concentration. Try to go with them rather than keeping them under your control. • Breathe through your contractions trying to keep your breathing regular • Bath or shower may provide some relief • Try changes in position • Continue to drink and empty your bladder regularly • Pelvic rocking, sitting on the toilet, hot or cold packs, massage may provide some relief • Don't forget to ask your support person(s) for what you need • You may want to move to a quieter room 	<ul style="list-style-type: none"> • Total attention/energy needs to be given to the birthing mum during contractions – don't walk or move about noisily • Suggest changes in position if appropriate and make sure she is comfortably supported by pillows, etc. • Offer massage, hot/cold packs • Offer fluids and remind her to empty her bladder • Encourage her to breathe through the contractions. Breathe with her if she seems to be having difficulty • Arrange for support person to take care of other children • If you are physically supporting the labouring woman make sure your body is well-aligned and supported

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<p data-bbox="114 188 398 225">Late first stage</p> <ul data-bbox="174 293 728 520" style="list-style-type: none"> • Dilation almost complete • Contractions may seem relentless • Membranes may rupture if still intact 	<ul data-bbox="817 240 1435 1161" style="list-style-type: none"> • You may need to consciously alter your breathing pattern to help you through the contractions. It may help to make your breathing more rapid and shallower as contractions peak. • Try to go with the power of the contractions rather than resisting them • Visualise your cervix opening to allow your baby through • Be vocal/noisy if you feel like it • Focus on the contractions you are having rather than worrying about how many more are to come • Changes of position, baths, showers hot/cold packs massage, etc. may provide some relief • Continue to sip fluids and empty your bladder 	<ul data-bbox="1512 240 2107 1267" style="list-style-type: none"> • Continue to assist with breathing through contractions • Massage, hot/cold packs, etc. on lower abdomen, back or legs may help. • Wipe her face, back of neck, etc. with cool flannel • Offer her drink, ice chips to suck etc. • May need a fan on or windows opened for fresh air • Offer lots of encouragement and reassurance • Acknowledge the intensity of her labour • Remind her to focus on the contraction she's having rather than worrying or panicking about what may be coming • Allow a quiet, positive, resting atmosphere between contractions

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<p>Transition from first to second stage of labour</p> <ul style="list-style-type: none"> • Contractions may be longer, stronger and closer together; sometimes double peaked • You may feel tired, irritable, restless, weepy, unable to 'control' your labour, panicky • You may experience shivering, leg cramps, nausea or vomiting • You may feel too hot and then too cold 	<ul style="list-style-type: none"> • Be aware that feelings of pain, confusion, despair, anger, exhaustion and loss of control are normal at this time and indicate that dilation is almost complete • Don't try to stay 'in control' of your labour; allow it to get bigger than you. Try to relax and go with the sensations you're feeling • Keep breathing during the contractions. Shallow, rapid breathing may be appropriate at this time • Changing position between contractions sometimes brings relief. Or you may feel completely unable to move from the position you're in • Be vocal if you feel like it. Give voice to how you are feeling so that your midwife and support person(s) can provide appropriate assistance and reassurance 	<ul style="list-style-type: none"> • Give her lots of reassurance and encouragement • Acknowledge that this is probably the most difficult part of her labour. It signals the end of the first stage and soon she'll be able to push her baby out • Stay with the birthing mum continuously • Don't be discouraged if you never seem to be providing the desired assistance, her needs and moods may change rapidly and dramatically at this time • She may need you to breathe with her during contractions • Continue with massage, cool flannel applications, etc. if desired • Offer her drinks, ice chips, etc. • Make sure she looks comfortable. Rearrange pillows etc. so that her body can be relaxed as possible

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<p>Second stage of labour</p> <ul style="list-style-type: none"> • Baby is gradually pushed out of your uterus and through your vagina by the power of the contractions • The desire to push may be strong and compulsive or may build gradually • There is sometimes a lull in contractions between first and second stage labour • You may feel a stinging or burning sensation as your baby's head moves through your vagina • After your baby's head is born there may be a pause before the next contraction that will deliver your baby's body 	<ul style="list-style-type: none"> • Don't rush to push your baby out. Bear down only when you feel the urge. This will enable your perineum to stretch gradually, decreasing the possibility of damage; it will also be less tiring. (If there is any need for your baby to be born quickly your midwife will direct your pushing efforts) • Consciously relax your pelvic floor, visualising your body opening to let your baby out • Keep your mouth and jaw relaxed; it helps to relax your pelvic floor • Keep breathing while you push. Exhale/breathe your baby out. • Changes in position are still possible between contractions. Your midwife may suggest more effective positions • As the end of second stage approaches your midwife may advise you when to push or when to slow things down by panting or blowing • Vocalising during contractions can be particularly helpful during this stage 	<ul style="list-style-type: none"> • Encourage her with progress reports, remembering that second stage usually takes a few hours with a first baby • Massage and face sponging may still be appreciated • Assist/support her to remain comfortable in the position(s) she adopts • Remind her to relax her pelvic floor and keep breathing through the contractions • Push or pant/blow with her if this seems to help • Hot, moist towels held against her perineum may help ease the stretching sensations • A mirror held between her legs can enable her to see how she is progressing and encourage her to keep going even if she feels exhausted

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<p data-bbox="114 188 492 223">The moment of birth</p> <ul data-bbox="174 295 739 933" style="list-style-type: none"> • Your baby is usually given to you immediately s/he is born • As your baby needs to be kept warm, the midwife will place a towel over both of you • You baby may cry a lot or a little bit • Your baby may suckle very soon after being born or prefer to wait 15-20 minutes • Make sure your midwife knows your wishes regarding cord clamping and cutting prior to this time 	<ul data-bbox="817 239 1444 1300" style="list-style-type: none"> • If you still have a top on lift it up or take it off so that your baby can be placed against your skin • You may experience symptoms of shock at the moment of birth e.g. uncontrollable shaking or shivering and detachment – as if you are observing rather than participating, inability to comprehend that your baby is actually born and that your can hold her. These feelings usually pass quickly. • This is a time of great wonderment and joy for parents, their children and anyone else who has been privileged to share the moment of birth you may feel elated, excited, emotional and tearful • Family members can talk quietly, stroke or touch the baby. Allow the baby to gently familiarise herself with the sounds of your voices, the sight of your faces and the smell of your bodies 	<ul data-bbox="1512 239 2116 606" style="list-style-type: none"> • Extra heating may be necessary now to keep the baby warm • Lights may need to be dimmed or curtains drawn to enable your baby to open their eyes • Your partner may need extra warmth if she is exhibiting symptoms of shock

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<p data-bbox="125 185 629 268">Third stage – delivery of the placenta</p> <ul data-bbox="174 336 741 1031" style="list-style-type: none"> <li data-bbox="174 336 741 675">• After your baby is born there will be a brief lull in contractions. When they resume, they are usually less intense, sometimes imperceptible, but will cause the placenta to separate from your uterine wall <li data-bbox="174 692 741 1031">• The placenta is usually delivered within 20-30 minutes of your baby's birth. There is no need to hurry this stage unless you are haemorrhaging. Any stitching for tears, etc. will be done after the delivery of the placenta 	<ul data-bbox="815 344 1442 692" style="list-style-type: none"> <li data-bbox="815 344 1442 469">• You may be asked to move into a more gravity-enhancing position to push the placenta out <li data-bbox="815 486 1442 692">• If your baby hasn't already attempted to suckle, it may be appropriate after the delivery of the placenta to encourage them to try 	<ul data-bbox="1512 344 2107 647" style="list-style-type: none"> <li data-bbox="1512 344 2107 469">• You may need to hold the baby while the mother changes position to push out the placenta <li data-bbox="1512 486 2107 647">• Make sure the woman's body is well supported and comfortable before she breastfeeds her baby for the first time