

# COMFORT IN LABOR

Supporting Labor and Vaginal Birth



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Part of **Good Samaritan Health** system

# Supporting Vaginal Birth

## Supporting Vaginal Birth:

- With your birth plan or birth preferences as a guide, our Labor and Delivery Teams will help make your baby's birth experience the one you want
- We will work closely with you to support your choices
- We strive for a vaginal delivery and only recommend a cesarean section if your health or the health of your baby is at risk

## There Are Benefits to Staying Home During Labor for as Long as Possible:

- Flexibility to move, drink and eat freely
- Reduces the risk of medical intervention
- Helps increase the labor hormone, oxytocin – which allows the cervix to thin and open

## Pain Versus Suffering in Labor

- We don't want you to suffer in labor
- The pain of labor is part of a normal process and it is nothing to fear
- There are other examples of pain we face in life, for example the pain associated with physical exertion and we accept those, and this is the same sort of thing
- So pain doesn't have to rule the labor and overwhelm you

## Let's differentiate between pain and suffering:

- Pain is a physical sensation; it's unpleasant and sometimes associated with damage, but it can also be associated with physical exertion or muscular exertion as we exercise
- Suffering is a sense of being overwhelmed, of being helpless, of being out of control
- You can have suffering without any pain just as you can have pain without suffering

## How We Can Support and Help You to Have a Satisfying Labor and Vaginal Birth:

- We offer a safe, family-friendly birth setting
- Equipped with a collection of labor support measures to optimize your labor progress
- Help you cope with labor pain, keep it manageable, and not let it spill over into suffering
- We will show you and your support team how and when to use these during labor
- Many women manage their labor very well using comfort measures and support alone
- Others may also want pain medication or an epidural
- By treating you with respect and patience, your stress and inhibitions decrease, and you can more easily find your best coping mechanisms
- Such support has been shown to decrease the chance of a cesarean, the need for pain medication, and feelings of dissatisfaction about your birth experience

## Comfort Measures to Enhance Movement and Pain Relief During Labor include:

- Space to walk/shower/bathe
- Rocking chair
- Labor ball
- Squat bar
- Comfortable bed
- Breathing and relaxation techniques
- Massage/Music/Aromatherapy
- Hot and cold packs
- Encouragement and support to try a variety of positions
- Access to appropriate medical care if problems arise

## Why is a Vaginal Birth preferred?

- Labor and vaginal birth are natural processes
- Vaginal birth is generally easier on a woman's body than a cesarean birth
- Safer for mother and baby



### Benefits of vaginal birth include:

- Greater satisfaction with the birth experience
- Shorter hospital stays
- Lower infection rates
- Quicker, less painful recovery
- Uninterrupted bonding time. You spend more time with your baby
- Lower risk of baby having respiratory problems

### When medically necessary, cesarean delivery can save lives.

### When conducted as an elective procedure however, the risks outweigh the benefits.

### Cesarean birth involves risks for Mother and Baby:

- **Infection** – infection can occur at the incision site, in the uterus and in the bladder
- **Increased bleeding or hemorrhage** – there is more blood loss in a cesarean delivery. This can lead to anemia or require a blood transfusion
- **Injury to organs** – possible injury to the bowel or bladder
- **Adhesions** – scar tissue may form inside the pelvic region causing blockage and pain
- **Extended hospital stay**
- **Longer, more painful recovery time**
- **Reactions to medications/anesthesia**
- **Increased risk of serious complications during further pregnancies** – placental problems, uterine rupture, hemorrhage and emergency hysterectomy
- **Emotional reactions** – some women report feeling negatively about their birth experience
- **Respiratory problems** – babies born by cesarean have a higher risk of respiratory problems

### American College of Obstetricians and Gynecologists recommends that:

- Pregnant women plan for vaginal birth unless there is a medical reason for a cesarean
- Maternal-requested elective cesareans are especially not recommended for women planning to have several children

### How can you optimize your chances of having a vaginal birth?

### Movement, changing positions, and having continuous labor support from a knowledgeable, caring support team will add to your comfort and improve labor progress.

### Communicate to your care team:

- State your preferences, values and what is important to you
- Voice your concerns, as this can bring relief as well as practical solutions
- Stating your preferences in a birth plan can also help calm fears

### Benefits of Movement in Labor include:

- It is empowering
- Facilitates the descent of your baby into the pelvis
- Facilitates the rotation of the baby's head through the pelvis and birth canal
- Strengthens your contractions and helps the contraction pattern become more effective
- Helps you establish a pattern and rhythm to work with your body through the contractions



### **Five Main Positions to Promote Comfort and Labor Progress. (See pictures of positions for labor)**

- Standing
- Sitting
- Squatting
- Kneeling
- Lying down
- Ideally you should spend some time in each position when you are in active labor

### **Upright positions use gravity to help the baby descend into the pelvis and rotate. Try them and use whatever helps you. (See pictures of positions for labor)**

#### **Balance your need for movement and rest:**

- Remember that it is equally important to rest during labor
- It could be counter-productive to decide in advance to walk through all the contractions
- You will probably need periods of rest
- Again, you should listen to your body so you can tune into its signals for rest and for movement in labor

### **Fetal Heart Rate Monitoring and Movement in Labor:**

- Fetal heart rate monitoring is used to assess fetal well-being during labor and delivery
- If your pregnancy and labor are low-risk, or your labor is progressing normally, and your baby is tolerating labor, you may be monitored intermittently; every 15-30 minutes over two contractions, depending on your stage of labor
- If your pregnancy and labor are high-risk, or your labor needs to be induced or augmented with oxytocin, you and your baby will require continuous monitoring
- We have telemetry monitors that accommodate this, so you can remain mobile and change positions
- Our monitors are waterproof, allowing us to continuously monitor you while in the shower or bathtub



# Stages of Labor

## What are the Stages of Labor? There are three main stages of labor:

- First stage of labor, which is the longest part of the process
- Second stage of labor, when you push the baby out
- Third stage of labor, when you deliver the placenta

## First Stage: Is divided into Two Phases: Early Labor and Active Labor:

- The first stage begins when you begin to feel regular contractions which cause the cervix to soften, thin and dilate. This allows the baby to move into the birth canal. The first stage ends when the cervix is completely thinned and dilated to 10cm

## Early Labor:

- During early labor, your cervix softens, thins and dilates
- Hormonal changes continue to prepare you and baby for birth and breastfeeding
- Pre-labor (irregular on and off contractions that occur during the last weeks of pregnancy) gradually give way to early labor
- Contractions may start and stop several times before developing a rhythm
- Contractions generally start off mild, may last 30-45 seconds and occur every 20 minutes or so apart, then become longer, stronger and closer together
- Cervix dilates to 6cm to prepare for childbirth as the baby moves down into the pelvis.
- Early labor is most often the longest phase, more than half of the total labor time
- You might notice a clear, pink or slightly bloody discharge from your vagina. This is likely the mucus plug that blocks the cervical opening during pregnancy
- During early labor, your emotions may go from anticipation to relief, apprehension to moodiness, and then to seriousness as your body works harder to get the baby in position for birthing

## How Long Does Early Labor Last?

- Early labor is unpredictable and most often the longest-lasting stage of labor
- More than half of the total labor time
- The average length of early labor is 15-17 hours for first time moms and is usually shorter for experienced moms. It may last 24 hours or more, which can be perfectly normal

## What You Can Do:

- Much of early labor is helping you to stay well-fed and well-rested
- Helping to prevent boredom and frustration while waiting for active labor to begin
- Your support person can help with distracting activities
- Often the best course of action is to continue with a normal routine for as long as you feel comfortable

## Ways to Promote Comfort During Early Stage of Labor:

- Stay home for as long as possible
- Rest and relax: this is a good time to rest, as the real work of active labor has yet to come
- Drink and eat what appeals to you
- Empty your bladder frequently
- Go for a short walk
- Take a shower or bath
- Listen to relaxing music, read a book, watch TV or play games
- Use breathing and relaxation techniques that you find helpful
- Move around or change positions
- Sit on a large labor ball
- Use a warm pad or ice pack on your lower back
- Ask your support person for a gentle massage
- However, listen to your body. If you feel it's time to go to the hospital, follow that instinct and/or call your provider first – especially if your water breaks or you experience significant vaginal bleeding



### Active Labor:

- During active labor, your cervix will completely dilate from 6cm to 10cm
- Your contractions will become stronger, closer together and regular
- Your body will be working very hard during this stage
- Some women sweat, shake and have cold hands and feet
- You might experience increasing pressure in your back
- If you haven't headed to your labor and delivery facility yet, now's the time

### How long does active labor last?

- This stage of labor often lasts four to eight hours or more
- On average, your cervix will dilate at approximately one centimeter per hour

### What You Can Do:

- Let your support team know your wishes for labor progress
- They will work closely with you to support your choices, such as medicated or un-medicated labor
- They will encourage you and suggest many non-medical comfort measures you may use
- Ask for pain medication or epidural if you want them
- Remember, you're the only one who can judge your need for pain relief and support

### Ways to promote comfort during active labor:

Unless you need to be in a specific position to allow for close monitoring of you and your baby, consider these ways to promote comfort during active labor. (No one comfort measure works for every woman)

- Focus on the 3 R's: Relaxation, Rhythm, Rituals
- Use breathing techniques that you find helpful
- Change positions frequently (See pictures of positions for labor)
- Take a warm shower or bath
- Have a gentle massage between contractions
- Empty your bladder at least every hour
- Lighting/Mood/Music/Aromatherapy
- Limit the number of people in the room, so you can stay focused and relaxed
- Drink to satisfy your thirst: clear liquids, such as water, popsicles, juice and ice chips
- Light snacks

### Second Stage of Labor

It's time! You'll deliver your baby during the second stage of labor.

- This stage begins when the cervix is completely dilated and ends with the birth of the baby
- It is the pushing stage when the baby moves through the birth canal and is born
- Contractions often diminish temporarily around the time of full dilation
- It is not necessary to begin pushing when you are completely dilated
- You may feel an immediate overwhelming urge to push your baby out
- Or those who have an epidural may not and you rest or "Labor down"
- "Laboring down" is when you wait to start pushing until you feel rectal or vaginal pressure. During this time the baby makes passive descent through the birth canal and you will be able to push more effectively



## Laboring Down

We continue with our labor support measures that encourage rotation and descent of the baby through the birth canal by changing your position frequently, checking that your bladder is empty and that your contractions are strong enough.

### How long does it last?

- It can take from a few minutes up to a few hours or more to push your baby into the world
- It might take longer for first-time moms and women who've had an epidural

### What you can do:

- Push!
- You may feel a natural urge to push and be asked to push when you feel the need
- Bear down and concentrate on pushing where it counts
- If possible, experiment with different positions until you find one that feels best
- You can push while laying on your side/squatting/sitting/ kneeling/or on your hands and knees
- At some point, you might be asked to push more gently or not at all
- Slowing down gives your vaginal tissues time to stretch rather than tear

## Third Stage of Labor:

- The third stage of labor begins with the birth of the baby and ends with the delivery of the placenta.
- Even though you have delivered your baby, a lot is still happening.
- You'll be asked to push again to deliver the placenta.
- A member of your healthcare team will massage your abdomen to make sure the uterus feels firm to minimize bleeding.
- Your uterus will continue to contract to help it return to its normal size.

### How long does it last?

- The placenta is typically delivered in five to 30 minutes.

## Fourth Stage of Labor: "The Golden Hour"

- We now refer to you and your baby as a "couplet" to signify that you are an interconnected unit
- The first hour after you give birth is often called the "golden hour"
- We make it a priority to maintain skin-to-skin contact with you (or your partner) and your baby right after the birth (whether vaginal or cesarean)
- Skin-to-skin contact has many benefits – and weighing, bathing, etc. of healthy babies interferes with early innate couplet behaviors and bodily processes and should happen later
- Get breastfeeding going early, as soon as the two of you are ready (watch for your baby's cues!)
- Limit the distraction of visitors and devices as you stay together
- Rest and get to know and enjoy each other
- The two of you can powerfully connect at physical and psychological levels at this precious and fleeting time, so cherish the moment



# Pain Management Options

## Non-pharmacological Comfort measures:

- Provide you with safe, effective, supportive care options in a family-friendly setting using a variety of comfort measures to support your comfort and labor progress
- Treat you with respect and patience, so your stress and inhibitions decrease, and you can more easily find your best coping mechanisms
- Provide space to walk and bathe
- Provide a variety of furniture and devices to enhance movement and pain relief
- Rocking chair/birth ball/peanut ball/low stool/squat bar/rebozo
- Comfortable bed
- Shower/bath
- Hot and cold packs.

Some women, who have good support, knowledge of comfort measures, a desire to avoid pain medications, and a reasonably normal labor pattern, will use comfort measures alone.

## Pharmacological Measures – Intravenous narcotics:

- Some women use comfort measures along with an IV pain medication such as Fentanyl
- This is a narcotic that can be given every hour as needed
- Has a relaxing euphoric effect and may take the edge off the pain
- Allows time for you to rest for longer periods between contractions
- Regain your breathing and relaxation technique
- Remain out of bed, mobile and free to change positions that will help with labor progress

## Pharmacological Measures – Epidural:

- A thin catheter is placed in your lower back into the epidural space
  - Medicine runs through the catheter as a continuous infusion until it is not needed any more
- Some women use comfort measures along with an epidural
- This is the most effective form of pain relief for labor
- It causes numbness around your trunk from the breasts down into your legs
- Some sensation may remain in your perineum
- You are confined to bed, require a continuous IV infusion, continuous fetal heart rate monitoring, and a urinary catheter to keep the bladder empty

## Advantages of Waiting to Start an Epidural

You can avoid some possible undesirable side effects of an epidural by waiting until active labor occurs. These can include immobility, developing a fever and an increasing inability to move your legs and participate in effective pushing.

## Regardless of your choices for pain management in labor, we aim to support you and keep your labor progressing as normally as possible by employing these five rules for supporting a woman with an epidural:

- Keep you moving
- Keep you cool
- Keep you company
- Keep you from pushing too early
- Keep skin-to-skin with your baby after birth



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# Keep Calm and Labor On!

Know what to expect in early labor



**Oh baby! You just had your first contraction.**

Is this it? Should you grab your birthing bag and head out?

You may be in **early labor** – the phase that comes before **active labor**.

## WHAT HAPPENS IN EARLY LABOR?<sup>1</sup>

- Hormonal changes continue to prepare mom and baby for birth and breastfeeding
- Pre-labor (irregular on and off contractions that occur during the last weeks of pregnancy) gradually gives way to early labor
- Contractions may start and stop several times before developing a rhythm
- Contractions generally start off mild, may last 30-45 seconds and occur every 20 minutes or so apart, then become longer, stronger and closer together
- Cervix dilates to 6 cm to prepare for childbirth as the baby moves down into your pelvis<sup>2</sup>
- Early labor is most often the longest phase, more than half of the total labor time



### DID YOU KNOW?

The average length of early labor is 6-12 hours for first-time moms (early labor is usually shorter for experienced moms).<sup>7</sup>

*It may even last 24 hours or more, which can be perfectly normal.*

## THERE ARE BENEFITS TO STAYING HOME DURING LABOR AS LONG AS POSSIBLE:



Gives you more **flexibility** to move freely—which can **reduce** the risk of medical interventions<sup>3</sup>



Helps **increase** the labor hormone, oxytocin—which **allows** the cervix to thin and open<sup>4</sup>

## HOW CAN YOUR PARTNER OR DOULA SUPPORT YOU?



Offering comfort, physical care and reassurance



Helping time contractions – Lamaze's *Pregnancy to Parenting* app has a contraction counter



Keeping your mind off labor with simple activities, like playing games

## STAY COMFORTABLE BY<sup>5</sup>:



Resting and relaxing



Drinking plenty of fluids and eating what appeals to you



Going for a short walk



Moving around or changing positions



Focusing on slow, deep breathing



Using a warm pad or ice pack on your lower back



Reading a good book or watching TV



Asking your doula or partner for a gentle massage



## HOW DO I KNOW WHEN TO GO?

Active labor begins when contractions are roughly 3-5 minutes apart, last 1 minute and have been that way for 1-2 hours.<sup>6</sup>

**However, listen to your body. If you feel it's time to go to your birthing facility, follow that instinct and/or call your care provider first—especially if your water breaks.**

Learn more about early labor in a Lamaze class, in-person or [online](#), so you can be prepared!

PUSH FOR THE SAFEST, HEALTHIEST BIRTH POSSIBLE. VISIT [WWW.LAMAZE.ORG/PUSHFORYOURBABY](http://WWW.LAMAZE.ORG/PUSHFORYOURBABY) TO LEARN MORE.



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# Positions for Labor

**MOVING OR CHANGING POSITION DURING OR BETWEEN CONTRACTIONS OFTEN ADDS TO YOUR COMFORT AND IMPROVES LABOR PROGRESS.**

**Walking, Standing Leaning forward, Swaying, Slow Dancing, Abdominal Lifting, Lunging, Sitting, Squatting, Kneeling over a Labor Ball or Pillows.**

These take advantage of gravity and movement to encourage repositioning and downward movement of the baby. Feel free to use them and use whatever helps.



Walking



Standing Leaning forward



Slow Dancing



Abdominal Lifting

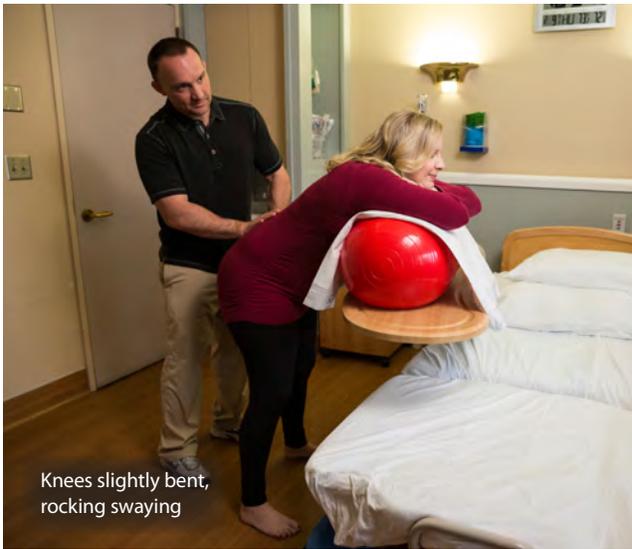


Stand facing forward with one foot on chair and lunge over the raised knee until you feel a stretch in both thighs. Shift your weight back to an upright position and repeat. Lunge both sides do more on the side that feels best

**Standing Lunge**



**Kneeling Lunge**



Knees slightly bent, rocking swaying

**Standing Leaning Over Labor Ball**



**Sitting and Squatting**



**Squatting**



Significant gravity advantage, opens pelvis to encourage rotation and descent. Rotate between squatting positions.

**Squatting**



Significant gravity advantage, elongates woman's trunk and pelvic joint mobility to encourage rotation and descent

**Dangle using Squat Bar and Labor Ball**



For rest relaxation and descent

**Sitting Throne**



**Sitting on Rocking Chair**



**Sitting on Labor Ball swaying/rocking**



**Sitting on Labor Ball leaning forward**

# Positions Especially Helpful for Backache



Side-Lying



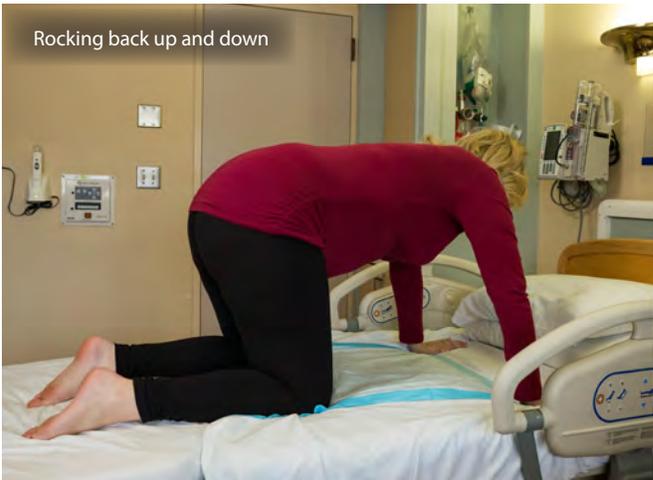
Side-Lying Lunge



Kneeling over Labor Ball



Open Knee-Chest



Kneeling Hands and Knees



Lunge with Labor Ball



Shower any time during labor for relaxation and comfort. Bathing is most beneficial during most intense labor. Limit 1 to 1.5 hours at a time. Monitor temperature.

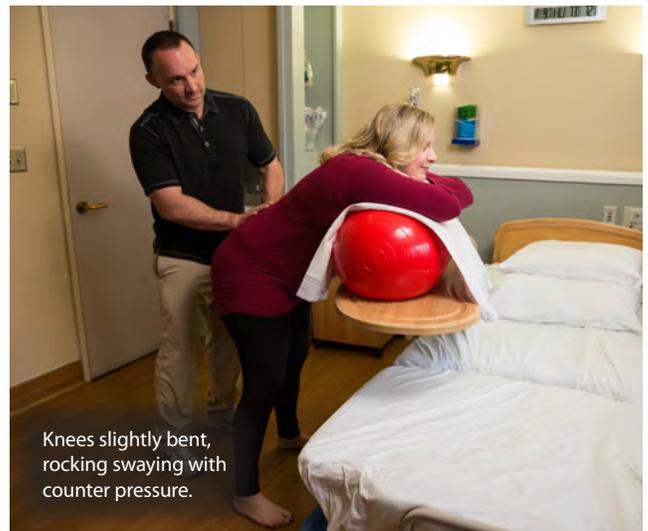
Shower / Bathing



Touch and Massage

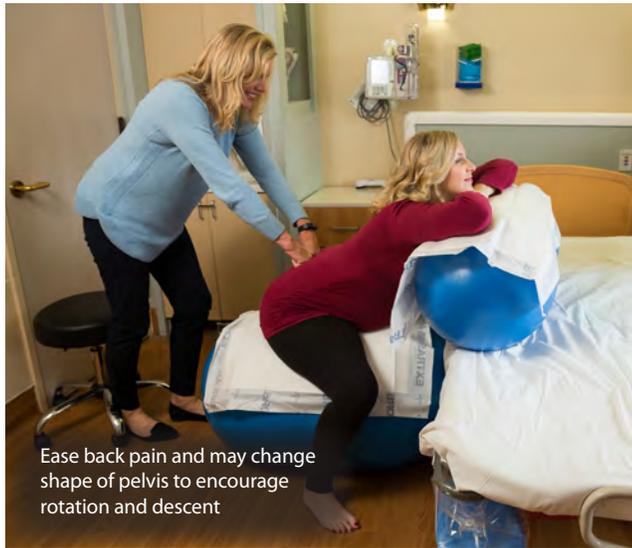


Heat and Cold



Knees slightly bent, rocking swaying with counter pressure.

Standing Leaning over Labor Ball



Ease back pain and may change shape of pelvis to encourage rotation and descent

**Counter Pressure**



**Double-Hip Squeeze**

Ease back pain and may change shape of pelvis to encourage rotation and descent



**Hands and Knees**





Open Knee-Chest



Side-Lying Lunge



Kneeling on Bed

# Safe Positions for the Mother with an Epidural

## FIRST STAGE POSITION WITH EPIDURAL



### THE "ROLLOVER"

The positions used depend on the density of the epidural, and the ability to detect and record fetal heart rate



### Safe Positions with an Epidural

Changing position every 30 minutes or so causes subtle changes in the shape of the pelvis and helps the baby descend into the pelvis and rotate

### First Stage Positions with an Epidural

(until fully dilated and the baby's head is visible or the mother feels an urge to push)

1. Semi-reclining with head of bed raised to 45 degrees or more with peanut ball between knees
2. Side-lying on right side with peanut ball between knees
3. Exaggerated side-lying on right side with top leg on peanut ball, rolling slightly towards front
4. Kneeling and leaning forward with support on a labor ball on a level bed, or the end of the bed may be lowered. This position can be done with a light epidural
5. Exaggerated side-lying on left side (as in 3 above)
6. Side-lying on left side (as in 2 above)

**Note:** If any positions are impossible because of a dense epidural or they cause the fetal heart rate to drop, skip them and go to the next position.

# Pushing with Epidural

## SECOND STAGE POSITIONS WITH AN EPIDURAL



### Second Stage Positions for Pushing

Once fully dilated. Continue to rest or labor down using the "Rollover" while the baby rotates and descends, either until visible at the outlet or you feel the urge to push. This process may take up to an hour or more. Change position every 6-8 contractions, as necessary.

1. Side-lying with top leg supported by partner and top knee drawn towards head while pushing
2. Semi-reclining with legs supported by two people. Raise head and draw back knees while pushing
3. Semi-reclining with legs supported by leg rests. Raise head and draw back knees while pushing
4. Sheet pull with head of bed slightly elevated, prop feet on squatting bar. A sheet is wound around the squatting bar. While pushing pull on the sheet to add pressure from chest onto top of uterus. Rest between contractions
5. Sitting upright or nearly upright with feet on lowered foot of bed, curl upper body when pushing
6. Squatting, using the squat bar, only possible with a light epidural (front view)
7. Squatting, using the squat bar, only possible with a light epidural (side view)
8. On back, raise head and draw knees way up when pushing. This position is used when the baby is not descending in any of the other positions