



East Grampians
Health Service

Being Active in your Labour



Integrity



Excellence



Community



Working Together



Learning Culture

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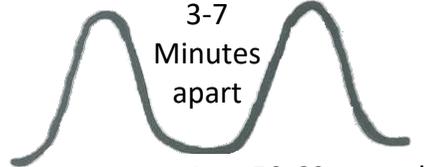
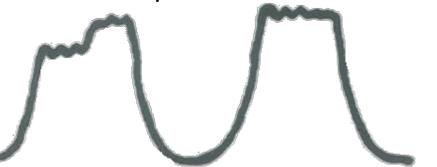
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Tips for Labour

- Labour is painful. Understanding the birth process and accepting labour as normal and natural is the first step towards pain management.
- Welcome the onset of your labour. Each contraction brings you closer to the birth of your baby. Keep focused on the baby – this is your baby’s birthday.
- Remember pre-labour can last 24-48 hours before labour establishes. Give us a call before you decide to come in or if you have any questions.
- Fear makes us physically and emotionally tense and can inhibit the birthing process. Therefore they need to be discussed and accepted or eliminated.
- Have confidence in yourself and trust your instincts, ability and resources.
- Face each contraction with determination. Visualise your cervix opening and the baby descending.
- Relax, breath naturally, move with the pain. A bath or shower can help with the pain. Use localised heat. Make the most of the break between contractions.
- Eat a light diet during the pre-labour period and maintain fluids as labour becomes more established. Labour in your own comfortable nightie/t-shirt.
- Let your inhibitions go, there is no need to be polite in labour. Vocalise your pain – groan, moan, chant, count, sing. Get a focus, don’t fight contractions.
- When you feel you can’t do it anymore push yourself a little further, the end may be just around the corner.
- Communicate with, and trust your midwife. Be flexible. Don’t clock watch. Know your options for pain relief.
- Labour is an unknown journey. Whatever your analgesic requirement, or whatever your mode of delivery, be proud of your achievement.

Support People

- Be there, give encouragement and praise (lots and lots!)
- Communicate your support and love non-verbally: touch, back rubs, massage, hold her hand, wipe her brow, offer drinks, hot/cold towels, ice cubes.
- Let her focus and don't distract.
- Encourage her to ambulate, help her to change position – shower, walking, and pelvic rocking.
- It's hard work being a support person, rest when you can and don't forget to eat and drink.
- Help set up the labour room to make your partner feel more comfortable.

STAGE/PHASE	FEELINGS	HAPPENINGS	HELPFUL IDEAS
<p>1st stage; early phase 0-4 cms (8-16 hrs)</p> <p>5-20 Minutes apart</p>  <p>Last 20-40 seconds</p>	 <p>Excited, apprehensive</p>	<ul style="list-style-type: none"> Mucous tinged with blood Backache Lower abdominal pain (like period pain) Sometimes diarrhoea Sometimes waters break 	<ul style="list-style-type: none"> Keep eating and drinking (small amounts often) Call hospital Time contractions (from start of one to start of the next) Move around – keep busy Empty bladder 2 hourly
<p>1st stage; active phase 4 – 8 cms (3-5 hrs)</p> <p>3-7 Minutes apart</p>  <p>Last 50-60 seconds</p>	 <p>Becoming weary, restless</p>	<ul style="list-style-type: none"> Contractions strong, regular Intense, lower abdominal pain Backache may continue Totally focused on labour Dependent on support people Blood tinged mucous Waters may break 	<ul style="list-style-type: none"> Use deep breathing Focus Hot shower/spa, hot packs Change positions Rest between contractions Sip fluids/suck sweets Empty bladder hourly
<p>1st stage; transition 8-10cms (½ – 2 hours)</p> <p>2-3 minutes apart</p>  <p>Last 60-80 seconds</p>	 <p>Tired, irrational</p>	<ul style="list-style-type: none"> Long, strong contractions May have double peaks May feel anal pressure and urge to push Intense tiredness Maybe nausea/vomiting Shaky Feelings of panic 	<ul style="list-style-type: none"> Try a position change Massage back/thighs Cool flannel on face and neck Listen to support people's reassurance Believe in your body Empty bladder hourly
<p>2nd stage; pushing Fully dilated (10cms) ½ to 2 hours</p> <p>2-3 minutes apart</p>  <p>Last 60-80 seconds</p>	 <p>Working hard</p>	<ul style="list-style-type: none"> Contractions space out, may last longer Pain less intense, more pressure Strong urge to push Stretching and burning as baby's head moves down 	<ul style="list-style-type: none"> Push with contractions (use a mirror) Rest between Cool washer/spray to face and neck Listen to support people – pant when told to

Being Active In Your Labour

Giving birth can be a wonderful natural process. A woman's body is capable of amazing coordination and strength as it labours to move a baby through to the outside world. The action of the muscles of the uterus and hormones in a woman's body work in a powerful combination to enable birth.

During the process of birth, the positions in which a woman labours can affect the progress and the events that occur. Whether a woman is lying down, standing, walking around, sitting or crouching can have an impact on the length of labour, the amount of pain experienced or even whether medical intervention occurs.

The following information explains the benefits of labouring in upright positions and when best to use them.

Labouring Upright

The idea of being in labour while walking around, standing up or squatting, may sound strange to you. This is not surprising. In western culture a woman giving birth is usually represented as lying in bed on her back with doctors and nurses doing the work of delivering the baby.

The vision of a woman active and moving, working with her natural body processes to birth her baby is unusual to most women in this country. However, in other cultures, the idea of being passive and lying down in labour, is a strange notion. Even in this culture, lying down while in labour only began to be adopted two centuries ago.

It is becoming clear that there are advantages to being mobile in labour. By standing, walking around, moving, changing positions, while remaining mostly upright, a woman in labour is able to:

- Use the pull of gravity to enable better opening of the cervix.
- Minimise the work the body needs to do by achieving the most regular and efficient contractions.
- Help rotate the baby as it moves into the birth canal.
- Enable the largest possible pelvic opening.
- Allow the mother and baby to receive the most possible oxygen.

- Aid the stretching of the perineum.
- Reduce the length of labour and therefore decrease the chance of medical intervention such as forceps birth, caesareans and episiotomies.
- Increase the woman's sense of involvement and ability to make choices in labour.

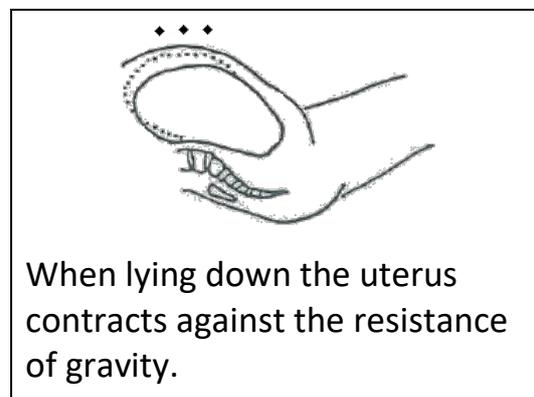
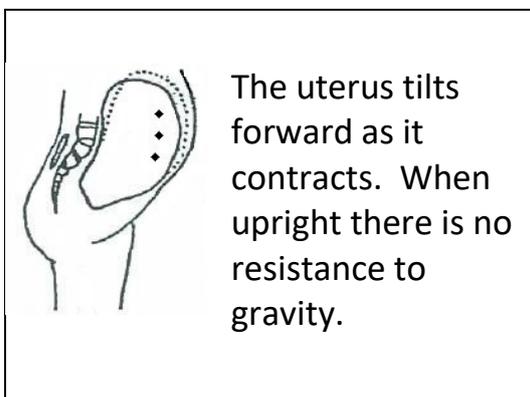
How Does Being Active Achieve All This?

The opening of the cervix

The uterus is a large and powerful muscle in which the baby lives. When labour begins, the uterus starts to contract at regular intervals. With each contraction, the cervix (the opening of the uterus) widens a little until it is big enough to allow the baby through. The pressure of the baby's head on the cervix, promotes this dilation (opening). **Being upright allows the pressure of gravity to play a part in this opening.**

Tilting of the uterus

As the uterus contracts, it also tilts forward, so being upright and leaning forward gives the least resistance to this process.



The baby in the pelvis

While the cervix is dilating, pressure from the uterus pushes the baby's head further down into the pelvis and the baby rotates into the best position. This means the widest part of the baby's head is positioned with the widest part of the mother's pelvis. **Standing, walking and movements such as rocking the pelvis during the first stage of labour, help the baby to rotate.** This can reduce the length of labour, particularly if the baby has to rotate from a posterior

position. (A posterior position means the baby's face is towards the mother's front which is not a favourable position for birth).

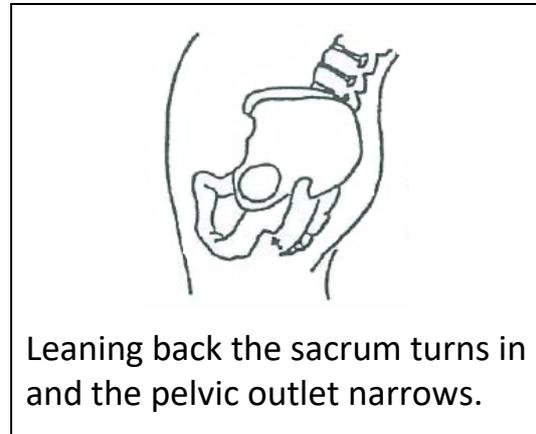
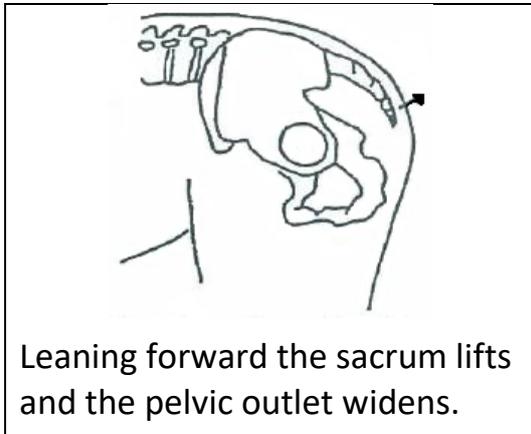
A posterior position can be very painful because of the pressure of the baby's back on the mother's spine.

The pelvic opening

During a pregnancy, a woman's body secretes hormones which soften the ligaments making the pelvis more expandable and elastic for the birth.

In upright positions such as standing, kneeling, squatting, or on hands and knees, the women's body leans forward and the pelvic bones are free to open to their maximum.

Lying down reduces the size of the pelvic opening, which could slow the birth and cause more pain. Medical interventions are therefore more likely. **Squatting can increase the pelvic diameter by up to 30%.** This means a woman with a narrow pelvis or a large baby can increase the chances of a vaginal birth without intervention.



The supply of oxygen

During pregnancy and birth all the baby's needs for food and oxygen are supplied by the mother's bloodstream. The large blood vessels which supply the uterus run along the inside of the spine. When a woman lies on her back, the weight of the heavy baby on the blood vessels can slow down the flow of blood to a from the uterus. This reduces the oxygen available to the baby and can lead to the baby becoming distressed. The uterus may not work as efficiently as possible. This may cause more pain.

Using Gravity



Being upright allows the pull of gravity to assist the contractions of the uterus. When a woman is bearing down, added pressure can speed up the movement of the baby through the birth canal. This means less exhaustion, pain and stress and can reduce the need for medical intervention such as forceps, episiotomies and foetal monitoring. Shorter labour may mean less stress on the baby too.

So What Can I Do?

Open communication with your doctor or midwife about your wish to be active in labour needs to be established as soon as you are admitted to hospital. If possible before this. This may be especially necessary if you wish to be upright at the actual time of birth e.g. in a supported squat or on all fours.

You do not have to give birth on the bed although this is often the image we have of the way a woman should birth.

By using a birth plan you can have the opportunity of exploring this and other birth options with your caregivers prior to the birth. This can help to engage their support. Birth plans involve stating your wishes both verbally and in writing. There are books and pamphlets available which can explain more about birth plans.

Remember you have the right to choose.

There are many positions that a woman can choose while in labour, so feel free to experiment. You can move about, sit, stand, kneel, squat, lean on furniture, walls, your partner or other people. You can walk about, rock or move during contractions.

A woman is unlikely to want to stay in one position throughout labour, so change positions if you feel like it. Experiment to find what is the most comfortable.

Sometimes the more upright positions can make the contractions more intense because everything is working so well. So don't be scared by this, it probably means a very efficient labour and shorter too.

Some Ideas

For the first stage of labour the standing and kneeling positions are probably the best positions.

Squatting is most useful in the second stage. It can be tiring to squat for a long time and relaxing in between contractions is important. A pile of cushions and a bean bag to lean on can help this.

Standing



When standing you can lean on a wall, a cupboard, another person, or in a doorway.

This position can help turn a posterior baby, relieve backache and increase the frequency and strength of contractions.

Kneeling

You can kneel upright on the floor while leaning forward on a low table or resting on a stack of cushions, a chair or a pile of books.

The kneeling position is good to relax in during a long labour.



Squatting

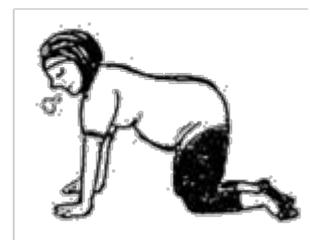


You can squat on a stool, a pile of books and cushions, holding onto the end of a bed or with a person to support you.

This position is good for opening the pelvis, and assisting rotation of the baby. The mother can also see what is happening.

Hands & Knees

This position is commonly the most comfortable, especially if back pain is severe. It can help to rotate a posterior baby, is good for slowing down the birth of the baby's head and body and is good for a rest break.



Can You Prepare?

Yes you can! Some of these positions are easier to do if you have practiced them regularly. This can strengthen your muscles, improve your circulation and can help with varicose veins, haemorrhoids or fluid retention.

During the months leading up to you labour you can try to use a low stool or pile of books to squat on instead of a chair. Sit cross legged or with your feet together close to your body. Try a hands and knees position for comfort and to relieve backache during pregnancy. Crouching, kneeling or leaning forward on a pile of cushions.

Don't do anything that feels uncomfortable and check with your doctor if you have chronic back problems or any complications such as a history of miscarriage or a cervical stitch.

Finding Out More

Here are a number of good books that will provide you with information. You may be able to order them through your local book store or see if the library has them. If not, maybe suggest they purchase a copy.

- **Active Birth** – Janet Balaskas, Unwin, Australia, 1989
- **Active Birth Partners Handbook** – Janet Balaskas, Sedgwick and Jackson, London, 1986
- **Pregnancy and Childbirth** – by Sheila Kitzinger, Doubleday
- **Birth Reborn** – by Michel Odent – Souvenor Press, London, 1984
- **Face to Face with Childbirth** – Julia Sundin, Horwitz Graham, Australia, 1989

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