

## BirthWest Working with Labour Information

What is Happening?	How to help yourself	How support people can help
<p><b>Last weeks and days of pregnancy</b></p> <ul style="list-style-type: none"> <li>• Baby's head drops more deeply into your pelvis</li> <li>• Breasts may leak colostrum</li> <li>• Uterus may become more irritable and Braxton Hicks (practice contractions) occur</li> <li>• Baby movements are more sliding/shrugging sensations as they run out of room</li> <li>• You may be uncomfortable and have low backache</li> <li>• You may have "nesting" urges and feel the need to have a good "spring clean." Try not to overdo it!</li> <li>• Frequent soft bowel motions are common</li> <li>• You may have a Show – mucus plug coming away from your cervix</li> </ul>	<ul style="list-style-type: none"> <li>• Conserve energy and try to have a day time nap</li> <li>• Complete preparations for baby</li> <li>• Prepare your other children for baby's arrival and have child care for labour arranged</li> <li>• Know how to contact your supporters and childcarers</li> <li>• Practice relaxation techniques and breathing especially during braxtons hicks</li> <li>• Consider putting a wool blanket under your sheet to protect your mattress if your waters break</li> <li>• Keep up the advised physical activity – walking, swimming, yoga</li> </ul>	<ul style="list-style-type: none"> <li>• Make sure you are easily contactable</li> <li>• Take over childcare routines such as bedtime that Mum usually does in readiness for when she is unavailable</li> <li>• Educate yourself and know what to expect during labour and what will be needed in labour</li> <li>• If going to hospital, know how to get there</li> <li>• Encourage your partner to rest</li> <li>• Practice relaxing together</li> </ul>
<p><b>Onset of labour – early first stage</b></p> <ul style="list-style-type: none"> <li>• Your cervix is thinning and beginning to dilate</li> <li>• Contractions are often erratic, some long, some short, some strong.</li> <li>• There are periods of contractions being close together but not consistent</li> <li>• Contractions are intense enough to to require concentration but not so close together that they are all-absorbing</li> <li>• You might notice lots more "show"</li> </ul>	<ul style="list-style-type: none"> <li>• Try to ignore the contractions as much as possible</li> <li>• If night time try to sleep, if day time also try to sleep or at least rest but otherwise keep moving about as normal</li> <li>• If your waters break, note the time and colour. Keep any pads you use for your midwife to look at. If your waters are green or brown contact your midwife right away</li> <li>• Eat if you feel like it and keep up the fluid intake</li> <li>• Practice relaxation techniques</li> </ul>	<ul style="list-style-type: none"> <li>• If it is night time try to rest with your partner</li> <li>• Make sure you know how to contact support people and midwife for when they are needed in a few hours time</li> <li>• Attend to your other children as needed</li> <li>• Make sure you feed yourself and keep up your own fluid intake and offer your partner sips of fluids and snacks. Try to stick with foods that have mild odours to avoid making your partner nauseated</li> </ul>

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<p><b>Active labour 6-10cms</b></p> <ul style="list-style-type: none"> <li>• Contractions become more intense or longer and closer together</li> <li>• Dilation of the cervix continues</li> <li>• More show is apparent</li> <li>• Waters may break</li> </ul>	<ul style="list-style-type: none"> <li>• Contractions require your full attention – try to go with them rather than fighting against them</li> <li>• Breathe through contractions, keep breathing long and regular</li> <li>• A bath or shower may feel good</li> <li>• Try changes in positions</li> <li>• Continue to drink and empty your bladder regularly</li> <li>• You may want to be in a quiet and dimly lit room</li> <li>• Pelvic rocking or dancing; sitting on the toilet or a swiss ball; hot or cold packs; or massage may feel good/helpful</li> <li>• Ask your support people for what you need</li> </ul>	<ul style="list-style-type: none"> <li>• Total attention needs to be given to woman during contractions – don't talk or move about noisily</li> <li>• Offer physical support especially when contracting or changing positions</li> <li>• Offer pillows and blankets to help her get comfortable – expect to have to change positions frequently</li> <li>• Offer massage and hot/cold packs</li> <li>• Offer fluids and help to get to the toilet to empty her bladder</li> <li>• Encourage long regular breathing through ontractions – breath with her if she finds it helpful</li> <li>• Arrange care for other children</li> <li>• Protect your own back with good posture while supporting your partner</li> </ul>
<p><b>Late first stage</b></p> <ul style="list-style-type: none"> <li>• Dilation is almost complete</li> <li>• Contractions continue to be regular, intense and long</li> <li>• Waters may break if still intact</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain focus on your breathing</li> <li>• Relax into the contractions and just focus on the one you are having (rather than thining about ones to come).</li> <li>• Visulising your cervix opening, being vocal or humming or imagining your baby moving down through your pelvis can be helpful</li> <li>• Change positions as needed, consider if the bath or shower might be helpful</li> <li>• Continue to drink/sip and empty your bladder regularly</li> </ul>	<ul style="list-style-type: none"> <li>• Continue assisting her to breathe, relax and focus on one contraction at a time</li> <li>• Continue physical support</li> <li>• Continue to offer drinks, hot/cold packs, massage</li> <li>• Offer cold cloth for her face and neck or a fan</li> <li>• Offer lots of encouragement and acknowledge all her hard work so far</li> <li>• Maintain a calm and positive atmosphere</li> </ul>
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<p><b>Transition</b></p> <ul style="list-style-type: none"> <li>• Contractions are intense and can sometimes tumble on top of one another, seemingly without break</li> <li>• You may may shivering, leg cramps and/or vomiting</li> <li>• You may feel hot and then cold in turns</li> <li>• You may feel irritable, weepy and lose faith in your ability to cope/birth</li> </ul>	<ul style="list-style-type: none"> <li>• Be aware that feeling overwhelmed or out of control is normal and indicates that dilation is almost complete</li> <li>• Release and relax into contractions – don't try to control or fight your labour or your body</li> <li>• Keep breathing and relaxing. Try keeping your face relaxed and then letting your shoulders drop and then releasing any tension in your bottom/pelvic floor</li> <li>• Keep changing positions as you need to</li> </ul>	<ul style="list-style-type: none"> <li>• Give lots of reassurance and encouragement</li> <li>• Stay with her continuously or make sure a second supporter is with her if you need to take a break at this time</li> <li>• Don't be discouraged if you never seem to be providing the assistance she desires. Her needs and moods change rapidly and dramatically in labour</li> <li>• Continue to offer drinks, cool cloths and massage but be aware she may not want to be touched</li> <li>• Help her to change positions as needed and assist her to maintain good/comfortable posture</li> <li>• Don't be offended or surprised if her behaviour is angry or primal</li> </ul>
<p><b>Second stage – pushing</b></p> <ul style="list-style-type: none"> <li>• An urge to “poo” or open bowels occurs with contractions – it is usually the baby’s head creating that sensation</li> <li>• Contractions often space out a little but are still intense when they occur</li> <li>• The need to push will be or become overwhelmingly strong and irresistible</li> <li>• Baby’s head will move down into your vagina and you will feel a strong stretching or hot sensation</li> <li>• Baby will move down with contractions and slip back in between – this is normal and helps the tissue to stretch</li> <li>• After baby’s head is born there is often a pause before the next contraction that brings the body</li> </ul>	<ul style="list-style-type: none"> <li>• Tell your midwife when you get the strong urge to push (or sensation of needing to poo urgently)</li> <li>• Push only when you have a contraction, relax in between, slow your breathing and rest up for the next one</li> <li>• Relax and release your pelvic floor (avoid squeezing as that brings baby back inside and makes your work harder)</li> <li>• Many women will naturally hold their breath while pushing – this is fine, just take long slow breaths after the contraction ends</li> <li>• If you breathe while pushing it is important to release and relax your pelvic floor</li> <li>• Direct all your energy into your bottom while bearing down</li> <li>• Listening to direction when your baby is crowning (the hot stretching part that happens as your baby’s head emerges). Your midwife will encourage gentle pushing/pressure to protect the tissues and may apply a hot cloth to help everything stretch</li> </ul>	<ul style="list-style-type: none"> <li>• Expect this stage to take time</li> <li>• Encourage her efforts and acknowledge her amazing work</li> <li>• Remind her to relax her pelvic floor</li> <li>• Help her into effective positions for pushing, you may need to support her leg or help hold her in a squatting position</li> <li>• Continue to offer drinks and cold cloths</li> <li>• As baby’s head emerges she will need to be able to hear directions from the midwife so may need others to be quiet</li> <li>• It can be good to help her take her top off in between contractions (if she is alert) to be ready for skin to skin with baby.</li> <li>• She may drift off to sleep inbetween contractions at this stage – this is normal. Do not disturb her if she is able to sleep</li> </ul>
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### Third stage – placenta

- Baby will usually be placed skin to skin with you as soon as they are born. Some babies cry a lot, some only a little and some hardly at all
  - A warm towel will be placed over the 2 of you to keep you both warm
  - Baby may be keen to feed right away or may not show interest for a while.
  - The cord will be clamped and cut according to your birth plan preferences and how the birth process has gone
  - Sometime after the birth of the baby a placenta will need to be born (usually 5-60 minutes after baby) there is no need to hurry this stage unless you are bleeding
  - After the placenta is born your midwife will check your fundus is well contracted by pressing on your tummy (this can be tender) and will also check to see if you need any stitches – this is very tender.
  - If you need stitches these will be done right away and local anaesthetic is used to numb the area
- If you have not taken your top off for skin to skin, now is the time to get help with this
  - Hold baby close and keep both of you warm
  - Offer the breast if baby seems interested, this can aid in bringing the placenta out
  - Take a bit of time to adjust to the huge job you have done and admire your new baby. You may experience a rush of hormones which can cause shivering/shaking. Do not be concerned it is normal and passes
  - Cramping may indicate it is time to help the placenta out. Push like you did with earlier contractions, these ones are not as strong and it can feel odd to push a soft placenta instead of a firm head.
  - If you need stitches you will need to move into a position to allow the best repair – it is ok to continue to hold and or feed your baby if you like
- Help your partner remove her top if needed
  - Help keep baby covered with a warm towel
  - You may need to help your partner move into a position for having stitches and she may want your help to hold baby on her or for you to hold baby while this happens. Make sure baby stays nice and warm on you or your partner