

Comfort Measures



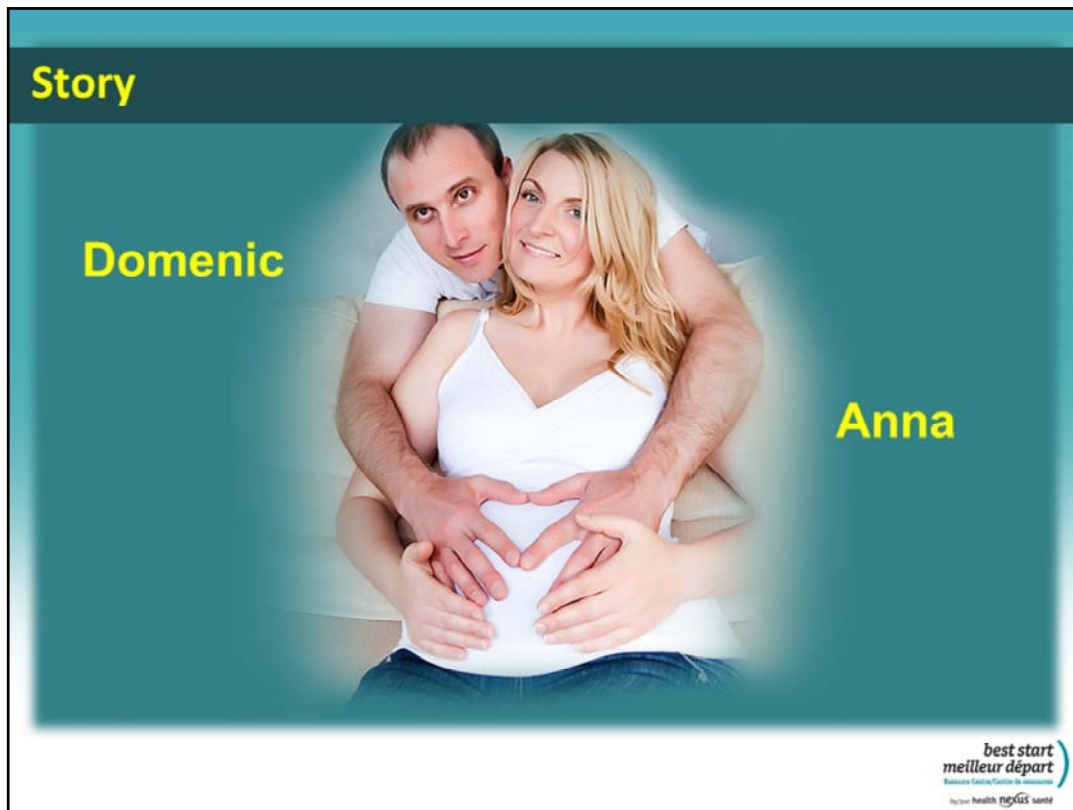
NOTE: Refer to module outline for goal, objectives, class outline, equipment, resources required and references.

If this is the first class:

- Welcome participants to class.
- Housekeeping: bathroom, breaks, length of session, ground rules/respect.
- Have each couple or individual pair up with another couple or individual and introduce themselves to each other. (Consider including name, due date, something they are looking forward to, something they are nervous about and/or anything they would like to share about the pregnancy). Then have the pairs or individuals introduce each other to the rest of the group.
- Provide the choice of prenatal handout (depending on your organization, this may be *Healthy Beginnings* or *A Healthy Start for Baby and Me*) for each expectant mother.
- Provide a list of community resources.
- It is best to advise participants during the first session that you have a duty to report any concerns about the safety or well-being of a child (including the witnessing of abuse of the mother) to child protective services. (This is only applicable if there are children in the home already.)

Suggestion for Facilitator: on a flip chart, list the topics to be discussed in this session.

- Understanding labour pain
- The importance of labour pain
- Pain vs. suffering
- Gate control theory
- Labour support
- Comfort measures
- Back labour
- Breathing techniques
- Birth video
- Informed choice



Speaker's notes:

Read this story:

Anna and Domenic arrive at the hospital. Anna's contractions have been 5 minutes apart, lasting 60 seconds, for the past hour. Anna uses slow breathing as her health care provider assesses her labour's progress. She is 4 centimetres dilated and her bag of waters is still intact. Domenic offers a glass of ice water and suggests that they walk the halls. At her next contraction, Anna leans forward into Domenic who rubs her lower back while she focuses on her breathing. Over the next hours, Domenic provides emotional support by telling her she is doing a great job and is attentive to her needs as her labour progresses. To relieve Anna's increasing back pain, the labour nurse recommends that Anna sit on the birthing ball and shows Domenic how to do the double hip squeeze.

Points to highlight:

- When to go to your place of birth or call your midwife (contractions are 5 minutes apart for the last hour).
- Reinforce the importance of not going to hospital too soon as this can lead to unnecessary interventions and the cascade of interventions.
- Coping strategies used by Anna (breathing, position changes, walking, birthing ball).
- Support strategies used by Domenic (encouragement, ice water, massage, double hip squeeze).

Understanding Labour Pain

- ↓ blood supply to the uterus
- Stretching of the cervix and lower uterus.
- Pressure and pulling on pelvic structures.
- Distension of vagina and perineum during the second stage of labour.
- Prolonged use of the uterine muscle from contractions.



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Speaker's notes:

- Most pregnant women question their ability to cope with the pain of labour. The pregnant woman and her partner can prepare for the challenge of labour by understanding what causes pain during labour and how comfort measures can help reduce the degree of pain.
- The following physical changes contribute to labour pain:
 - A decreased blood supply to the uterus with each contraction.
 - The dilation and stretching of the cervix and lower uterus.
 - The pressure and pulling on pelvic structures.
 - The distension of vagina and perineum during the second stage of labour.
 - The prolonged use of the uterine muscle from contractions. To describe how a muscle feels when overused, have each participant hold their arm at shoulder height and open and close hand into a fist for two minutes or so. Have them consider how they would feel if they continued this activity for 10, 12 or 14 hours.
- Other factors that may affect the labouring woman's perception of pain may include:
 - Personal tolerance of pain.
 - Duration of labour.
 - Cultural norms.
 - Anxiety and fear.
 - Previous experiences with pain.
 - Support network available (professional & personal).
 - Preparation for childbirth (knowledge decreases anxiety).
 - Hunger or thirst.
 - Full bladder.
 - Pattern of labour (rapid intense contractions, fetal position, length of labour).

The Importance of Labour Pain



Purposeful
Anticipated
Intermittent
Normal

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Speaker's notes:

Pain when you injure yourself is different from the pain experienced in labour. By looking at what makes the pain in labour different, you can see why labour pain plays an important role in the progress of labour.

Purposeful

- Labour pain signals the release of endorphins, hormones that act as natural pain relievers. At the same time, a feedback loop is created between the nerves of the pelvis and the brain to secrete oxytocin, which increases the intensity of labour contractions (Buckley 2015).
- Labour pain also sends signals to the baby, causing the release of stress hormones that help the baby adjust to the outside environment (Buckley 2015).

Anticipated

- Because you know that labour is what leads to your baby's birth, you can learn and practice different coping strategies during pregnancy to help you prepare for labour mentally, emotionally and physically.

Intermittent

- Contractions usually come and go, with breaks in between contractions. This allows for the opportunity to focus on relaxation between contractions. Support persons can provide encouragement during these breaks. Both can promote the release of more endorphins and oxytocin, allowing for labour to progress.

Normal

- In labour, pain is an indication that labour is progressing, not that something is wrong.

Note to speaker:

If you would like to spend more time explaining how hormones interact in labour, consider using the teaching technique explained by Janelle Durham at

<https://transitiontoparenthood.wordpress.com/2016/02/13/labor-hormones-in-under-10-minutes/comment-page-1/>

Pain vs. Suffering


Pain is an unpleasant physical sensation.

Suffering is the emotional reaction to that physical sensation which may lead to trauma.

Speaker's notes:

- There is a difference between pain and suffering, and often the two get confused when support persons and health care providers observe a labouring woman.
- For the labouring woman, the difference is whether she is coping with the pain or not.
- The support person needs to understand whether or not the labouring woman is coping with labour, as this will influence how she can best be supported.
- Support that allows the labouring woman to cope with her pain will prevent that pain from leading to suffering.
- A environment that allows the woman to feel safe during her labour and birth allows the physiological hormones to support her labour and help her cope. This usually means a calm, quiet and darker environment that she can control.

Gate Control Theory



“The balance between painful and non-painful stimuli that reach your consciousness determines your perception of pain and it’s severity”. (Simkin).

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Speaker’s notes:

- The gate control theory states that “the balance between painful and non-painful stimuli that reach your consciousness determines your perception of pain and its severity”. (Simkin, pg 179. 2010).
- Using comfort measures (i.e. massage, music, pelvic rocking) during a contraction *decreases* the labouring woman’s awareness of pain by *increasing* her attention to the comfort or distraction source.
- This particular theory helps explain why some pregnant women perceive more pain than others during labour. For example, one woman in active labour may be able to manage her pain using a variety of comfort measures while another woman in the same stage of labour is having difficulty coping with the pain. The pain is very real for both women, however, the first woman successfully uses distraction techniques to block the message of pain being sent to the brain... it’s a question of mind over matter. That being said, not being able to overcome the pain should not be seen as a weakness, it is just a different way to dealing with the situation.

Your Labour Support Team



Support during labour may help you:

- Cope better with labour pain.
- Use pain medications less often.
- Need less medical interventions.
- Have a shorter labour.
- See labour and birth as a positive experience.

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Speaker's notes:

- The pregnant woman's ability to cope with the challenge of labour is enhanced when she is surrounded by a 'team' of confident and caring people. The team can include a significant other, family member, doula, friend, or professional staff. The role of a support person or partner is vital to her sense of well being and confidence in her body's ability to give birth.
- The role of her chosen support team is to help her relax and feel safe during labour, provide support during contractions, advocate on her behalf, and take charge to help her return to a place where she is coping if necessary. It is also important for the support team to remember that they need to take care of themselves (i.e. rest breaks, snacks).
- Scientific evidence supports the benefits of a labour support.
- It is best if the pregnant woman is clear with her family and friends who she would like to be present during her labour and birth. She can let others know when they can visit after the baby is born.
- If the plan is to give birth at a hospital or a birthing centre, it is important to learn about their labour support and visiting policies.
- Labour partners provide emotional support, encouragement and comfort to the pregnant woman throughout each stage of labour. They suggest various comfort measures to help her cope with contractions and advocate for her when she is feeling vulnerable and exhausted. It is very important to be clear about the pregnant woman's choices for her birth experience.

Labour support bag



Speaker's notes:

- The expectant mother and her labour support person can bring items to use during labour to help her feel more comfortable. Check with the hospital or birthing centre about any restrictions on items brought from home (e.g., scented products).

Suggested activity: The labour support bag

Purpose: The purpose of this activity is to encourage participants to think about what household items they could use to help the mother cope with labour.

Materials:

- Labour support bag containing specified items (see module outline)

Instructions:

- See Comfort Measures Module outline

Relaxation, Touch & Massage

Massage may help you:

- ↓ muscle tension.
- ↓ pain
- ↓ stress



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Speaker's notes:

- By learning to relax, the pregnant woman can help her baby to get enough oxygen during labour and move down into the birth canal. It is important that the partner or support person learn techniques that can help the labouring woman to relax such as massage or by creating a calm environment.
- Relaxation is one of the three R's that make up the components of healthy coping in labour (Simkin, year)
- Being attentive to the lighting, sound, temperature, and smell of the pregnant woman's surroundings helps to create a safe and relaxing labour environment.
- Recognizing and releasing muscle tension during labour can help the pregnant woman to conserve energy, reduce pain, and decrease stress. The labour partner can observe her facial expression and posture and can identify tight muscles upon touching her. It is important to discuss and practice the types of touch, massage or other comfort measure that can best relieve her usual areas of tension. For example, if the pregnant woman usually harbours tension in her neck and shoulders, it is helpful to be aware of techniques that help relieve this tension.
- Keep in mind that some women may not want to be touched at all during their labour, while others prefer touch at specific times.
- Suggested massage techniques include:
 - Self-massage - The pregnant woman can lightly and rhythmically stroke her belly (effleurage).
 - Massage by labour partner - Type of touch (e.g., embrace) or massage depends on the woman's preferences throughout her labour. The labouring woman should let her partner know the type and amount of massage pressure that feels best for her. She may benefit from firm pressure applied to her hips or shoulders at times, light fingertip strokes on her belly or back at other times, or firm strokes on her neck, hands and feet. Using lotions will decrease skin friction and provide additional comfort.
- Provide the handout: Comfort Techniques to encourage practicing relaxation techniques at home.

Position Changes



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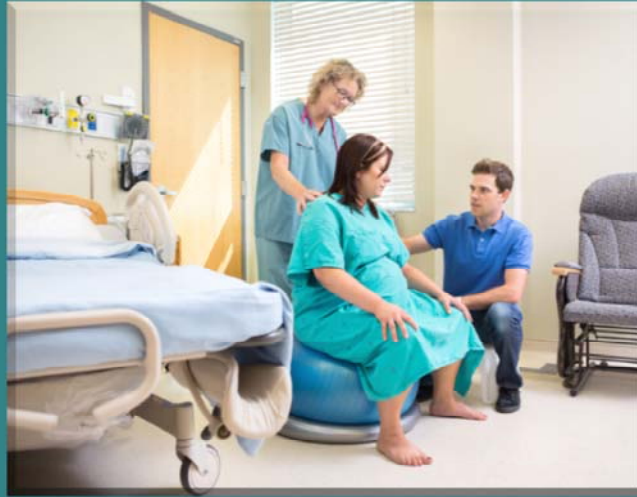
- Changing positions throughout labour helps the pregnant woman to take an active role in her own comfort and progress, and facilitates the baby's descent and rotation. When using the various positions, it is important that she relax any muscles she doesn't use to support her weight. Relaxation helps the labouring woman to conserve energy, to decrease stress, and to increase her sense of calm. The pregnant woman may want to avoid lying flat on her back to avoid compression of the inferior vena cava, which can cause her to feel lightheaded or dizzy.
 - Upright positions (standing, walking, sitting) take advantage of gravity to help the baby descend into the birth canal. Walking movements are rhythmic and may help to shift the baby's position.
 - The side-lying position is a resting position which may help the baby rotate or it may be suggested to slow a rapid labour.
 - The hands and knees or leaning forward positions provide relief for back pain and are good positions for back rubs. The pregnant woman can rock her pelvis back and forth in these positions, which relieves pressure on the lower back and improves circulation.
 - Rocking or slow dancing increases comfort and sense of well-being using music and rhythm. Rhythm is another R in the 3 R's of healthy coping in labour (Simkin, 2007)
 - Rituals provide the final R of the 3 R's of healthy coping in labour, and includes spontaneous activities (such as movements or vocalizations) that are repeated to provide comfort during labour.
 - Squatting positions use gravity to enlarge the diameter of the pelvic outlet, which encourages the baby to rotate and descend into the birth canal.

Note: The facilitator may use the pelvic model and doll to illustrate the baby's position when the labouring woman assumes various positions.

Suggested Activities:

- Position for labour (see Comfort Measures outline), or
- Video *The Essence of Coping in Labor* at https://www.youtube.com/watch?v=1Y-Li_r5loE

Birthing Ball



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- The birthing ball is an excellent tool for comfort during pregnancy, labour, birth and postpartum.
- During labour, the pregnant woman can sit on it, sway on it, kneel and lean on it, and so on. The ball provides support and absorbs the pregnant woman's weight, thereby reducing pressure on her back and relieving pain. Assuming a squatting position while sitting on the ball may increase the diameter of the pelvic outlet by 1-2 cm. This helps the baby descend and creates more pressure on the cervix to encourage dilation.
- The partner can provide massage while the labouring woman assumes various positions on the ball.
- It is important that someone is nearby to steady the pregnant woman as she positions herself on the ball. When sitting, she should plant her feet firmly on the floor, about two feet apart for stability.
- Demonstrate and discuss various positions using a birthing ball and/or poster (*Birthing Ball Comfort Positions*).

Hydrotherapy

May help to:

- ↑ relaxation
- ↓ muscle tension.
- ↓ pain
- ↓ stress



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Speaker's notes:

- Showers or baths can facilitate relaxation and pain relief through sensations of buoyancy, warmth, and gentle massage.
- Prior to getting into a bathtub during labour, a health care provider will often ensure that a woman's amniotic fluid is clear and that her vital signs, as well as the fetal heart rate, are within normal ranges. If a woman's amniotic membrane has already ruptured, this does not mean she will be unable to use hydrotherapy. Women, however, are discouraged from getting into a bathtub if there is meconium in their amniotic fluid.
- There is no set time limit on how long women should remain in a shower or bathtub for pain relief during labour. If they find it beneficial, they should continue to do so for as long as they like. Some women may find that taking a break and then going back in may increase the effectiveness for them.
- To ensure safety, a woman should:
 - Take a break if her temperature exceeds 37.5° C. The temperature of the water should not exceed one's normal body temperature of 37.0° C.
 - Drink plenty of fluids if in the shower or bath for an extended period of time to prevent overheating.
 - Wear water shoes in the shower and in and around the bathtub to prevent slipping. A non-slip bath mat may also be helpful in the shower or bathtub to prevent slipping.
- Hospitals and birthing facilities vary greatly in what they have available. Some may not have showers or baths in the birthing area.

Relieving Back Labour



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Speaker's notes:

Back labour is a type of labour in which the mother feels most if not all of her contraction pain in her lower back. Back labour is common and often occurs during the contractions, and in between contractions so that the mother may feel continuous discomfort in her back throughout the labour process.

Suggested activity: Strategies to manage back labour

Purpose: The purpose of this activity is to introduce various ways that support persons can help the labouring woman decrease the discomforts of back labour.

Materials: Birth ball, chair/table/mat, shawl

Instructions: Ask for a pregnant volunteer who may be experiencing some back pain. Demonstrate the techniques below on the volunteer(s) and offer to have the remaining participants practice these techniques with your assistance as required.

- **Counter pressure.** Using the heel of your hand apply constant firm pressure. Explain that this would be done throughout the entire contraction. When the contraction ends, gently massage the area where counter pressure was applied.
- **Double hip squeeze.** Have the pregnant woman lean forward using a chair or table (or kneeling and leaning on the raised back of a hospital bed). She can also assume the hands & knees position on the floor or bed. A birth ball can be used to support her in any of these positions if available. Using the palm of both hands, with the thumbs pointing to the spine to form a "W" apply constant firm pressure to both hips throughout the entire contraction. The pressure should be in and up towards the woman's body, lifting the sacral area.
- **Seated knee press.** Have the labouring woman sit upright in a chair with her lower back touching the back of the chair. Make sure that the chair is placed against a wall. Ensure that her feet are touching the floor and comfortably apart. Kneel in front of her with your hands covering her knees. During the contraction, apply direct forward pressure. The labouring woman should feel decreased discomfort in her lower back.
- **Abdominal lift.** Have the partner stand behind the labouring woman and wrap a shawl under her belly and criss-cross the ends behind her back. With a contraction, the partner pulls the shawl upwards with the guidance of the woman to lift the belly.

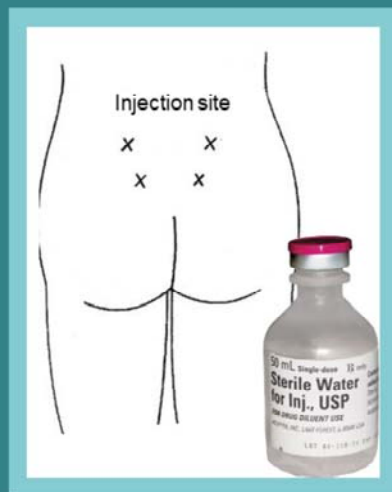
Other suggestions



Speaker's notes:

- Support persons can suggest that the labouring woman:
 - Kneel and lean over a ball while rocking her pelvis back and forth or in a circle.
 - Use hot or cold compresses on her back between contractions, ensuring there is a layer of cloth between the item and the labouring woman's skin. It may be helpful to alternate between heat and cold.
 - Use rolling pressure during or between contractions (cold pop can, rolling pin, tennis ball, etc.).
 - Applying heat with thermal bags or hot water bottles to the labouring woman's back, lower abdomen, groin, or perineum can also help to relieve discomforts.
- It is comforting to bring familiar items from home, such as a soft pillowcase, a favourite picture to focus on, or a warm pair of socks.

Alternative therapies



Sterile Water Injections
(Sterile Water Block)



TENS
(Transcutaneous Electrical Nerve Stimulation).

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Speaker's notes:

- **Sterile Water Injections (Sterile Water Block).**
 - Small amounts of sterile water are injected intradermally into four places on the labouring woman's lower back.
 - Sterile water injections can provide relief up to 2 hours. This technique does not relieve contraction pain, however, once her back pain is alleviated she can then focus on using additional comfort strategies to manage her labour. This is an example of the gate control theory.
 - The injections may also stimulate the release of endorphins.
 - Sterile water injections are not commonly used. However, if a woman wants to try this coping method during her labour, she should discuss this with her care provider before going into labour.
- **TENS (Transcutaneous Electrical Nerve Stimulation).**
 - A device that uses electrical impulses to block the pain signals to the brain.
 - Four electrode pads are placed on the labouring woman's lower back. The device delivers mild tingling/buzzing sensations. Using the pocket size device the labouring woman can control the pattern or intensity of the sensation.
 - If a woman would like to use TENS during her labour, she will need to discuss this with her health care provider. Also, she will need to obtain a TENS unit at least one month before her due date so that she can receive adequate training. If her health care provider or place of birth does not supply TENS units, she will need to rent a unit privately.
- **Hypnosis and Acupuncture**
 - Some women have successfully used hypnosis and acupuncture to relieve pain. Hypnobirthing courses teach self-hypnosis to be used during labour. Acupuncture would likely require the services of a specialist during your labour.

Self-help Strategies

- Focusing attention
- Vocalization
- Imagery and visualization
- Positive affirmations
- Personal coping skills
- Aromatherapy

Speaker's notes:

The labouring woman can also try some of the following techniques to help her relax during contractions:

- Focusing attention: encourage her to look at something or someone for the duration of the contraction; some women prefer to close their eyes and focus on sounds or sensations such as rhythmic breathing or massage.
- Vocalization: encourage her to make noise such as moaning or chanting while she copes with each contraction. Often, vocalizations are spontaneous and can become part of her labour ritual.
- Imagery/visualization: ask her to close her eyes and picture a place such as beautiful island resort or something that makes her feel relaxed and calm.
- Positive affirmations: encourage her to talk in positive messages such as “I can do this...just one more.”
- Personal coping skills: encourage her to try a technique that worked for her with other types of pain.
- Aromatherapy: Certain smells can have a calming effect and aromatherapy can be beneficial for women in labour. Lavender and sage, in particular, tend to have calming effects. Check at the birth setting to learn about their policy concerning scents.

Some comfort techniques seem to work better for some women than others. Make sure the woman does not feel inadequate if these techniques do not work.

Adapted with permission from the *Labour Comfort Kit*, Prince Edward Family Health Team.

Breathing Patterns



Speaker's notes:

- During labour, concentrating on one's breathing can help promote relaxation, which in turn can help decrease the intensity of pain associated with labour contractions and give her a sense of control over her labour.
- There are no set rules or methods to breathing while in labour. Breathing techniques are only a guideline and women are encouraged to follow their body's lead and be flexible by changing patterns as needed.
- Breathing is a physiological process. During labour, breathing patterns may change without having to consciously control them. Paying attention to your breath, or breath awareness, is the first step in recognizing breathing patterns.
- The main types of breathing patterns suggested for the labouring woman include:
 - Slow breathing.
 - Light (shallow) breathing.
 - Variable or transition (pant-pant-blow) breathing.
- It is helpful to practice breathing techniques during the last trimester of pregnancy so that they are familiar and comfortable to use during labour.
- Spend some time each day practicing relaxation and breathing.
- Meditation is also helpful for stress relief during pregnancy and assists with relaxation during labour.

Slow Breathing

- Breathe slowly and rhythmically in through the nose and out through the mouth.

Speaker's notes:

To perform slow breathing, a woman:

- Takes a deep breath in and then exhales with a sigh when a contraction is about to begin to let her partner or support person know that a contraction is beginning.
- Focuses her attention on an encouraging image, inhales slowly and quietly through her nose, and then exhales through her mouth while releasing tension in her shoulders, chest, and abdomen so that they relax. She repeats this pattern five to 12 times per minute throughout the contraction.
- Takes a deep breath and yawns or gives her partner or support person some other signal when the contraction is finished to mark its end.

Read the above description. Remind participants the amount of air inhaled is equal to the amount of air exhaled. Slow breathing is slight exaggeration of normal relaxed breathing. Encourage the participants to try this as you present this slide.

Note to facilitator:

If time allows, you could show the following video describing slow breathing:

The 3Rs and Slow Breathing by Penny Simkin:

<https://www.youtube.com/watch?v=Mo4VmgpHmxs>

Suggested homework activity:

While at home watching television, have the pregnant woman practice slow breathing and relaxation for 30 to 45 seconds during commercial breaks.

Fun with Ice



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Suggested Activity: Fun with Ice

Purpose:

- To increase awareness of the effect of comfort measures to help cope with pain.

Materials:

- Ice cubes or frozen freezies for each class participant
- Paper towels
- Variety of comfort measures tools such as tennis balls, massagers etc.

Instructions:

- Have each class participant hold an ice cube or freezie for one minute, and have them describe the sensations and emotions they felt while they were holding it. Provide paper towels to dry hands.
- Ask partners to choose a comfort measure that they would like to practice such as neck massage, counter pressure, or the use of a tennis ball . Give each pregnant woman a paper towel and an ice cube (or use a freezie).
- Ask the pregnant woman to hold the ice cube while you time a one minute contraction. The pregnant woman is asked to concentrate on her slow breathing and the comfort measure that her partner is providing and not on the effects of the cold ice cube which simulates a pain stimulus.
- Following the activity, ask participants if they were able to concentrate against the uncomfortable sensation of the ice cube.
- It is common to be able to concentrate and then lose focus many times; similar to the labour experience.
- This activity shows that it is possible to focus away from the pain by using breathing techniques in combination with other comfort measures – it works, but you need to practice.

Please note that this activity should not be done if the pregnant woman has conditions such as Raynaud's disease or carpal tunnel syndrome. As an alternative to using an ice cube, have the pregnant woman use a clothes peg on her ear for discomfort; or have her place keys with points facing in towards the palm of her hand while folding her fingers over the keys until it feels uncomfortable.

Light (shallow) Breathing

- Inhale and exhale lightly through your mouth, making a sound on exhalation.

Speaker's notes:

- Light breathing is often used when contractions are long, strong, and close together or if a woman finds that slow breathing is not working for her anymore.
- To perform light breathing, a woman:
 - Takes a deep breath in and then exhales with a sigh when a contraction is about to begin to let her partner or support person know that a contraction is beginning.
 - Focuses her attention on an encouraging image then inhales and exhales through her mouth making a sound on exhalation keeping her head and shoulder relaxed while she breathes.
 - Lets out a long sigh when her contraction is finished.

Read the description above. Encourage the participants to try this as you present this slide.

It may be helpful to begin with slow breathing and switch to light (shallow) breathing as the contraction intensifies. As the contraction decreases or relaxes, the labouring woman can return to slow breathing.

Variable breathing

- Shallow breathing for two to four breaths and then, after one inhalation, exhale slowly allowing your body to go limp.

Speaker's notes:

- Variable breathing is a type of light breathing. It involves light, shallow breathing with a longer, more pronounced exhalation. It is sometimes referred to as “pant-pant-blow” or “hee-hee-hoo” breathing.
- Variable breathing is most often used during the transition phase when the labour is most intense. This technique is an adaptation of shallow breathing with the addition of a shallow blow. The ratios of pants and blows can be adapted according to the labouring woman's preference. She will find a comfortable pattern and pace.
- To perform variable breathing, a woman:
 - Takes a deep breath in and then exhales with a sigh when a contraction is about to begin to let her partner or support person know that a contraction is beginning.
 - Focuses her attention on an encouraging image then inhales through her mouth and performs light, shallow breathing for two to four breaths and then, after one inhalation, exhales slowly allowing her body to go limp. She then begins a rhythm and after every second or fourth inhalation (whichever rhythm which best for her) she exhales in a longer breath and may make a “hoo” or “puh” sound on exhalation.
 - Lets out a long sigh when her contraction is finished.
- Read the description above. Encourage the participants to try this as you present this slide.
- The labouring woman may hyperventilate if her breathing is too fast or too deep, making her feel lightheaded or dizzy. To correct this, ask her to cup her hands over her nose and mouth and breathe slowly until the feeling passes. Another option is to have her hold her breath until she feels the need to breathe again. This will correct the imbalance of carbon dioxide and oxygen in the bloodstream. (Penny Simkin, p. 224)
- Emphasize that the right way to breathe is whatever feels right to the labouring woman. Issues like the number of breaths per minute, breathing through the nose or mouth, or making sounds (like hee-hee) with the breaths are only important if they make a difference for her.

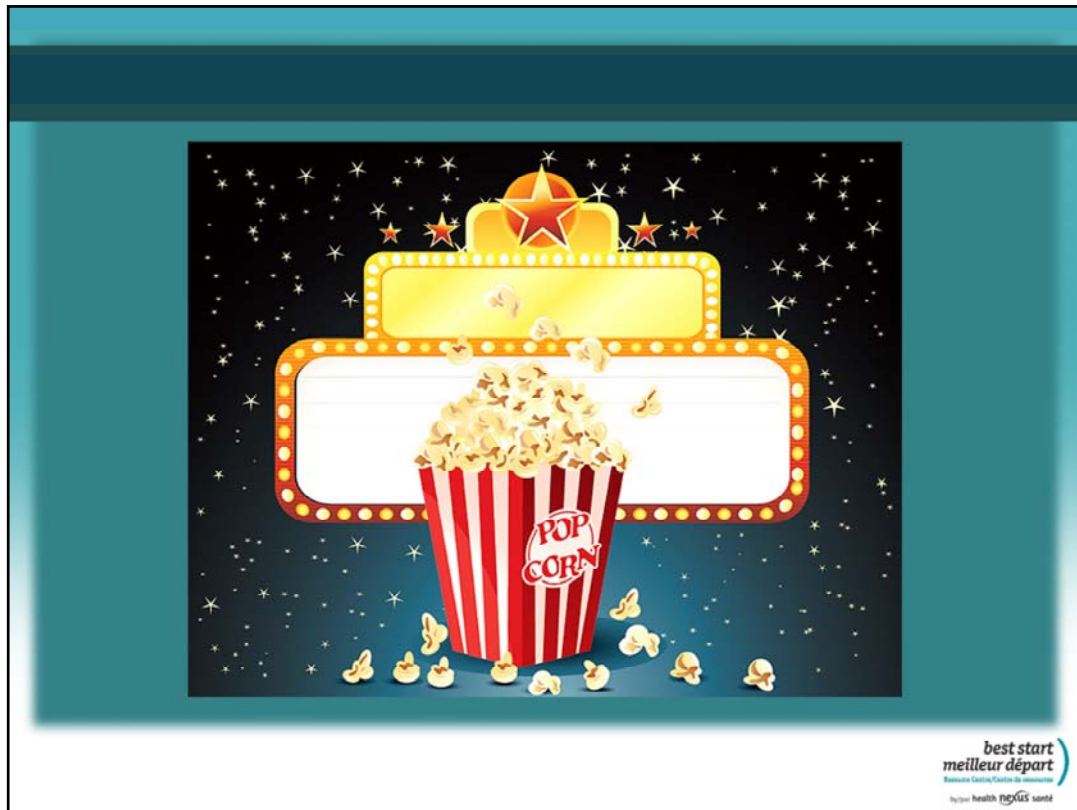
Pushing



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Speaker's notes:

- The labouring woman enters the second stage of labour (pushing) when her cervix is fully dilated to 10 cm. Some women feel an intense, instinctive urge to push while others may not experience this sensation of pressure. Bearing down with contractions helps to move the baby through the birth canal.
- There is no “right or wrong” way to push. It is important to discuss management of the second stage of labour with your health care provider. ***Never practice pushing during pregnancy.***
- When women push naturally (without any instructions and based on their own rhythm), they tend to do three to five short pushes during each contraction. As the second stage of labour moves along, the number of pushes per contraction tends to increase. With natural pushing, women take in several big breaths of air with each pushing effort, and slowly blow all the air out of their lungs. Studies show that the natural way of pushing allows the most oxygen to reach your baby during the second stage of labour. (From Healthy Beginnings, 4th Edition, p. 142.)
- The best success is accomplished when women push when they have the urge to push.



Show a birth video of your choice that demonstrates comfort measures (non-medical interventions).

Suggested videos:

- *Understanding Birth*, Chapter Four - *Comfort Techniques*, 3rd edition, InJoy Birth and Parenting Education, 2015.
- *Comfort Measures for Childbirth*, Penny Simkin, 2010.
- *Healthy Birth Your Way: Six Steps to a Safer Birth*, Mother's Advocate, InJoy Birth & Parenting Education, 2010. Free online version at <http://mothersadvocate.org/videos.html>
- *Comfort Measures for Labour*, Chatham-Kent Public Health Unit, 2013
<https://www.youtube.com/watch?v=iw94EyVz3Rw>

Discuss any questions and concerns that participants have following the video.

Suggested homework activity:

Encourage the pregnant woman and the support team to make a list of some of the comfort measures they can use during labour.

Event Training Schedule

- Establish a timetable
- Vary your training
- Prepare your mind for the race
- Pace yourself
- Take care of yourself
- Have your stuff ready
- Enjoy yourself

Suggested activity: Event Training Schedule

Purpose: The purpose of this activity is to compare labour and birth preparations to the preparations by an athlete for a major event like a marathon or triathlon.

Materials: Event Training Schedule handout (in module outline)

Instructions:

- Provide each participant with a copy of the handout and have them read it
- Encourage a group discussion about how the training schedule relates to the preparation for labour and birth and how it might be different.

Informed choice

- Do what makes you feel comfortable during labour.
- Ask questions to help you make informed choices.
- Consider writing out your birth preferences to share with your health care provider.
- Consider using a code word to signal you want pain medication.

Speaker's notes:

- There are many different options to help you cope with labour pain. Before labour, it can be helpful to review and even practice some these comfort measures to learn what may work best for you. During labour, do what makes you feel most comfortable.
- Your health care provider might discuss information that you do not fully understand during labour and birth. Ask questions until you understand. This may ease any anxieties that you, your partner, and/or other support people might have. It will help you make informed decisions that are best for you and your baby.
- It may be helpful to refer back to your birth plan/birth preferences during labour to remind you of coping techniques you had hoped to use.
- When planning an unmedicated birth, it may be helpful to chose a code word to indicate that you truly want or need medical assistance to cope with your pain, instead of needing more or different support.

Suggested video:

The Code Word – Ensure Your Pain Management Wishes are Followed, available at:

www.youtube.com/watch?v=wiPAx0deTo&feature=youtu.be

Additional Resources

- Health care provider
- Public health unit
- Community health centre
- Local hospital or birth centre
- Certified Doula
- The Society of Obstetricians and Gynaecologists -
www.sogc.org

The information represents the
best practice guidelines at the time of publication.
The content is not officially endorsed by the Government of Ontario.
Consult your health care provider for information specific to your pregnancy.



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