Active birth

Women who are active and upright during labour may experience less pain and may have shorter labours. Upright and active labours may require less medical intervention.

Standing, walking, kneeling and regularly changing position in labour enables:

- gravity to increase pressure on the cervix
- regular and efficient contractions
- baby to rotate and move lower in the pelvis
- stretching of the perineum
- more involvement in your labour.

Positions to try in labour

Try standing and lean against a wall, fixed bench, doorframe or a support person.

Sitting on a birth ball or fit ball keeps you upright and allows pelvic rocking.

Kneeling over a bed, chair, low table or beanbag can relieve backache in labour.

If back pain is severe, try getting on your hands and knees. This position can help baby rotate and relieve pressure from your back.

- ✓ While standing, feet should be apart to give a wide base for support.
- ✓ Keep knees bent to make pelvic rocking easier.
- ✓ Try squatting instead of sitting on a chair.
- ✓ Sit cross-legged or with your feet close to your body.
- ✓ Once in a comfortable position, use it until it is no longer helping you relax.
- ✓ Lie down if you are tired. Avoid lying on your back, lie on your side with pillows between your knees.

Do not use positions that feel uncomfortable.

Make sure you are able to relax between contractions. Throughout a contraction, your muscles will be tense. After each contraction, rest and allow your muscles to relax.

Breathing

Slow and regular breathing in labour may help you work with contractions – not fight them!

Slow and regular breathing in labour may help to reduce:

- heart rate
- blood pressure
- pain perception

Slow and regular breathing may help you rest between contractions.

After a contraction, as you exhale, blow away stress and tension. A big “sigh” encourages relaxation.

Warmth

A sense of warmth is may be helpful for coping with pain and stress in labour:

- Warm shower or bath.
- Warm or cool compresses or spray for face, neck and shoulders.
- Gel heat packs for back or tummy – no wheat packs or hot water bottles in hospital.

Massage

Massage during labour may help you manage contractions. Touch can be firm using hands or a massage tool. Other women may prefer light and gentle stroking.
Firm pressure or grip can bring relief during a contraction. Light touch can be useful to encourage relaxation between contractions.
Try a variety of massage techniques for scalp, neck, shoulders, back, legs and feet.

Perineal massage

The perineum is the area between the vagina and anus. It must stretch as baby's head is born.

Click here for a short video about perineal tears and episiotomy. Stop the tear or https://vimeo.com/457938100

Perineal massage may help prepare the perineum for the stretch and burning felt during birth.

The following web address provides information and references on perineal massage.

http://brochures.mater.org.au/Home/Brochures/Mater-Mothers-Hospital/Pregnancy-perineal-massage

Emotional support

Stay in the familiar environment of home for as long as possible. Feeling safe and supported helps labour progress. You can create a realxing environment. Try subdued light, soothing music, a familiar picture or visual image and calming scents. Use these at home and in hospital.

Practice some relaxation exercises that you enjoy. Popular images are sunsets, the beach and a forest walk. These may help you relax between contractions.

Support person

Choose a person who knows you and knows what might bring you comfort in labour. They may assist in many ways with massage, changing positions and preparing heat/cold packs. Support people also help with trips to the toilet, snacks, drinks and words of encouragement.

Music for labour

You will benefit most from the music you choose. Bring your own speaker, dock or earphones.

Music:

- may help with relaxation and ease anxiety
- can help you time your breathing and movement
- can increase production of the hormone endorphin, giving a sense of wellbeing
- can act as a distraction to the pain of contractions
- may help to set the mood in your birthing room
- may block out other noise from within and outside your room
- may assist you to express your emotions

Using water in labour

A shower or bath can provide comfort by making you more relaxed.

Being in the shower can make it easier for you to remain upright, move around and change positions. Water can also help you relax between contractions.

If labour is progressing without complications, ask your midwife about using the shower or bath.

Mercy Health does not support birthing your baby in water.

Pain during labour

Pain in labour is normal, it is a sign your body is working.

Every woman's experience of pain in childbirth is different. For some the pain can cause anger and frustration. Others may feel little pain.

Many women describe contractions as:

- period cramps
- dull, dragging backache
- burning sensation
- squeezing, surging
- tight vice across abdomen
- thundering crashing waves
- stretching, stinging

Contractions begin mildly and gradually build in strength, duration and frequency.

Deal with contractions your way – cry, swear, stamp, change positions, get annoyed or irritable it's all acceptable. Some women are quiet and controlled and others respond differently. Both can be effective in reducing stress and pain.

Work with each contraction as it comes, try not to worry about future contractions.

T.E.N.S

Transcutaneous Electrical Nerve Stimulation is a form of pain relief. It uses no drugs and is non-invasive. Electrodes applied to the mother's back connect to a small hand-held device. TENS produces a comforting warm and tingling sensation down the mother's back. It is most effective when used from early labour.

TENS cannot be used:

- in the bath or shower
- if skin reacts to electrode adhesive
- prior to 35 weeks gestation

Use with advice from physician:

- if epileptic
- if you have a cardiac pacemaker
- if metal plates or rods are present

Sterile water injections

Injections of sterile water can relieve back pain without the use of medication. Four small injections in the lower back can relieve persistent back pain. Apart from initial stinging, they have no other side effects on mother or baby. Speak with your midwife during your labour to see if this is suitable for you.

Birth suite aides

- Adjustable beds
- Bath
- Birth balls
- Chairs
- Gym mats
- Mirrors
- Showers
- Stools

Bring your own or hired TENS unit, gel pack/s, music, electric oil burner and oils. Electrical items require test and tag. This can be done by the hospital engineering department at your 36 week appointment.

Birthing Services

You are welcome to phone the midwives in Birthing Services at any time. Please call if you have questions about labour contractions or waters breaking.

Before labour begins, you may experience:

- "nesting" – cleaning the house, rearranging furniture
- slight diarrhoea
- increased pelvic pressure as baby's head moves lower into your pelvis
- a mucous plug or "show" discharged from the vagina – this may be streaked with blood.

Labour will start with either:

- contractions – waves of abdominal cramps or backache
  or
- waters breaking – either a trickle or a gush of fluid.

Birth Suite phone numbers

- **Mercy Hospital for Women**: 8458 4058
- **Werribee Mercy Hospital** 8754 3400

How you can ask for an interpreter

Call:

- Mercy Hospital for Women 03 8458 4282
- Werribee Mercy Hospital 03 8754 3439

You can also call the hospital numbers using the:

- Translating and Interpreting Service (TIS) phone 131 450
- National Relay Service phone 133 677 – this is a service for hearing or speech impaired patients/family members.

The next page is a guide to the stages of labour

This is a guide to spontaneous labour. Some women will labour in a shorter or longer time frame compared to the guide below. Induction of labour times may differ from the guide.

Please contact birthing suite to discuss the progress of your labour if you are unsure, have concerns or wish to come into hospital.

Further Information
If you have questions regarding this information, please contact:
Mercy Hospital for Women
Parent Education
Phone: 03 8458 4152

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This document provides general information only and is not intended to replace advice about your health from a qualified practitioner. If you are concerned about your health, you should seek advice from a qualified practitioner

First stage Excited, apprehensive **Early phase** Contractions range 5 to 30 minutes apart Last 20 to 40 seconds	**Sensations** • 'show', thick mucus tinged with blood • backache • lower abdominal 'period like' pain • sometimes diarrhoea • occasionally waters may break • may feel pain in groin or thighs **Range: 4 to 12 hours** **0-3cm**	**Helpful ideas** • maintain normal activities for as long as possible • try to rest or sleep if night time • notify hospital, keep in contact • time contractions, beginning of one to beginning of the next • ensure bag is packed, ring support person • drink and eat normally • take a relaxed walk	
First stage Becoming weary **Active phase** Contractions range 2 to 5 mi[illegible]part Last 40 to 60 seconds	• contractions strong and intense • backache, restless • less talkative, total involvement in labour • increase pressure in hips and thighs • more dependent on support person • waters may break **Range: 2 to 5 hours** **3-8cm**	• breathe through contractions, slow and regular • stay active, change positions, as often as necessary • pelvic rocking • rest between contractions • shower/bath • heat packs	
First stage Tired, irrational **Transition** Contractions range 2 to 3 mi[illegible]part Last 60 to 90 seconds	• long strong contractions • nausea and possibly vomiting • trembling legs, tired and irritable • inability to find a comfortable position • may feel anal pressure and an urge to push • feelings of panic and being out of control • may be a lull between first and second stage **30 to 90 minutes** **8-10cm**	• remember this is labour's shortest phase and will soon be over • change positions as required, move around if more comfortable • believe in your body, be noisy if you feel like it • shower, bath or heat packs • massage back and thighs • rest between contractions • work with the contraction rather than resisting	
Second stage Working hard **Pushing** Contractions range 3 to 5 minutes apart Last 60 seconds	• contractions less intense, more pressure • contractions not as frequent • the urge to push may build gradually and may occur several times during a contraction • stretching, full sensation in vagina and/or rectum as baby's head moves down (bowels may open). • stretching, burning perineum as head emerges **30 minutes to 2 hours** **10cm-birth**	• find a comfortable position, the end is in sight • push with each contraction - listen to your body • relax the pelvic floor, visualize baby being born • rest between contractions to gather strength • warm compresses to perineum, use a mirror to see baby's head • listen to the guidance being given by your doctor, midwife and support person	
Third stage **Placenta delivery** **5 to 30 minutes**	**Fourth stage** **New family** [illegible]st hour after birth	**Third stage** • initial lull of contractions • placenta is delivered	**Fourth stage** • wide range of emotions from feeling numb to sheer elation
Third stage • oxytocin may be given to assist the placenta delivery • look at, cuddle & touch your baby • placing your baby to the breast assists placenta delivery	**Fourth stage** • celebrate • first breastfeed • time with your new baby • photos, phone calls • shower • eat and drink		