The Labor Support Guide — for Fathers, Family and Friends

by Carl Jones, Henci Goer and Penny Simkin

Anyone — male or female — can give labor support. But no one can help a woman through labor in the same unique way as her partner, lover, or husband. He can reduce fear and tension. He can give reassurance and inspire confidence. Even if he knows nothing about labor, he knows his partner and he can help her in ways no one else can. The love he and his partner share can make labor the most fulfilling event of their lives.

Just as most women wonder how they will deal with labor, most men wonder, "Will I be able to help my partner?" Many are apprehensive about seeing the birth, but soon discover that birth is both physically and spiritually beautiful to witness.

You don't have to have given birth or be a trained professional to support a woman in labor. Sharing the experience and being sensitive to her needs are far more important than knowing how to give a great massage or knowing all there is to know about childbirth. The most important thing is to be there. If you also know what to expect and some specific ways to help, as outlined in this pamphlet, you can ease her burden and share the rewards of what is potentially one of life's most intense and gratifying experiences.

PREPARING FOR BIRTH

By deciding upon your place of birth (hospital, birth center or home), your caregiver (midwife or physician), and which childbirth classes to take, you have done a great deal in determining the kind of birth experience you will have. Beyond those important decisions there is much you can do in preparation for the birth to become an effective and helpful partner.

Meet the birth attendant. Attend one or all prenatal exams with your partner. You will feel more a part of the birthing team when labor begins.

Take childbirth classes and take them seriously.

Tour your hospital, birth center, or back-up hospital (if you are planning a home birth).

Practice together the techniques you learn in class. Experiment. Everyone is an individual and you must find out what best soothes and relaxes your partner. The more you practice, the more confident and knowledgeable you will be.

As you go through your classes discuss what is important to your partner, whether it be avoiding certain interventions or medications, birthing in a quiet room, spending time with the baby after birth, etc. Have a clear and agreed upon understanding of what she wants and doesn't want in labor.

Prioritize your wishes and make sure your birth attendant shares your philosophy on high priority items. As you learn more about childbirth and discuss your wishes with your birth attendant, you may discover that he or she is not attuned to your needs. If you cannot work out your disagreements, it might be best to change birth attendants or hospitals, since there are different philosophies in maternity care, and there is almost surely a birth attendant who will respect your wishes. While all parties desire above all a safe outcome for mother and baby, there is more than one way to accomplish this, and it is important for all of you to work well together. It is better to change late in pregnancy than to be frustrated during labor.

As the time for birth approaches keep gas in the car, try a "dry run" to the hospital and be sure to find out which entrances to use during the middle of the night as well as during the day.

SUPPORT THROUGHOUT THE THREE STAGES OF LABOR

The two essentials of effective labor support are encouragement and close physical contact. But there is no right or wrong way to support a laboring woman. Some women prefer active coaching throughout. They want their partners to talk them through contractions, instructing them, distracting them. Others prefer to have their partner whisper occasional encouraging words. Some enjoy massage and stroking; others want simply to be held in loving arms. You may have to ask her from time to time if what you're doing is helping or if she'd like you to do anything (especially talking and touching) differently.

Contractions surge and ebb like waves of the sea. The goal is flowing with the waves, not maintaining perfect self-control — surrendering to the power that will birth the baby and allowing it to take its natural course. Labor is an overwhelming experience. Occasionally a woman may feel submerged when the waves are at their peak, just as the most adept swimmer may be temporarily overcome when the sea is stormy. This is nothing to feel badly about.

Labor affects her whole being — her mind as well as her body. Her inhibitions are swept aside by labor's powerful waves. She may moan and groan and make primal sounds that well up from her very roots like the sounds of sexual passion. Hold her. Be with her. Let her know that you are there. You are sharing an act of love. And you are part of a miracle.

Before Labor Begins

Before labor begins, a woman may experience some, all, or none of the following:

- lightening: baby settles into the pelvis (usually two to four weeks before birth)
- increase in Braxton-Hicks contractions
- increased mucus discharge from the vagina
- bloody show (loss of slippery pinkish glob of mucus which sealed the cervical opening. This is pink or blood-

streaked because the tiny cervical capillaries break as the cervix thins and opens.)
- several soft bowel movements
- burst of energy

Every labor is unique. You need to know what to expect and how labor changes as it progresses.

FIRST STAGE

When labor does begin, the cervix effaces (thins) and dilates (opens). First stage may last from two to twenty-four hours or longer.

Early First Stage

Contractions last from 20 to 45 seconds, occur from every 20 minutes to every 5 minutes, and will probably be mild. The cervix dilates to 3-5 centimeters. Membranes may rupture any time from now until birth. This phase is usually the longest part of labor. Labor may start, fade away, and begin again.

This is an exciting time for most couples. Labor has finally begun. But at first you may not be sure whether it is really labor or just "warm-up" contractions. Women frequently experience a period of false labor. False labor means that contractions are not causing dilatation of the cervix. It may take hours to determine whether you are in true labor. The following will help you distinguish false labor from the real thing.

True labor contractions:
- Are often felt in the lower back or low in the groin and feel like menstrual cramps
- Usually occur at progressively shorter intervals as time passes
- Usually grow more intense with time
- Are usually intensified by walking
- Dilate the cervix (determined only with vaginal exam)

False labor contractions:
- Are usually felt in the abdomen
- Remain at the same intensity
- Intervals between contractions do not decrease over time
- Often disappear or decrease with a change of activity
- Have minimal or no effect on the cervix

In Early Labor:

Be sure all items are packed.

Serve light, easily digested foods if your partner desires (for example, fruit gelatin, toast and honey, broth, chicken, yogurt).

Encourage rest if it is night; otherwise, light activity.

Time a few contractions with the second hand of a watch. (Make a mental or written note of the frequency and duration of contractions until you have an idea of how labor is progressing.) To measure duration: When she tells you the contraction begins, glance at your watch and note the time. Count the number of seconds until it is gone. To measure frequency: Time from the beginning of one contraction to the beginning of the next.

Contact your caregiver (midwife or physician). Unless instructed otherwise, call when contractions are averaging five minutes apart, about 60 seconds long, and are strong enough that she can no longer walk or talk throughout a contraction without having to pause. With a home birth, your caregiver will want to know when you think you are in early labor and will want to be kept posted on any changes in labor.

Leave for the hospital or birth center. There is usually plenty of time — usually several hours before you need to leave home. Babies are rarely born in cars.

Some women prefer to leave home in early labor. They cannot surrender to labor until they are where the baby will be born. Others prefer to wait longer. They are more relaxed and have more freedom at home.

When you arrive, learn how to operate the labor bed so you can help your partner change positions. Locate supplies you may need, such as pads for the bed and ice chips.

Moving to the place of birth can be upsetting. Your partner may become tense and contractions may even stop for a time. After admission take time to relax and refocus on the labor.

If a vaginal exam reveals she is in early labor (less than 3-4 cm) and contractions are not painful, you may wish to leave — go home or for a walk, and return when labor has become more intense.

Active Labor

Contractions last 45 to 60 seconds, occur every 7 to 3 minutes, and are more intense. The cervix dilates from 3-5 to 7-8 centimeters. A woman is usually less talkative and more involved in labor. She depends more on her partner for support.

Sit close. Don't feel shy about sitting on the labor bed. Touch her, caress her, massage her tension away. Physical contact is the best kind of labor support. In late labor some women do not want to be touched, or they want to be held, but not stroked. Your partner will let you know what she prefers.

Massage her if she desires. Use cornstarch or oil to reduce friction. You can try:

effleurage, a light fingertip massage that some laboring women find relaxing and comforting. Make rhythmic circles on the belly (if an external fetal monitor is not in the way) and upper legs with one or both hands. Use a gentle, but firm stroke as if you were caressing the baby.

inner thigh massage to relieve trembling legs and tension in the groin during late labor. With curved hands stroke firmly down the inner thighs from the pubic area to the knees, then back again.

massage of the entire back and neck with both hands on either side of the spine and over the shoulders.

kneading the buttocks, which may help her relax this area when the baby has descended low in the pelvis.

massage of the feet, paying particular attention to the sides of the foot and insteps. During contrac-

tions foot massage can be comforting and distracting.

Practice various types of massage ahead of time and learn how and where she particularly likes to be massaged.

Help her relax. Tension increases labor's discomfort. Don't just say "relax;" ask her to relax a specific area of the body that appears tense. You can place your hands (relaxed, warm and calm) on the tense area and ask her to release toward your touch. If her arm is tense, for example, run both hands firmly down from the shoulder to the fingers, asking her to release tension.

Appear relaxed yourself. She will not be able to relax if you are tense. Maintain a calm and soothing tone of voice.

Be positive. Encourage and praise her. Keep her spirits up, but don't minimize her difficulty. If she says she feels pain, acknowledge that what she is experiencing is hard. Then remind her of the progress she is making. With every contraction the cervix is dilating more. The baby is closer to being born.

Make her comfortable. Use pillows wherever desired. Adjust the labor bed. Suggest changes of position (standing, walking, leaning, sitting, side-lying, etc.). She will probably get sweaty. Provide cool washcloths for her forehead and neck. Provide liquids for her to drink: water, fruit juice, or herb tea with honey or sugar; or ice chips to suck. She will get especially thirsty if she is using breathing patterns. Suggest a shower or bath, if possible, in the birth setting. You may take your swim suit to avoid getting soaked while continuing to help her.

Breathe with her if necessary. If she is using breathing patterns, learn these so you can help her with them. In active labor women often need help in doing what they have learned. You can breathe with her or guide her breathing by moving your hand up and down for each inhalation and exhalation, or by stroking her arm downward with each outbreath. Don't insist she breathe in a specific pattern if she doesn't find it helpful. It is best for her to find her own rhythm.

Watch for hyperventilation. The signs are: tingling in the hands, lightheadedness, and giddiness. It occurs with tension and/or too rapid/too deep breathing. If she hyperventilates, tell her to breathe through cupped hands for a few breaths so that she will breathe back her own carbon dioxide. Then encourage her to breathe more slowly and lightly, and to relax her shoulders, chest and abdomen. If you breathe with her, be careful not to hyperventilate yourself!

Watch her. In active labor many women don't tell you what they need. She may lick dry lips, push damp hair from her face, rub her own back, etc. Use these cues to make her more comfortable.

Remind her to urinate every hour or so. Silly sounding advice, but a laboring woman may not feel the need to urinate, and a full bladder can impede labor progress.

Ask for help if you are not sure what to do in a particular situation. A nurse can often complement your support. She may be better able to convince your partner that all is going well.

Create a peaceful environment. She might want to see outside, or to have you close curtains and dim the lights and try to keep unnecessary talking to a minimum. A laboring woman is easily influenced by negative comments and disturbances in her surroundings.

Be a go-between for your partner and the staff. If she does not feel like talking, you should answer questions for her.

Don't get distracted by machines. Many people are fascinated by electronic fetal monitoring and tend to watch the machine and ignore the woman. If your partner is monitored, sit with your back to the machine if necessary and leave its reading to medical experts.

Encourage her to make whatever sounds she wishes. She may groan and moan. This helps many women relax and cooperate with labor. High-pitched screaming, however, probably indicates panic and should be discouraged. If she panics or appears to be overwhelmed, establish eye to eye contact. Tell her to breathe with you. Say, "Breathe like this," and demonstrate. If she is screaming, tell her to groan instead. Groan with her if necessary. A more sensual lower pitched sound tends to be relaxing and dissolves the sense of panic. Be firm in your instructions if necessary. Remind her to take one contraction at a time.

For back labor use special techniques. About one of every four laboring women experiences discomfort in the back. *Use counterpressure.* During contractions, press firmly and steadily with your fist or the heel of your hand on the low back wherever it feels best. Adjust the pressure and placement of your hand according to her need.

Help her assume a position that keeps the baby's head off the spine: squatting, side-lying, sitting cross-legged, resting on hands and knees, or bending forward against you or the bed while standing or kneeling.

Try a hot water bottle, heating pad, or an ice pack on the back. Or roll an ice-filled rolling pin or plastic bottle over her low back.

Transition

This is the final phase of first stage. Contractions last 60 to 120 seconds, occur every 2 to 3 minutes, are intense, and may be irregular. The cervix dilates from 7–8 to 10 centimeters.

Signs of transition may include:

- irritability
- hiccupping
- nausea and possibly vomiting
- trembling legs, arms, jaw
- alternating sweating and chills
- loss of control and the feeling she can't manage
- despair, fear, a feeling it will go on forever
- mental fogginess
- feeling she is moving her bowels

Don't leave your partner alone — she needs you every minute.

Keep directions simple and to the point. A woman's concentration is narrowed. You may have to repeat yourself several times. Be firm if necessary.

Be persistent. She responds to your directions, but for only a short time. She will need to be reminded of what to do over and over again.

Tell her when the contraction is past the halfway point. You can tell by a glance at your watch.

Give encouragement and praise even though it may sound silly to your own ears. This will help her get through the final, most difficult part of labor. Transition tends to be brief (5 to 20 contractions); she needs to know she will be through it soon. She needs to focus on one contraction at a time, and not think about whether she can go on for hours.

Don't take offense at what she says if she is irritable.

Keep calm. Your voice should remain low and soothing. Touch, hold or rub her gently and calmly. Sometimes transition can be hectic, but you should remain calm, since your mood will influence hers.

Help her handle a premature urge to bear down. Women sometimes have an urge to bear down before the cervix is fully dilated. Bearing down forcefully at this time may damage the cervix and should be resisted. Instruct her to blow lightly and quickly through an open mouth. (It is

almost impossible to bear down and blow out simultaneously.) Another technique is to give a small grunt at the peak of the bearing-down urge.

SECOND STAGE (BIRTH)

Second stage may last fifteen minutes or two or more hours, averaging 1 to 2 hours for first births, less time for subsequent births. Contractions last about 60 seconds, occur every 2 to 5 minutes, and are often not as uncomfortable as those of first stage. A women bears down with her contractions. Bearing down may be perceived as a relief and pleasure or she may find the sensation of increased pressure and stretching of the birth canal very uncomfortable. If the baby is in a posterior position, severe backache may be a problem.

Signs of second stage may include:

- grunting or breathholding with contractions
- bearing down with contractions
- an irresistible urge to push or to hold her breath and strain
- feeling of having to move the bowels
- increase of blood-stained mucus discharge
- a return to alertness and optimism

Help her into a comfortable position. The most common positions for bearing down are:

- *semi-sitting* with head and shoulders well supported. This position is very effective and comfortable for most women. However, a posterior baby (head rests against the sacrum) may make resting on the back very uncomfortable.
- *side-lying.* You can hold her leg up during pushing. This position can be useful if the woman is having a very rapid second stage, has severe hemorrhoids, or has a baby in the posterior position. It is also useful if she is very tired.
- *squatting* with your support or holding on to a squatting bar or bedstead. This is especially good if the baby is very large or is in a posterior position. It is also useful any time poor progress is being made. The pelvic outlet is widened, and gravity is working for her.
- *resting on hands and knees* or kneeling and leaning forward on pillows, a beanbag or an adjusted hospital birthing bed. This is also excellent with a baby in posterior position, or with severe hemorrhoids.

It is best if she bears down as and when it feels right for her rather than to another's directions. The bearing-down urge comes in waves during contractions and may vary from one contraction to another. If she does not feel like bearing down at all after a few contractions, help her into a squatting position. This may trigger the bearing-down reflex. She can change positions as often as she likes, and should change if she pushes for 20 or 30 minutes without progress. Coach her through pushing only if she needs it. Some women respond well to cheerleading instructions from their partners and nurses about when to breathe, to push, push, push, harder, harder, etc. Others find this unnecessary, if not downright annoying. In any case, unless progress is poor or non-existent, she should avoid prolonged breathholding and straining (for longer than 8 seconds). Telling her to push as long and as hard as she can may cause fetal distress and is exhausting for her.

Help her relax between contractions. She may fall into a dreamy, half-waking, half-sleeping state.

Remind her to release the pelvic floor muscles during contractions. Suggest she think of herself opening like a flower blooming. She may find the sensations of second stage alarming and fear the baby's birth will injure her. Assure her that they are normal and that she is made to stretch around the baby. As the baby moves down, rectal pressure from the head may cause her to feel as if she has to move her bowels. At this time some women hold back to avoid embarrassment, tensing the pelvic floor muscles. This may increase the chance of tearing. Though pre-labor diarrhea usually empties the bowels before birth, the release of a little stool is not uncommon. Someone will simply wipe it away.

A hot washcloth applied on the perineum (between vagina and anus) will help prepare the tissues. The mother can push toward the source of warmth and it helps relax that area. Perineal massage between contractions may also help stretch the tissues of the vagina and decrease the chance of tearing. The physician or midwife may insert one to three fingers, lubricated with oil, into the vagina and massage gently. Many women and their partners do this daily for several weeks before the birth to increase the suppleness of the perineum. Ask your caregiver to show you how.

Tell her when you first see the baby's head in the birth canal. This is a milestone that will probably cause her to bear down with doubled enthusiasm. Your first view of the baby will be a wrinkled bit of scalp and a mass of moist hair. The head will slip back when the contraction ends. It will move forward and backward, making progress with each contraction.

Remind her to touch the baby's head when it bulges through the birth canal. (This is not allowed in most conventional delivery rooms, but is allowed in many birthing rooms and at home.) This first chance to touch the baby she is bringing into the world will be a memory she will always treasure. It invariably also gives her renewed energy to complete the birth.

Hold a mirror so she can watch the birth. But don't insist she watch if she doesn't want to. The head "crowns" when the vagina has opened to its widest and the head no longer slips back between bearing-down efforts. Some women feel a burning or splitting sensation; others an orgasmic thrill. The feeling soon passes as the top of the skull and brow emerge. When the head crowns, or when she starts feeling intense burning at the vagina, remind your partner to breathe lightly and easily (pant) instead of bearing down. Avoiding pushing in this way eases the birth of the head and can prevent tearing. The birth attendant will help her know the right time to stop bearing down.

When the head is fully born it turns to one side as the shoulders turn within the pelvis. The shoulders usually follow quickly with the next push and the rest of the body slips out easily.

AFTER THE BABY IS BORN

At first your baby looks grayish-purple, wet, streaked with blood and partially covered with vernix (a white creamy substance). The baby may be quite still at first, but with the first breaths or cries, begins moving arms and legs and gradually turning pink. Then, if the room is not too brightly lit, your baby will open his or her eyes and may calm down when held close in its mother's or your arms.

Suddenly it is over. The contractions stop, the baby is there and it all seems so peaceful, so relaxed. At this time you may feel overcome with emotion, relief, exhaustion, perhaps with the sight of the blood which comes with the placenta and from an episiotomy or tear, if they occurred. Sit down. If you feel suddenly hot or short of breath, lean forward and put your head between your knees. You may need some time to collect yourself. Allow yourself a brief and well-deserved rest if you need it. Elation and pride soon take over and you and she will want to spend time holding, feeding and admiring your baby.

Relax and enjoy your child. The mother should offer the baby her breast soon after the birth. This is an ideal time to begin establishing the intimate relationship between mother and child as the baby is especially alert. Nursing also helps with the birth of the placenta and keeping the uterus firm. Some babies aren't interested in nursing or don't seem to know what to do. Don't be concerned. Nuzzling and contact with the breast are valuable to mother and baby too. You should also spend time holding the baby close. You may want to remove your shirt and hold the baby skin to skin. Because it is very important to keep the baby warm, cover the baby with a warm blanket. A hat put on the baby right away helps to keep the baby warm.

Request that medical procedures which interrupt contact between parents and baby, such as admission to the hospital nursery or drops in the baby's eyes (which may cause stinging and blurring of vision) be delayed for an hour or so. Unless the baby requires special medical care, nothing should interrupt baby's first precious hour with Mom and Dad.

THIRD STAGE (THE DELIVERY OF THE PLACENTA)

The placenta will be delivered while you are getting to know your baby. It usually takes 5 to 20 minutes for the uterus to separate itself from the placenta and expel it. A gentle push is usually all that is needed to expel this thick disk-shaped organ.

VARIATIONS

Labor does not always progress in straightforward "textbook" fashion. Every couple should be prepared for the possibility of variations. An understanding of these variations and ways to deal with them can often keep them from becoming serious problems.

Overdue Labor

Don't worry if the due date has passed and labor hasn't begun. In most cases it is best to let nature decide when your baby will be born. However, if the baby is two or three weeks overdue and your birth attendant feels there is a need to induce labor, first try the following ways to start labor.

Check with your caregiver before resorting to these measures, as some caregivers are quite cautious about them and may want to be present or have you in the hospital when such procedures are used.

Tried and True Ways to Start Labor

Physical exertion: hiking, jogging.

Indigestion: overeat spicy foods – chili and pizza – and drink carbonated beverages.

Orgasm: through intercourse if her bag of waters is intact, or clitoral stimulation if the bag has broken.

Nipple stimulation: You can orally or manually caress the breasts; she can self-stimulate her nipples by lightly stroking them; she can use an electric breast pump; she can massage her breasts with hot moist compresses; she can borrow a young nursing baby and suckle it. These measures may be done for 15-60 minutes at a time two or three times a day.

Bowel stimulation: She can give herself a warm water enema, or have a nurse administer it; or, try a disposable enema – kits available from the drugstore. She can try a "castor oil cocktail" – 1 cup of root beer, 1 scoop of vanilla ice cream, 2 tablespoons of *tasteless* castor oil, from the drugstore. Blend thoroughly and she drinks it down. Repeat a half-recipe one hour later if she has had no results. This causes painful cramping and diarrhea, and is not a pleasant way to start labor.

Prolonged Early Phase

Contractions sometimes naturally fade and go away in early labor. Don't try to bring them on. Help her relax. There is no hurry. It may be that it is not time for true labor to begin.

She may not yet be emotionally prepared for labor. Encourage her to discuss any concerns she has about labor or becoming a mother.

Maintain a relaxed frame of mind toward contractions. Continue with life as usual – eating, drinking, resting, light activity, going out, etc.

Sometimes contractions continue for hours or even days, strong and frequent enough to keep her from sleeping, but not resulting in labor progress. If this is the case, you might try alternating between the ways to start labor (above), restful activity (such as baths, massage, drinking warm milk or a soothing hot beverage) and distraction (go for walks, movies, shopping, visiting, to work, TV, etc.)

Prolonged Active Phase

If contractions peter out once labor has become active:

Make sure she drinks something sweet to restore her energy.

Encourage her to rest or sleep or,

Try walking, nipple stimulation or orgasm as described above.

If contractions are strong but are not dilating the cervix, try measures to aid relaxation such as massage, warm baths or showers. Walking and other positions may help with comfort and enhance progress. Encourage her to talk about any worries she has or anything in her environment that is affecting her negatively. Remind her (and yourself) that labors with a big baby or a baby in the posterior position (explained on this page) are normally slow.

Prolonged or Flagging Second Stage

You may ask that no time limit be put on second stage provided that the baby is tolerating the labor well. If given sufficient time (up to 2 or 3 hours), women are usually able to push their babies out on their own. Changing position from time to time may aid descent or decrease pain. Squatting or other upright positions which open the pelvis and bring gravity into play may help rotate a baby and push it down. Pushing while seated on the toilet can also enhance relaxation of the pelvic floor. Nipple stimulation may also strengthen contractions.

Posterior Baby (Head down, but with the back of the baby's head pressed against the right or left side of the mother's low back and the face toward her belly):

This is one of the most common causes for slow progress in first or second stage. Rotating the baby will improve progress. She should try the following:

Lie on the side opposite the side the baby is facing, so gravity helps swing baby around.
Hands and knees position with pelvic rocking and firm abdominal stroking to help turn the baby toward the opposite side.
Measures in "For Back Labor" (see page 3).
Walk.
Squat, especially in second stage.

Pitocin Induction or Augmentation of Labor

The traditional in-hospital method of inducing an overdue labor or augmenting a labor that is not progressing is the use of an intravenous solution of pitocin, a hormone that increases uterine contractions. As with all drugs, the use of pitocin carries some potential risks, such as inappropriately long contractions, fetal distress, postpartum hemorrhage and possibly neonatal jaundice. And for many women the contractions are more intense and more painful than normal, especially when she is not very far dilated. Accordingly, intravenous pitocin should be used only when other methods (described above) fail, unless there is a valid medical reason for doing otherwise.

If your partner receives pitocin, your support will be especially important. Help her with her breathing, help her relax through contractions, and above all, be positive, encouraging, and loving. Ask the nurse to simulate a normal labor pattern, beginning with short contractions and gradually progressing to longer, closer contractions. You might also ask that the pitocin be discontinued if it appears that labor may progress satisfactorily on its own.

The Question of Pain Medications

Most women can manage labor without the need for drugs if they have realistic expectations, good support, and alternative ways of coping with labor. The routine use of pain relief medication should be discouraged since all such medications have the potential of creating problems for the baby, the mother, and the labor process. However, some labors are unusually long or difficult, and in such cases pain relief medication may be indicated.

If your partner wishes to labor without pain medication, your role is essential in helping her accomplish this. When you arrive at the hospital tell the nurse that your partner is planning an unmedicated birth. Ask the nurse not to suggest medication and reassure her that if you change your minds, you will consult with her. Many nurses, knowing it is important to both of you to avoid pain medications, will commit themselves to helping the woman cope with pain by giving advice on ways to enhance comfort or promote labor progress.

One reason a woman may request medication in early labor is that the bustle and confusion of figuring out if she is in labor, and then of arriving at the hospital may make her tense and apprehensive. Attention to relaxation techniques along with the reassurance that comes when labor is confirmed will help.

Another possibility is that she has made rapid progress and still thinks she is in early labor. Contractions feel too strong and painful for where she thinks she is in labor. She should be checked to find out how far dilated she is before agreeing to medication. Knowing she is making good progress is as effective as pain medication for the woman desiring unmedicated birth.

A request for medication in the final phase of first stage almost always means that she wants reassurance that what she is experiencing is normal and that she can cope. Try some of the comfort measures suggested in this pamphlet. She may be feeling that labor will go on forever. Keep her focused on the present. Remind her to take one contraction at a time, that each one brings her nearer to the birth, and that she will see the baby soon. Keep telling her that she is doing well.

If none of these suggestions helps, and you are considering pain relief medication, here are some factors you should weigh:

What is available at this time in labor?
What will be its effect?
What kind of pain relief can she expect?
What are the possible trade-offs (problems or side effects) with the medication you are considering? (Don't take "none" for an answer.) Possible slowing of labor? drop in blood pressure? fetal heart rate pattern changes? forceps delivery? grogginess? nausea? inability to move?
Will any other plans be affected? For example, if you plan to use a family birth room, an epidural may mean going to delivery for the birth, but a narcotic may be allowed.
How long will it take to obtain relief? For example, an epidural may take 20 minutes to an hour or more from the time it is requested until it is performed and has taken effect. This may mean she gets no relief when she wants it and becomes numb just in time to prevent her from pushing her baby out or after the baby is born. There is also additional discomfort during the time it is being administered (10–30 minutes).

Cesarean Birth

A cesarean birth is major abdominal surgery and is not to be taken lightly. Many of the measures described in this pamphlet (emotional support, ways to start labor, ways to cope with pain without use of medications) can improve the chances that she will deliver vaginally. However, there are times when a cesarean becomes necessary either for the welfare of mother or baby, or because it appears that the baby simply will not be born without help.

Your support is immensely important during cesarean birth. Your presence at your partner's side can reduce her fear and help her focus on the birth and not the operative procedure. You do not have to witness the surgery. A screen is placed between the mother's head and abdomen which blocks both partners' view.

Unless there is a need for special medical care, hold the baby close so the mother can see and share that wonderful eye to eye contact. Remain with your partner after the surgery. You will need to talk to each other about the experience. Initially, most couples feel relief that all has gone well and joy about the birth. Later it is not uncommon to feel frustration or depression because plans were disrupted.

The baby will probably be taken to the hospital nursery for a period of observation. A cesarean delivery is sometimes difficult for a baby and adjustment to extrauterine life may be more difficult, requiring nursery care.

Recovery after a cesarean usually takes longer than after a vaginal birth. Fatigue, incision pain, intestinal gas, and difficulty moving freely make the first few days with the baby more demanding. Some fathers stay in the hospital during much of the day and all night. They help with care of both mother and baby.

After discharge, your encouragement and help with breastfeeding, changing and bathing the baby, and with household tasks will prove invaluable. Not only must your partner recover her strength after giving birth, but she must

recuperate from major surgery. She is also likely to be experiencing an emotional reaction to the birth and may need your support and listening ear.

WORKING WITH PROFESSIONAL STAFF

As the woman's partner, husband or labor companion, you will be the chief source of emotional support for her. Almost everyone who is contemplating this role has some uncertainty as to whether he or she is capable. This is normal, especially for someone who has never before (or only once or twice) been present at a birth.

The professional staff – your midwife, the nurse, birth assistant and/or your doctor can be very helpful to you as you help the laboring woman. You work most closely with a nurse or midwife, since physicians usually are present only sporadically during labor and for the birth. Your role as labor support person is terribly important for at least two reasons: You know and care for the woman as no one else does; also the nurse has many other duties besides labor support which take precedence. If the woman has a capable labor companion, they work together to promote safety, comfort and a sense of well-being for the woman.

Although you usually have met the doctor or midwife in advance, it is likely that you will be dealing with some complete strangers during the labor – nurses or birth assistants. It is also possible that the doctor or midwife on duty will be someone you have not met.

Following are some suggestions to help you work effectively with these people:

Introduce yourself and your partner and explain your birth plans. If these have been written down, show the plan to the staff. Tell them that you will certainly appreciate their help.

Ask for help. If you are concerned that your partner is not relaxed, is not progressing well, seems uncomfortable, seems discouraged, or if you are concerned that you are not being helpful enough, ask the staff to give you suggestions or show you what to do.

If labor varies from the norm and the need for medical interventions arises, get the information needed for the two of you to make an informed decision as to what to do. Be sure you know: what the problem is; what the intervention would do; any risks involved; what the alternatives are; any risks with the alternatives (including doing nothing). The only circumstance under which you could not have this information would be when there is an emergency and immediate action is necessary.

Ask for reassurance. During the later phases of labor when your partner may be in pain, discouraged or irritable, you may wonder if she is suffering more than is normal. You may wonder if it is all right for her to experience labor as intense as this. Someone who has seen and helped many laboring women can offer perspective, perhaps pointing out that labor is progressing very fast, that what you are doing is exactly right, or that she is doing very well for this time in her labor. This kind of reassurance helps take the guesswork out of it for you.

Don't feel badly if you are not certain of what to do at every moment. The staff can help you with that.

If you and/or your partner and a staff member seem to be at odds with each other, there are several possibilities. You need to recognize that not all nurses, physicians and midwives are compatible, either in beliefs or in personality, with all laboring couples. Some will disagree with your birth plans, and will not be supportive. You can often find this out before labor begins as you discuss your birth plans, take hospital tours, etc. If, however, you are confronted with a physician or midwife whom you have never met and who cannot support you and your partner in your efforts, you should acknowledge and discuss your differences. Point out how much this birth experience means to both of you, that you have prepared carefully, that your own doctor or midwife agreed to your wishes, and that your wishes are reasonable and safe. Answer in a reasonable way any objections that are being made to your desires. For example, you might reassure an anesthesiologist that you will stand by your partner's head and will not get in his way, and that your partner needs your comfort at this difficult moment. Sometimes such a discussion clears misunderstandings and improves your relationship.

If there are problems with your nurse, you can request that another nurse be assigned to your partner. You always have the right to confer with your doctor or midwife if there is a serious problem in your relationship with a nurse. A phone call to your caregiver may be necessary to resolve a conflict in extreme circumstances, although one would hope that would never be necessary.

ADVICE FOR OTHER FRIENDS OR FAMILY AT THE BIRTH

Many couples invite others to share their birth – relatives to welcome the newest family member, friends to celebrate the event, sometimes their childbirth educator or another support person. Witnessing the birth of a child is a wonderful experience. You are fortunate in that you have been asked to be with the couple at this special time in their lives. However, you are probably wondering how you can be helpful. The following will give you some guidelines.

Before the Birth

Prepare yourself before the labor. If you have never been at a birth, learn about labor, how women look and behave, and what comfort measures help. Read about birth. See a film. Attend childbirth classes with the couple if you can.

Examine your feelings about labor. If you have given birth, what was labor like for you? What helped you? Your experiences can give you valuable insights which will be useful to you at this birth. On the other hand, was there anything you found difficult or frightening? You will probably relive parts of your own experience as you participate in this couple's labor. You do not want to project negative feelings. Women are highly sensitive to mood and atmosphere in labor. Try to avoid dwelling on frightening or abnormal aspects of labor.

Discuss your role with the couple. Sometimes they just want your presence, but most also want you to help. You might be asked to fetch things so her partner need not leave her, to take pictures, to lend a hand with the care of the mother: i.e., help her walk, give a massage, hold a leg during pushing, etc. You can look after siblings, prepare food and drink, or spell her partner so he can take a short break. Be prepared to be flexible during the birth.

Talk over their birth plans with them. Your familiarity with their plans will enable you to help them and the staff to follow them.

During the Labor

When you arrive, check the situation. Take time to get a feel for the atmosphere and the mood. How far in labor is she? Is she coping well? Are people cheerful or serious? Are things going smoothly or is there a problem? How is her partner doing? How is medical staff affecting the

mood? Try to match the mother's mood. If she is serious and quiet, you be the same. If she is cheerful and talkative, you be the same. Trust your instincts and sensitivities. This information will enable you to fit in and will tell you how you might be useful.

Take care of the father. Fill in so he can take a break. He may need an encouraging word or an aching muscle rubbed. You may even need to remind him to eat.

The couple may need time alone. They may not express this need aloud so use your intuition. Some private time with the baby after the birth is especially important.

Complement the father's role; don't compete with it. His job is to take care of his partner and yours is to assist him. Resist any temptation to take over his job.

Watch your language. Avoid pity (Oh, you poor thing), denial (It can't be so bad), precise predictions (I'm sure the baby will be born by 6:00), and horror stories (Your aunt labored for three days and then they did a cesarean).

Do not add to tension or anxiety. If you are getting nervous, quiet your breathing, drop the pitch of your voice, and consciously release tension from your muscles, and you will find your emotions calming down as well. If something arises you cannot deal with, leave the room. To stay would be to make yourself part of the problem instead of part of the solution.

If there is a problem, help the couple deal with medical staff. The couple will be distressed and preoccupied with the labor. Make sure they have adequate explanations of any proposed intervention including pros and cons and any alternative ways to deal with the problem. They should also know if other plans for the birth will be affected by the change. Unless it is an emergency, which is rare, obtain privacy for them so that they may talk freely to each other and come to a decision. If they refuse an intervention, support them in that choice unless you truly believe refusal endangers mother or baby's health. This is rarely the case.

Take care of yourself. Bring nutritious food. Wear clean, loose, comfortable clothing, comfortable shoes, and carry a sweater. Take a breath freshener along in case you find yourself breathing with her, close to her. Take breaks as necessary.

You can't go wrong if you combine common sense and sensitivity. Have confidence. You can trust that you will bring something to this couple's experience that would not have been there without you, and you will take home something in exchange: an enriching and special moment in your life.

STAGE OF LABOR	AVERAGE DURATION	WHAT HAPPENS	CONTRACTIONS	HOW CONTRACTIONS FEEL	HOW MOTHER FEELS
FIRST STAGE	2 to 24 hours; Average 12½ hours				
Early		Cervix effaces and dilates to 3-5 cm.	30 to 45 seconds Occur every 20 to every 5 min.	Mild — crampy, low in groin or back	Excitement mixed with apprehension
Active		Cervix dilates from 3-5 to 7-8 cm.	45 to 60 seconds Occur every 7 to every 3 min.	Moderate to strong — wavelike, regular	More serious, quiet focus narrowed onto labor
Transition		Cervix dilates from 7-8 to 10 cm.	60 to 120 seconds Occur every 3 to every 2 min. Sometimes erratic	Strong to very strong, powerful, peak rapidly. Increasing pressure low in pelvis from baby	Tired, irritable, foggy, discouraged
SECOND STAGE	15 min. to 2+ hours; Average ½ to 2 hours	Cervix fully dilated Mother bears down Descent, rotation and birth of baby	60 seconds Occur every 5 to to every 2 min.	Moderate to strong — accompanied by one or more urges to bear down	Alert, may or may not enjoy pushing
THIRD STAGE	5 to 20 min.	Birth of placenta	Variable	Mild — may not be noticeable	Elation, relief

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