Comfort in Labor

How You Can Help Yourself to a Normal Satisfying Childbirth

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By,
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Jan's Birth Story

Jan, a first-time mother, accompanied by her partner, Jim, and her doula, Molly, gave birth to little Keenan after 18 hours of labor. Jan and Jim had taken childbirth classes that explored the emotions of labor, ways to maximize Jan's comfort and well-being, and various approaches to care during labor. Because Jan felt confident that birth is a normal though intense process, she trusted that her body and her inner strength would enable her to labor and give birth normally. She and Jim looked for the kind of care that would allow her to participate fully in the birth process, follow her instincts, and avoid drugs or interventions, unless needed for a problem with labor or the baby.

Jan chose to give birth in an out-of-hospital birth center, and to have a midwife as her caregiver. Her labor was long and painful at times, but she was never overwhelmed. As music played, she bathed, walked, swayed on the birth ball, and rocked, while Jim held her and Molly reassured her and massaged her hands, feet, and back. Jan hardly talked but she moaned rhythmically with every outbreath, and her team moaned along with her. Her nurse and midwife encouraged her. Unobtrusively and gently, they looked after the clinical aspects of her care.

A few weeks after the birth, Jan said, "Words can't describe how wonderful I felt when I first laid eyes on Keenan. It was the best day of my life! I felt so cared for and so strong. I never gave up on myself, even though it was the hardest thing I've ever done."

Pain versus Suffering

Although pain and suffering often go hand in hand, Jan's labor illustrates that a long painful labor does not have to cause suffering. Pain is an unpleasant physical sensation that may or may not be associated with suffering. For example, the pain people feel with working out or hiking uphill is not suffering ("no pain, no gain"), nor even is the pain of a broken leg for many people. Suffering is a distressing psychological state (i.e., helplessness, anguish, remorse, fear, panic, or loss of control) that may or may not be associated with pain. For example, witnessing a person being hurt or injured, or being emotionally abused (ignored, insulted or humiliated), may cause suffering even though there is no physical sensation of pain.

Most women today are expected, even pressured, to have an epidural in labor, because they and the influential people in their lives equate labor pain with suffering. While an epidural eliminates almost all sensation, including pain, it does not address fear, worry, loneliness, helplessness, or other emotions that lead to distress, dissatisfaction, or even suffering. To prevent suffering, women need more than relief of pain; they need to recognize that labor pain is a side effect of a normal process, not a sign of damage or injury. They need a sense of mastery and well-being as they respond to their pain, but they also need humane, caring, confident people giving continuous support throughout labor. Jan was nurtured and soothed in a peaceful and safe environment, and knew ways to respond to her contractions, which empowered her to cope well with the pain, and remain calm and confident.

Penny Simkin provides birth education, support, and counseling. She has authored many books and papers relating to childbirth, and maintains a busy schedule of workshops and conferences for maternity care professionals.

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Setting the Stage for Maximum Comfort During Your Labor

The choices and preparations that you make before the birth have a great impact on your birth experience. This is because of the wide range of attitudes among the maternity caregivers and clinical staffs at different hospitals, birth centers, and home birth practices. It is important to make choices that match your attitudes as closely as possible. Where there is only one hospital or one group of doctors, you must try to work within that context to have the best birth possible as you define it.

Find a comfortable environment for your child's birth.

What kind of birth environment gives you the best chance of a normal birth? Whether your birth setting is a hospital, birth center, or home, it should be geared for your comfort and well-being. This means having places to walk, shower, bathe, and a variety of furniture and devices to enhance movement and comfort, such as rails along the walls for you to lean on during contractions, hot and cold packs, a CD player, rocking chair, birth ball, low stool, squatting bar, and comfortable bed. Along with these, the birth setting should have policies and customs that encourage mobility, a variety of positions, and spontaneous coping rituals. Such amenities allow you to seek and find comfort without restriction. Of course, access to appropriate medical care, if problems arise, is essential to safety for mother and baby.

Choose carefully the people who will provide your care and support during labor.

Knowledgeable, caring doctors, nurses, midwives, partners, loved ones and doulas who have confidence in the normal process of birth make an enormous positive difference. Being treated with respect, dignity, and patience decreases stress and inhibitions, and frees you to find your best way to cope. Being attended to, comforted, encouraged, reassured, touched, held, and stroked—in ways that are comforting to you—contributes to your well-being. With such care you are most likely to feel great satisfaction and remember your birth experience with joy, a sense of accomplishment, and appreciation for those involved. Having a doula with you continuously, one who is confident, experienced, and expert in the use of pain-relieving and labor-enhancing techniques, improves outcomes and satisfaction, for both you and your partner.

Know what happens in labor and how you can increase your own comfort.

Through reading, videos, childbirth classes, a hospital tour, and discussions with your caregiver, doula, family and friends, learn all about labor; the usual procedures and customs in your hospital (how and why they are done during labor and after birth); and whether there is flexibility in routines (within the bounds of safety). By knowing these things, you can avoid some surprises and having to adjust to unexpected and stressful events. Also, learn how to use the resources of your mind and body to keep the pain manageable and avoid suffering. Many of these self-comforting measures are described below.

Talk to someone you trust about any fears about your upcoming birth.

Many women hold fears that they do not talk about—of pain, of needles, of medicines, of losing control and more. Being able to talk about such fears with a knowledgeable trusted person brings a sense of relief and may also help you find practical ways to avoid or deal with some of those fears. Ask your caregiver for advice about your concerns and a possible referral to a counselor who can help you address your fears constructively. Prepare a Birth Plan that explains to the staff your concerns and needs, and devise ways to deal with fears that you anticipate.

How To Use Comfort Measures To Manage Pain And Prevent Suffering In Labor

Following are descriptions of some helpful techniques that reduce your pain or give you a sense of mastery despite the pain.

1. Rhythmic Breathing or Moaning with Tension Release

Most women find that it helps to breathe fully (like sighing) in a slow rhythm during their contractions. Many moan as they breathe out. Try this, and focus on releasing tension with each out breath. Also try breathing in another helpful pattern—quicker shallow or light breaths or moans, about one every 2 to 3 seconds (20 to 30 per minute). Many women use the slow breathing through early labor and beyond, then almost instinctively turn to the light breathing in late labor before they begin pushing. Mastering both of these before labor helps ensure that you will avoid breathing too fast or hyperventilating during labor and gives you confidence that you can help yourself.

In labor you may find yourself combining the rhythmic breathing with rocking, swaying, tapping, or counting your breaths. This kind of response to your contractions often comes instinctively and spontaneously. Rhythm is the essence of these coping techniques. Keeping a rhythm means you are coping well.

Note to your partner or doula. You can help by being in her rhythm (moaning with her, stroking her, or using "rhythm talk"—that is, murmuring soothing phrases like, "that's the way...," "just like that...," "perfect....") in the rhythm of her breathing. You might also touch or press lightly on a tense area or a place that feels good (e.g. forehead, shoulders, low back) with one breath, and move to another spot with the next breath until the contraction ends. If you do something that is not helpful to her, don't be hurt if she tells you to stop. Take it in stride and do things that do help.

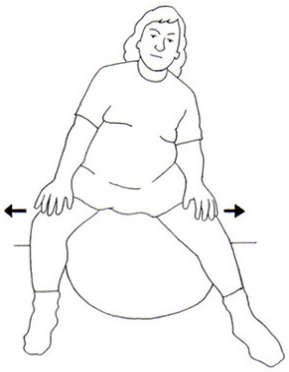
If she loses her rhythm (as sometimes happens during the most intense parts of labor), help her regain it with eye-to-eye contact, setting a rhythm for her, and reminding her, "Keep your rhythm." See the "Take Charge Routine" below.

2. Movement and Positioning

Moving during contractions or changing positions between contractions often adds to your comfort and improves labor progress. Walking, rocking, swaying, and other movements can be part of your rhythmic ritual for handling contractions.

Walking

Rocking



Swaying

Examples of helpful positions include kneeling over a birth ball or a pile of pillows, standing and leaning forward, sitting backwards on a chair, squatting, and others. Feel free to try them and use whatever helps.

Kneeling over a birth ball

Standing and leaning forwards

Sitting backwards on a chair

Squatting with a bar

Squatting with a partner

Note to your partner or doula. You can help by suggesting position changes if labor progress has slowed, if her current position is very uncomfortable, or if she has back pain. You can help her change position and support her in her new position as needed.

3. Shower or Bath

A warm shower anytime during labor is a marvelous soother and pain reliever, especially if you can sit on a stool and direct a hand-held shower head just where you want it (on your front or back). The warmth and skin stimulation reduce your awareness of the pain.

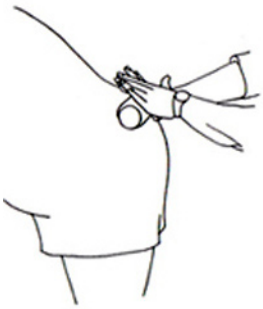
Bathing in warm (99 or 100 degrees Fahrenheit) water is a great way to relax, and it temporarily eases your pain. Labor often speeds up, also. Benefits are greatest if you wait until more intense labor when contractions are closer together before getting into the bath. Women who are having a slow painful early labor (with dilation less than 3 or 4 centimeters) also get a break from the discouraging labor pattern when they get into the tub.

Note to your partner or doula. Suggest and prepare the shower or bath for her. Having a swim suit and change of clothes handy allows you to be in with her, or close by. Keep track of the bath temperature, because if it is too hot, she can get a fever, which she should avoid. A higher shower temperature is not as likely to cause fever.

4. Heat and Cold

Try a warm gel pack, heated rice pack, hot water bottle, or hot moist towel on your low abdomen, groins, low back, shoulders, or, during the pushing stage, on your perineum. Warm blankets feel good if you are cold.

The application of cold to a small painful area, such as your lower back, is very helpful and can reduce pain. You can use an ice bag, frozen gel pack, cold or frozen moist cloths, a latex glove filled with ice chips, or a cold can of soft drink for this purpose. Cool cloths feel good on your sweating brow, face, chest or back of your neck. A cold compress on your perineum after the birth reduces pain and swelling.



Note to your partner or doula. Ask the staff if heat or cold can be used and, if possible, get the hot or cold pack yourself. Use these as long as they seem to help. Check her skin periodically for signs of damage (redness, blisters, or very pale skin). If the woman has an epidural, do not apply heat or cold on any area where sensation is altered.

5. Touch and Massage

Touch may come in the form of someone holding your hand, stroking your cheek or hair, brushing your hair, or patting your hand or shoulder. It conveys reassurance, caring and understanding—all of which may help you feel better, as long as you are comfortable with that kind of touch. Your companion may massage your hands, feet, scalp, shoulders, back or limbs, in the form of light or firm stroking, kneading or pressure with hands or any of a variety of massage devices. Oil, lotion or powder makes stroking smoother. Massage helps with pain and relaxation, but if you don't like it, you should say so, because sometimes laboring women find stroking disturbing.

Acupressure ("finger acupuncture") is pressure by thumb or finger on one or more acupuncture points to relieve pain and/or improve labor progress. Two points on each side are often used in labor—one in the web of skin and muscle between the bases of your thumb and index finger ("Hoku" point) and the other about 4 finger-breadths above your inner ankle bone (Spleen 6) with the pressure applied in and toward the front of your tibia (lower leg bone). The pressure is applied for 30-60 seconds and released for 30-60 seconds, on and off for up to 12 minutes. Pressure is firm but not painful. Sometimes ice is applied to one or both Hoku points during contractions.

Note to your partner or doula. Pay attention to the woman's response to your touch and massage (ask her if she minds what you are doing or if it is helping). Learn how to give massage, and practice with her to find out how she likes it. She may prefer that you use one of the massage tools. Her preferences for touch or massage may change as labor progresses. Learn how to locate the acupressure points on yourself — it is best not to practice these on her before labor as they may cause premature contractions.

The Take Charge Routine

This is a way for your partner or doula, midwife or nurse to help you if you have lost your rhythm in breathing, moaning or moving, and feel overwhelmed by the intensity of the contractions. Your helper is firm, confident and kind, and asks you to open your eyes and look into his/her eyes. Your partner then gives you a rhythm to follow by bobbing his/her head, conducting up and down with a hand, and/or speaking to you with "rhythm talk". All you have to do is follow. When the contraction ends, you may rest and your helper repeats the Take Charge Routine as necessary. This makes it easier for a woman in pain or fear to maintain a rhythm—the most important element in coping.

Note to your partner or Doula. Remain firm, confident and kind. Ask her to look at you (your face or your hand) as you give her a rhythm to follow. She may look away or clench her eyes shut. Insist calmly and kindly that she make eye contact again. Keep instructions simple and clear.

Special Techniques for Backache in Labor

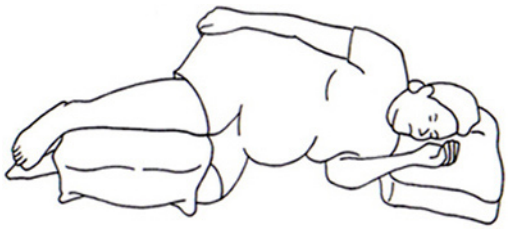
About 1 woman in 4 or 5 feels her contractions as a strong backache with or without abdominal pain. Reasons for this are not always clear, but may have to do with the position of the baby's head, the shape of the woman's pelvis, or other causes. Sometimes backache is associated with a slower labor. The following positions, movements and techniques help reduce back pain and may help reposition the baby so that progress improves.

1. Open Knee-Chest

This position may help reposition a "posterior" baby who is facing forward if used during very early labor. If you have frequent irregular painful contractions causing back pain, and your cervix is not dilating, try this. Be sure your buttocks are high in the air. Try to remain in that position for 30 minutes. Once the baby rotates to a more optimal position, the back pain usually subsides.

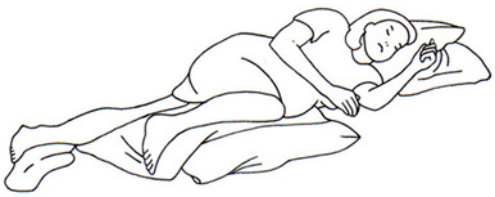
2. Side-Lying

Lie on your side with both hips and knees flexed, and a pillow between your knees.



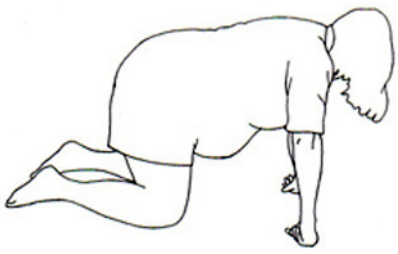
3. Semi-Prone

Lie on your side with your lower arm behind or in front of you and your lower leg straight. Flex your upper hip and knee, rest your knee on a doubled-up pillow, and roll slightly toward your front.



4. Hands and Knees, or Kneeling and Leaning Forward

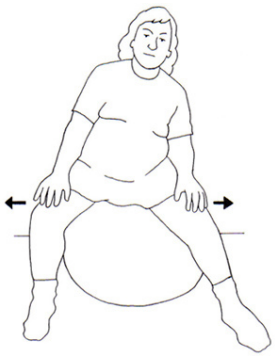
Rest your upper body on a chair or a birth ball (a large physical therapy ball). Some labor beds can be arranged to support you in this position.



5. Standing, Swaying, Walking and Slow Dancing

These take advantage of gravity and movement to encourage repositioning and downward movement of the baby.

Standing



Swaying

Walking

Slow Dancing

6. The Lunge

Standing and facing forward, place a chair beside you. Place one foot on the chair seat, with your knee and foot pointing to the side while you remain facing forward. During a contraction, without leaning your upper body, slowly "lunge" sideways, toward the chair, so that you bend your raised knee. You should feel a stretch on the insides of one or both thighs. Hold for a slow count of 5, then return to upright. Repeat during contractions for a total of 6 contractions. Try one contraction lunging to the left, and one to the right, and continue in the direction that is most comfortable.

7. Abdominal Lifting

While standing, interlock the fingers of your hands and place them beneath your belly against your pubic bone. During the contractions, lift your abdomen up, while bending your knees. This often relieves back pain and may improve the position of your baby in your pelvis.

Tips for Partners and Doulas on Comfort Measures for Back Pain in Labor

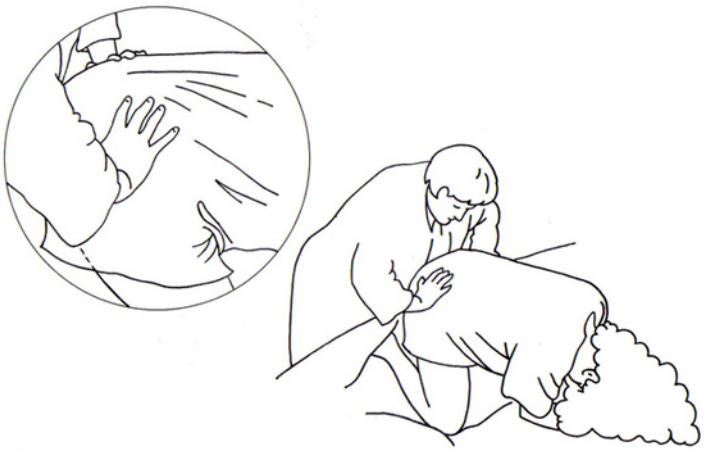
Many of the comfort measures described earlier are very helpful for back pain; for example, cold and hot compresses on the back, massage of the back, and the shower or bath (especially if the tub is large enough to allow the woman to move and lean over the side of the tub). In addition, try the following measures that are designed specifically for back pain.

8. Counterpressure

Holding the front of her hip with one hand (to help her maintain balance) press steadily and firmly (with your fist or the heel of your hand) in one spot in the low back or buttocks area. She will help you know what spot to press—it varies from woman to woman and within the same labor. Try pressing in several places and she will tell you when you have found it

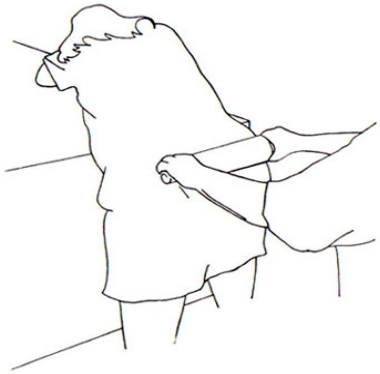
9. Double Hip Squeeze

The mother kneels and leans forward (or on her hands and knees). From behind, press on both sides of her buttocks with the palms of your hands. Apply pressure toward the center (pressing her hips together). Experiment to find the places where the pressure feels best. Do this during contractions. Apply as much pressure as she needs.



10. Rolling Pressure over the Low Back

A rolling pin or better yet, a hollow rolling pin filled with ice, or cold can of soft drink (keep a six pack in a bowl of ice, so you'll always have a cold can) rolled over her low back is soothing during or between contractions.



This article has presented suggestions for many helpful non-drug comfort measures that you may use in labor. Of course, pain medications are available, and many women use the non-drug approaches along with pain medication, such as intravenous narcotics or an epidural. By delaying an epidural until active labor, some undesirable side effects of the epidural, which increase with the duration of the epidural (such as a fever, and increasing inability to move your legs and participate in pushing), may be avoided. Others, who have good support, knowledge of these measures, an environment suitable for active participation by the mother, a desire to avoid pain medications, and a reasonably normal labor pattern, will not use any pain medication.

Medications for Labor Pain Relief Things to Consider

The two main medical approaches to labor pain are intravenous (IV) narcotic-like drugs and regional blocks (for example, the epidural).

IV narcotic-like drugs give you a short rest (from 1 to 3 hours, depending on the type and dosage of the drug). They allow you to rest longer between contractions, and shorten the painful peaks of your contractions, but you will still feel pain. Because they enter your blood stream, they affect your brain, and may cause unpleasant mental reactions (grogginess, hallucinations, or agitation). They also reach the fetus. Short acting, rather than long-acting drugs are more likely to wear off before the birth, so the baby's breathing, muscle tone, and ability to suck are less affected.

The epidural, the most effective form of pain relief for labor, causes numbness around your trunk from your breasts down into your legs. Some sensation may remain in your perineum. Technique and drug dosage vary, but basically a thin tube is placed through a needle injected between two vertebra in your low back, into a space outside your spine. Medicine, usually a mix of bupivacaine and fentanyl, runs through the tube.

The epidural is a complex and potentially risky technique. The doctor diminishes many of the risks with techniques or interventions to prevent or treat the problem immediately.

To learn more about these and other approaches to comfort and pain relief in labor and ways to limit or avoid the downsides, see Childbirth Connection's in-depth section on this topic at http://www.childbirthconnection.org/article.asp?ClickedLink=262&ck=10191&area=27

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For More Help with Learning, Making Plans, Achieving Goals

The Childbirth Connection website has in-depth sections to help pregnant women learn more about several important themes in this article, and then clarify and plan for achieving their goals. The topics address the importance of careful attention to:

Choosing a maternity caregiver
http://www.childbirthconnection.org/article.asp?ClickedLink=247&ck=10158&area=27

Choosing a place of birth
http://www.childbirthconnection.org/article.asp?ClickedLink=252&ck=10145&area=27

Arranging for continuous supportive care during labor
http://www.childbirthconnection.org/article.asp?ClickedLink=257&ck=10178&area=27

Planning for comfort and coping with pain during labor
http://www.childbirthconnection.org/article.asp?ClickedLink=262&ck=10191&area=27

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