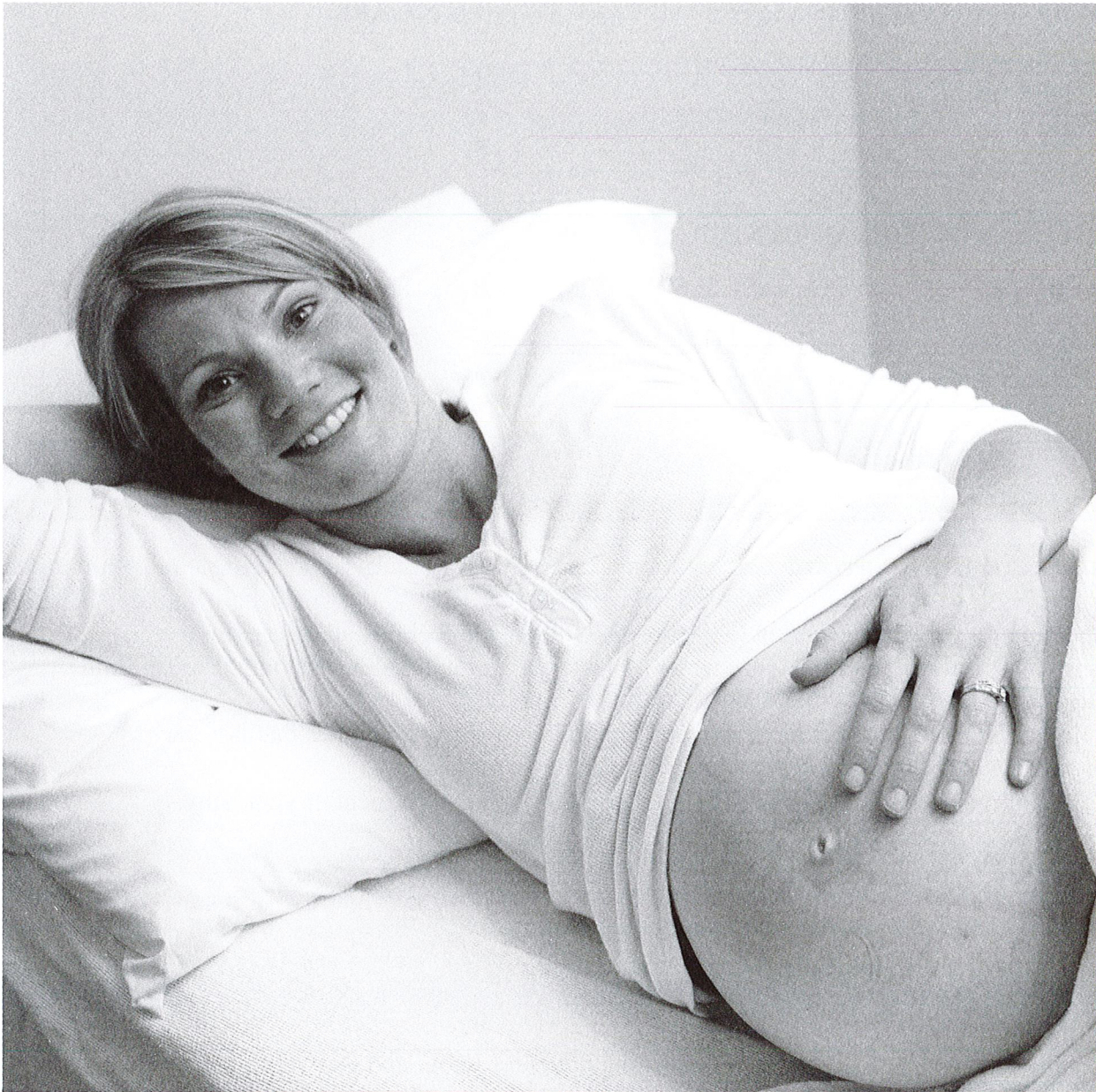


# CHILDBIRTH CLASSES

## Women's Care

OBSTETRICS & GYNECOLOGY



Women's Care at Country Club: 590 Country Club Parkway, Suite B, Eugene, OR 97401  
Women's Care at RiverBend: 3100 Martin Luther King Jr. Parkway, Springfield, OR 97477



# Women's Care

OBSTETRICS & GYNECOLOGY

## IMPORTANT PHONE NUMBERS

### DOCTOR CONTACTS

Doctor: \_\_\_\_\_ Baby's Doctor: \_\_\_\_\_

### IF YOU HAVE ANY QUESTIONS, PLEASE CALL WOMEN'S CARE.

Country Club Parkway 541-686-2922

RiverBend 541-868-9700

### SACRED HEART MEDICAL CENTER

Pre-Registration 541-686-7166

Mother/Baby Unit 541-222-6909

Labor and Delivery 541-222-6904

## HOSPITAL INFORMATION

### WHEN TO GO TO THE HOSPITAL?

- Call your doctor before coming to the hospital unless you feel it is an emergency.
- Call your doctor if you think your water broke (a gush or continuous leaking of warm fluid). Please note the time, color and any odor.
- Call your doctor if you are having regular contractions every 5 minutes that last for approximately 1 minute for one hour
- Call your doctor if you are experiencing a decrease in the movement of your baby.

### WHERE TO GO?

Come in the main entrance and stop at the information desk.

### VISITING HOURS

- Labor and Delivery: There are no set visiting hours for Labor and Delivery
- Postpartum/Mother/Baby: 11:00 a.m. – 8:30 p.m.

## WARNING SIGNS IN PREGNANCY

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- Bleeding (especially bright red blood from your vagina) at any time during pregnancy should be reported to your caregiver immediately.
- Headaches; blurred vision; swelling of arms, hands, or face; pain right under your ribcage
- Sudden, unexplained weight gain.
- Fever
- Decreased fetal movements
- Signs of labor before 37 weeks. For example: contractions of your uterus (six or more in an hour); menstrual-like cramps; dull ache in your lower back; pressure in your pelvis, groin, or thighs; increase/change in vaginal discharge, especially a gush of fluid.

## WHEN WILL YOUR BABY BE BORN?

---

Your due date is an estimate of when your baby will be born. It is perfectly normal for the baby to come anywhere between 37 and 41 weeks. So, be ready 2 weeks before the due date; but, have a fun project to keep you busy and distracted for up to a week after the due date!

If your baby is “late,” try not to get too impatient. Use the extra time to take extra care of yourself, and pamper yourself before you need to focus all your energy on caring for someone else’s needs.



# Women's Care

OBSTETRICS & GYNECOLOGY

## PACKING YOUR LABOR BAG

Your due date is getting nearer, it is time to prepare your suitcase to take with you to the hospital or birthing center. Prepare your birthing bags at least six weeks before your due date. This will give you time to remember things you may have overlooked in the first packing, and it is good to be prepared!

- ☐ Socks and slippers
- ☐ Personal care items—remember to bring for you and a support person
  - ☐ Hairbrush and hair ties
  - ☐ Shampoo/soap
  - ☐ Deodorant
  - ☐ Contact lens kit and back up glasses
  - ☐ Toothbrushes
- ☐ Labor—coping handouts to remind you of positions and techniques
- ☐ Massage oils or lotions
- ☐ Lip balm or chapstick
- ☐ Music – bring your own player (just to be sure)
- ☐ Tennis ball or massage tools
- ☐ **Pillows** – use colored pillowcases to tell yours apart from the hospital ones
- ☐ **Camera** – get new batteries and film
- ☐ **Baby Book** – so the nurse can record the footprints for you
- ☐ **List of phone numbers of relatives/friends who need to be called**
- ☐ Bras and breast pads
- ☐ **Maternity clothes to wear home** – you will still look six months pregnant
- ☐ Change of clothes for your partner
- ☐ **Car seat** (leave in the car until discharge from the hospital)
- ☐ Baby blanket and hat
- ☐ Baby outfit – you may want a special outfit for the hospital photo
- ☐ **Cell phone/charger**

\*Support person should pack his/her own bag

- ☐ Clothes
- ☐ Snacks



# COMMON DISCOMFORTS IN PREGNANCY

## DISCOMFORT POSSIBLE CAUSES

Abdominal cramping Pressure on muscles, ligaments, veins and other organs. Ligament stretching. Preterm labor.

Bleeding gums Pregnancy hormones can cause gums to swell and become inflamed, which may lead to frequent bleeding especially while brushing teeth.

Breathlessness The uterus pushes on the diaphragm toward the lungs.

Constipation Pressure of the growing uterus on the rectum. Pregnancy hormones (slow food through digestive system). Iron pills.

Heartburn/indigestion Increased progesterone from the developing placenta (makes digestion sluggish). Esophageal reflux of stomach contents. Growing fetus crowds abdominal cavity, slowing elimination and pushing up the stomach acids.

Hemorrhoids Increased blood circulation, dilated veins. Constipation.

Itchy skin, red and itchy palms and soles Hormones and stretching skin. Increased estrogen.

Nosebleeds Increased blood supply to nose's delicate veins.

Sleep disturbances, insomnia Can't get comfortable. Bladder under pressure (frequent urination). Heartburn. Anxiety. Nausea.

Stuffy nose Allergic rhinitis of pregnancy

Urination, frequent Increased abdominal pressure, expanded blood veins, or fetal movement.

## POSSIBLE REMEDIES

Experiment with different positions. However, call your healthcare provider if you have cramping along with spotting, heavy bleeding, fever, chills, vaginal discharge, tenderness, and pain, or if the cramps don't subside after rest and fluids.

Continue to floss and brush regularly. Try a toothpaste for sensitive teeth. Apply ice to gums. Avoid eating refined sugars. Call your dentist if your gums are bleeding and painful.

A normal part of pregnancy, but if accompanied by chest pain, palpitations, racing pulse, or clamminess in fingers and toes, call your healthcare provider; if asthmatic, also discuss with your healthcare provider.

Eat high-fiber foods (cereals, whole grain breads, fresh fruits and vegetables). Drink plenty of water and juices (at least 6-8 glasses/day). Exercise.

Avoid rich or spicy dishes, chocolate, citrus, and coffee. Eliminate alcoholic beverages!! Eat small, frequent meals. Take small mouthfuls and chew food well. Try not to lie down for at least an hour after eating. Sleep propped up with several pillows or elevate the head of the bed. Over-the-counter antacid with magnesium or calcium (check with your healthcare provider).

Sitz bath. Ice pack or heating pad. Avoid sitting or standing for long stretches. Topical anesthetic or medicated suppositories; over-the-counter remedies. Tucks/Preparation H

Apply moisturizer. Oatmeal bath (available in drug and beauty stores). Wear loose clothing to avoid heat rash.

Apply pressure or use saline spray.

No smoking or alcohol. Cut down on caffeine. Don't exercise before bedtime. Snack before bed to avoid nausea. Avoid heavy meals and spicy foods. Drink fewer fluids in late afternoon and evening. Relaxation.

Inhale a bowl of steam before sleeping. Hot shower. Nasal spray (use sparingly). Check with caregiver.

Avoid excessive liquid intake before bed. Contact your healthcare provider if urination is accompanied by burning, as it may indicate a urinary tract infection.



# Women's Care

OBSTETRICS & GYNECOLOGY

## A GUIDE TO THE FINAL 6 WEEKS OF PREGNANCY

### TAKING CARE OF YOURSELF AND PREPARING FOR LABOR

#### **NUTRITION: Eating Well Can Help To Prepare Your Body for Labor**

##### **6 Weeks Before Your Due Date**

Make sure you're eating a variety of healthy foods. Especially:

- Iron: your baby is now storing the iron s/he needs for the first few months of life. Red meat and leafy greens (like spinach, some lettuces, kale) are good sources.
- Vitamin D: your baby is also stocking up on this. It can be found in most dairy foods, as a supplement, or it can be produced if you spend time outside in the sunshine.
- Protein: is good for strengthening muscles. Eggs, dairy, nuts, beans, and meat.
- Vitamin C: helps develop healthy tissues.
- Fluid: drink lots of fluid, at least 64 ounces a day. Water is best.

##### **In the Last Few Days Before Your Due Date**

Focus on carbohydrates; these build up energy stores in your muscles. Try bread, crackers, cereal, corn, pasta, potatoes, rice, fresh fruit, and some fresh vegetables. Eat frequent, light meals. Eat some protein foods, but avoid fatty foods that are hard to digest, and spicy foods which might increase nausea in labor.

#### **EXERCISE: Certain Exercises Can Help Prepare Your Body for Labor**

**Kegel Exercises:** Kegels exercise the muscles in your pelvic floor which surround your vagina and anus. This helps avoid tears and episiotomy during birth, and helps your body recover better after birth, restoring good bladder control and sexual tone.

- **To Learn How:** When you go to the bathroom, begin peeing, then tighten up your muscles to stop urine from flowing. Those are the muscles you want to work with. Once you've learned to tighten them, you shouldn't do this while urinating...that's just a tool to help you learn.
- **To Practice Kegels:** Just tighten up the muscles, then relax. You can either do 10-20 quick repeats, with a quick tighten-release; or you can do slow "elevator" kegels, where you count slowly from 1-5, tightening your muscles a little tighter with each count, then count back down from 5-1, gradually relaxing the muscles. It's best to do 100 kegels a day in late pregnancy. It sounds like a lot, but it's easy to do a few at a time, off and on all day. You can do them while talking on the phone, or watching TV, or driving, or showering, or whenever. You can do this anytime, anywhere, and no one knows you're doing it.



**Pelvic Tilts:** These strengthen your stomach muscles, which can help with back pain. They also help the baby move to an ideal position for birth.

**How To:** Get on your hands and knees. Tighten up your stomach muscles and muscles in your bottom...this will arch your back up like an angry cat, at the same time “tuck your tail” like a scared dog. Hold for a few seconds, then relax back to a flat back (don’t let the back sag down). Repeat. At least 20 times a day.

**Sit Cross-Legged:** Sit on a flat, stable surface. Place your left ankle up on your right thigh and your right ankle on your left thigh. This helps open up and relax your hip joints which can help during delivery. It can also help the baby get in the best position.

Figs. 1-5



## SIGNS THAT LABOR MAY BEGIN SOON/HAS BEGUN

### **POSSIBLE SIGNS THAT LABOR MAY BEGIN IN THE NEXT FEW DAYS OR WEEKS**

If you have these symptoms, it doesn’t mean labor is going to start right away. It may be days or weeks before labor begins. These symptoms are just a good reminder to make sure you have everything prepared for labor and birth, and to make sure you know what other signs to be watching for. Don’t get overly excited, just continue your normal routine, get lots of rest, eat and drink well, and take care of yourself.

- **Backache:** Not the type of backache you have in late pregnancy that changes when you shift position, but an on-going dull ache that makes you restless and irritable.
- **Cramps:** Cramping in your belly that is mild to moderate in discomfort.
- **PMS Symptoms:** Crabby, irritable.
- **Nesting Urge:** A sudden irresistible urge to clean, or do projects to prepare for the baby.
- Frequent, soft bowel movements or diarrhea.
- Flu-like symptoms



# Women's Care

OBSTETRICS & GYNECOLOGY

## PRELIMINARY SIGNS THAT LABOR MAY BE ABOUT TO BEGIN

- **Bloody Show:** During pregnancy, the cervix contains mucus, which may be released in late pregnancy. It may be a thick “plug” of pinkish mucus, which might come out when you use the toilet. It may be thin, mucousy discharge on the toilet paper. If there is more blood than mucus, call your caregiver. (Note: it’s common to have a brownish, bloody discharge within 24 hours of a vaginal exam, or intercourse. Don’t mistake this for bloody show).
- **Water Breaks:**
  - ♦ Trickle or a gush. If it’s just a little mucousy fluid, it may be a mucous plug.
  - ♦ Pay attention to what time it breaks, write down its color, odor, etc.
  - ♦ Call your doctor. Usually (80% of the time), you will go into labor on your own in the next 24 hours.
- **Braxton-Hicks Contractions:** Also called “pre-labor” or “false labor” contractions.
  - ♦ Some women never experience these; some women may have them for weeks before labor begins.
  - ♦ Pre-labor contractions don’t progress; they may be irregular, or may stay the same length, strength and frequency. May last for a short time, or for several hours. Some women even start to develop a pattern with contractions every 6-7 minutes for 2-3 hours, which then stop again.
  - ♦ Discomfort is mostly felt in the front of the abdomen, as muscles tighten up. May feel like your belly is a basketball.
  - ♦ Contractions may stop if you walk, change position or change activity, eat, drink or empty your bladder.
  - ♦ “False labor” doesn’t mean they don’t hurt, and it also doesn’t mean that they’re not doing anything. Although the contractions aren’t dilating your cervix yet, they are helping you to progress in other ways: moving the cervix to an anterior position; ripening and effacing the cervix.

## POSITIVE SIGNS OF LABOR / LABOR HAS BEGUN

- Gush of amniotic fluid from the vagina.
- Progressing contractions: get longer, stronger, and/or closer together with time. Are usually described as “very strong” or “painful”; felt in the abdomen, back, or both. May start in the back, and radiate around to the front. Usually increase if you walk.
- Dilation of cervix on vaginal exam.



# EARLY LABOR

**What's Happening:** Cervix effaces (thins out) from 50-100%, dilates to 4 cm. Contractions 5-30 minutes apart. Contractions last 15-45 seconds, or longer. Mom may want to focus during contractions, but can walk or talk if desired. Can usually relax between contractions, and can carry on a chatty conversation. Early labor can last 2-24 hours or more.

**Where You'll Be / Who'll Be There:** At home, or out and about town. Support people, doula, friends, family. Whoever helps mom feel relaxed, loved, and supported.

**Breathing Techniques:** No special techniques are needed to cope with contractions. However, many moms find it helps to begin breathing patterns which are useful in later labor: begin and end contractions with a deep cleansing breath; use abdominal breathing thru contraction.

**Comfort Techniques:** Alternate rest and relaxation, distracting activities, and labor-enhancing activities. Being active can help labor to progress, but it's important not to exhaust yourself. Treat this as a vacation day. Start a fun project, or work on a hobby that you normally don't have time to do.

**Positions:** It's better to be upright (standing or sitting) than lying down. Gravity helps bring the baby down in your pelvis (the pressure of the baby's head on your cervix can help your cervix to dilate more quickly). Try to sit in ways that open up your pelvis (see example below).

Figs. 6-10



**If Labor is Moving Slowly:** There's no need to rush early labor. Try to stay calm and relaxed, and take good care of yourself. If it's nighttime, try to get some rest so you have more energy for active labor in the morning. To help you rest: take a warm bath (this might slow contractions a little) and drink something soothing (warm milk, chamomile tea). If it's daytime, and you want to move labor along, you can consult with your caregiver about the idea of using natural augmentation such as nipple stimulation, orgasm, or acupressure.

Figs. 6-10. Maternal Positions and Movements, illustrations by Shanna dela Cruz, from Penny Simkin, BA, PT, CCE, OD(DONA), and Ruth Ancheta, BA, ICCE, DC (DONA), *The Labor Progress Handbook: Early Interventions to Prevent and Treat Dystocia* (New Jersey: Wiley-Blackwell, 2011) Chs. 9 & 10.



# Women's Care

OBSTETRICS & GYNECOLOGY

## What Support People Should Do:

- Encourage mom to alternate rest, distracting activities, and labor-enhancing activities.
- Encourage mom to eat, drink, and go to the bathroom at least once an hour. Good foods during labor are: bananas, nonfat yogurt, cooked cereal, eggs, graham crackers, toast, smoothies made with nonfat milk, non-acidic fruit, noodles and/or rice. Focus on easily digested carbohydrates. Avoid fatty foods and acidic foods. Drink as much as possible; drink mostly water and unsweetened tea, since sweet drinks can cause nausea.
- Time contractions occasionally (every few hours, or when things seem to change significantly). Time five contractions in a row, and record: when the contraction began, how long it lasted, and how long it had been since the start of the last one.
- Help mom feel loved. When we feel loved and loving, safe and nurtured, the hormone oxytocin flows, and this helps the uterus to contract, and the cervix to dilate.

## ACTIVE LABOR

**What's Happening:** Cervix completely effaced, dilates from 4-8 cm. Contractions are 3-5 minutes apart, 40-70 seconds long, more painful. Active labor may last 30 minutes to 10 hours.

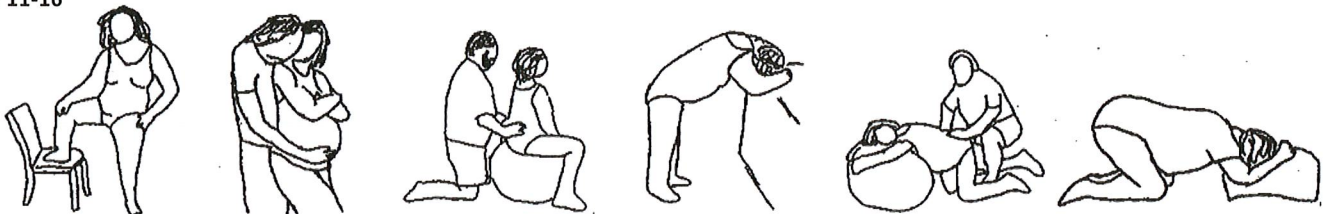
**Change in Mom's Mood:** During contractions, mom is not able to walk or talk, and is focused on the contractions. In between, mom wants to focus on labor, and does not want to be distracted.

**When to Go to the Hospital:** Contractions are no more than 4 minutes apart, lasting one minute, with that pattern established for at least one hour, and mom's mood has changed.

**Where You'll Be / Who'll Be There:** At the hospital, the nurse or doctor will check on you frequently throughout labor. Support people will be there continuously.

**Breathing Techniques:** Deep abdominal breathing for as much of the contraction as is comfortable. Over the peak of the contraction, use hee-hee breathing or hee-hee-blow.

Figs. 11-16



Figs. 11-16. Maternal Positions and Movements, illustrations by Shanna dela Cruz, from Penny Simkin, BA, PT, CCE, OD(DONA), and Ruth Ancheta, BA, ICCE, DC(DONA), *The Labor Progress Handbook: Early Interventions to Prevent and Treat Dystocia* (New Jersey: Wiley-Blackwell, 2011) Chs. 9 & 10.



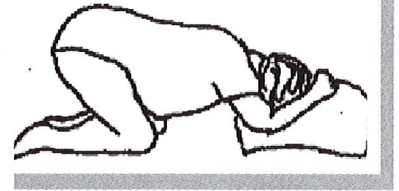
## BACK LABOR

**Signs:** The most common sign is back pain: during contractions mom has a lot of pain in her lower back. Another sign is contractions that “couple”: there will be two or three contractions very close together, then a long pause with no contractions, then two or three in a row.

**Why is it a Problem:** It can mean that baby is posterior. With posterior babies, labor is more painful, it takes *much* longer to dilate to 10 cm, and pushing is slower and more difficult.

Fig. 16

**What Can Support People Do:** Positions: Have mom lean forward as much as possible. Have mom get on her hands and knees and do pelvic tilt exercises. Or mom gets in the “open knee chest” position (see fig. 16) and sways her hips back and forth during contractions. Alternate between pelvic tilts and open knee chest for 25-30 minutes. When mom returns to a more upright position, often the baby will move into a better position, and the signs of back labor will fade. Comfort techniques: Hot packs, ice packs, or a massage on her lower back (esp. counter-pressure or double hip squeeze) will help with discomfort.



## TRANSITION

**What's Happening:** Cervix dilates to 10 cm. Contractions are 2-3 minutes apart, 60-90 seconds long. Intense. Mom may be discouraged, scared, angry. May be trembling, hot/cold, nauseous. May last 10 minutes to 2.5 hours. Average is 1 hour in first time moms.

**Breathing Techniques:** Hee-hee breathing or hee-hee-blow. Counted hee-hee-blow, where partner tells mom how many hee-hees to do before each blow. Partners breathe with her.

**Comfort Techniques:** Any of the techniques and positions from active labor. Follow her cues.

**What Should Support People Do?** Stay very close to mom, establish eye contact. Give short and simple directions, don't ask a lot of questions. Speak calmly. This is the most painful part of labor for many moms, and mom needs lots of support and reassurance!



## SECOND STAGE: BIRTH

**What's Happening:** Cervix has dilated, baby has descended and is ready to be delivered. Contractions continue, 3-5 minutes apart, lasting 45-90 seconds. Contractions may be accompanied by a strong urge to push. Mom's vocalizations may change to deep grunts or groans. May last anywhere from a few minutes to three hours. Typically 1-2 hours.

**When Should Mom Start Pushing?** Check with nurse or doctor before starting to bear down.

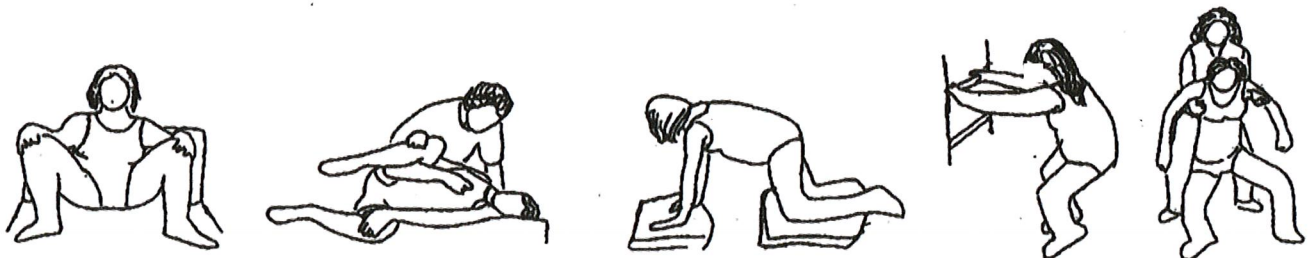
**Where You'll Be / Who Will Be There:** At our hospital, you deliver in the same room you labored in. A doctor and one or more nurses will be there. And, of course, support people.

**Breathing and Bearing Down:** Caregivers will guide you. Generally: With each contraction, take in a deep breath, then bear down for five to seven seconds, while exhaling or gently holding breath. Then relax briefly, take in a quick breath. Bear down again. Bear down three or four times per contraction. In between contractions, take nice deep breaths and rest.

**Comfort:** Any of the ideas above. A cold cloth on her forehead or neck is especially popular. A warm washcloth on the perineum may help avoid tears or episiotomy.

**What Should Partners Do:** Help support mom in chosen position. Help guide pushing efforts and breathing. Lots of encouragement and reassurance. Reinforce caregivers' suggestions.

Figs. 17-21



Figs. 17-21. Maternal Positions and Movements, illustrations by Shanna dela Cruz, from Penny Simkin, BA, PT, CCE, OD(DONA), and Ruth Ancheta, BA, ICCE, DC(DONA), *The Labor Progress Handbook: Early Interventions to Prevent and Treat Dystocia* (New Jersey: Wiley-Blackwell, 2011) Chs. 9 & 10.



## THIRD STAGE/NEWBORN PROCEDURES

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Immediately after birth, they may place the baby up on mom's belly, or they may take it over to a warming table, depending on the condition of the baby. The doctor will deliver the placenta; you may need to do a few more light pushes. Then the doctor will examine your perineum, and will repair any tears or episiotomy.

We attempt to leave the baby in its parents' arms for as much of the first hour as possible, to allow for initial bonding, and the first breastfeeding. During this time, some procedures are done, including antibiotic eye ointment, and a Vitamin K injection. Typically, the weight, measurements, and bath are delayed to allow initial bonding.



# Women's Care

OBSTETRICS & GYNECOLOGY

## PHYSIOLOGIC POSITIONS AND MOVEMENTS FOR LABOR AND BIRTH (SEE FIGURE 1 FOR ILLUSTRATIONS)

### POSITIONS

Standing

Walking

Standing and leaning forward on partner, bed or "birth ball"

Slow dancing: mother embraces partner around neck, rests head on his/her chest or shoulder. Partner's arms around mother's trunk, interlocking fingers at her low back. She drops arms, rests against partner. They sway to music, breathing in the same rhythm.

The lunge: mother stands facing forward beside a straight chair, places one foot on chair seat, with knee and foot to the side. Bending raised knee and hip, mother lunges sideways repeatedly during a contraction, 5 seconds at a time. She should feel a stretch in the inner thighs. Lunge in direction of fetal occiput, if known; otherwise in more comfortable direction. Partner secures chair, helps with balance.

Sitting upright

Sitting on toilet or commode

Semi-sitting

Sitting, rocking in chair

Sitting, leaning forward with support

Hands and knees

Kneeling, leaning forward with support on a chair seat, the raised head of the bed, or a "birth ball"

Side-lying

### CONTRIBUTIONS OF THE POSITION

Takes advantage of gravity during and between contractions. Contractions less painful and more productive. Fetus well aligned with angle of pelvis. May increase urge to push in second stage.

Same as standing, plus movement causes changes in pelvic joints, encouraging rotation and descent.

Same as standing, plus: Relieves backache. Good position for back rub. May be more restful than standing. Can be used with electronic fetal monitor (stand by bed).

Same as standing, plus: Movement causes changes in pelvic joints, encouraging rotation and descent. Being embraced by loved one increases sense of well-being. Rhythm and music add comfort. Partner gives back pressure to relieve back pain.

Widens one side of pelvis (side toward which she lunges). Encourages rotation of occipitoposterior fetus. Can also be done in kneeling position.

Good resting position. Some gravity advantage. Can be used with electronic fetal monitor.

Same as sitting upright, plus: May help relax perineum for effective bearing down.

Same as sitting upright, plus: Vaginal examination possible. Early position to get into on bed or delivery table.

Same as sitting upright, plus: Vaginal examination possible. Early position to get into on bed or delivery table.

Same as sitting upright, plus: Relieves backache. Good position for back rub.

Helps relieve backache. Assists rotation of baby in occipitoposterior fetus. Allows for pelvic rocking and body movements. Vaginal examination possible. Takes pressure off hemorrhoids.

Same as hands and knees, plus: Less strain on wrists and hands than hands-and-knees position.

Very good resting position. Convenient for many interventions. Helps lower elevated blood pressure. Safe if pain medications have been used. May promote progress of labor when alternated with walking. Gravity neutral. Useful to slow a very rapid second stage. Takes pressure off hemorrhoids. Easier to relax between pushing efforts. Allows posterior sacral movement in second stage.

# FIGURE 1: MATERNAL POSITIONS FOR LABOR AND BIRTH



**Top row, upright positions** (see figures 22–26); **second row, sitting positions** (see figures 27–30); **third row, kneeling positions** (see figures 31–34); **fourth row, second-stage positions** (see figures 35–38). See Table 1 for explanations.

Figs. 22–38. Maternal Positions and Movements, illustrations by Shanna dela Cruz, from Penny Simkin, BA, PT, CCE, OD(DONA), and Ruth Ancheta, BA, ICCE, DC(DONA), *The Labor Progress Handbook: Early Interventions to Prevent and Treat Dystocia* (New Jersey: Wiley-Blackwell, 2011) Chs. 9 & 10.





# Women's Care

OBSTETRICS & GYNECOLOGY

## HANDLING UNWANTED ADVICE

By Elizabeth Pantley, Author of Gentle Baby Care available at [www.pantley.com/elizabeth](http://www.pantley.com/elizabeth)

*"It's natural to be defensive if you feel that someone is judging you; but chances are you are not being criticized; rather, the other person is sharing what they feel to be valuable insight."*



"Help! I'm getting so frustrated with the endless stream of advice I get from my mother-in-law and brother! No matter what I do, I'm doing it wrong. I love them both, but how do I get them to stop dispensing all this unwanted advice?"

Just as your baby is an important part of your life, he is also important to others. People who care about your baby are bonded to you and your child in a special way that invites their counsel. Knowing this may give you a reason to handle the interference gently, in a way that leaves everyone's feelings intact.

Regardless of the advice, it is your baby, and in the end, you will raise your child the way that you think best. So it's rarely worth creating a war over a well-meaning person's comments. You can respond to unwanted advice in a variety of ways:

### Listen first

It's natural to be defensive if you feel that someone is judging you; but chances are you are not being criticized; rather, the other person is sharing what they feel to be valuable insight. Try to listen—you may just learn something valuable.

### Disregard

If you know that there is no convincing the other person to change his/her mind, simply smile, nod, and make a non-committal response, such as, "Interesting!" Then go about your own business...your way.

### Agree

You might find one part of the advice that you agree with. If you can, provide wholehearted agreement on that topic.

### Pick your battles

If your mother-in-law insists that Baby wear a hat on your walk to the park, go ahead and pop one on his/her head. This won't have any long-term effects except that of placating her. However, don't capitulate on issues that are important to you or the health or wellbeing of your child.

### Steer clear of the topic

If your brother is pressuring you to let your baby cry to sleep, but you would never do that, then don't complain to him about your baby getting you up five times the night before. If he brings up the topic, then distraction is definitely in order, such as, "Would you like a cup of coffee?"

### Educate yourself

Knowledge is power; protect yourself and your sanity by reading up on your parenting choices. Rely on the confidence that you are doing your best for your baby.

### Educate the other person

If your "teacher" is imparting information that you know to be outdated or wrong, share what you've learned on the topic. You may be able to open the other person's mind. Refer to a study, book, or report that you have read.

### Quote a doctor

Many people accept a point of view if a professional has validated it. If your own pediatrician agrees with your position, say, "My doctor said to wait until she's at least six months before starting solids." If your own doctor doesn't back your view on that issue, then refer to another doctor—perhaps the author of a baby care book.

### Be vague

You can avoid confrontation with an elusive response. For example, if your sister asks if you've started potty training yet (but you are many months away from even starting the process), you can answer with, "We're moving in that direction."

### Ask for advice!

Your friendly counselor is possibly an expert on a few issues that you can agree on. Search out these points and invite guidance. She'll be happy that she is helping you, and you'll be happy you have a way to avoid a showdown about topics that you don't agree on.

### Memorize a standard response

Here's a comment that can be said in response to almost any piece of advice: "This may not be the right way for you, but it's the right way for me."

### Be honest

Try being honest about your feelings. Pick a time free of distractions and choose your words carefully, such as, "I know how much you love Harry, and I'm glad you spend so much time with him. I know you think you're helping me when you give me advice about this, but I'm comfortable with my own approach, and I'd really appreciate if you'd understand that."

### Find a mediator

If the situation is putting a strain on your relationship with the advice-giver, you may want to ask another person to step in for you.

### Search out like-minded friends

Join a support group or on-line club with people who share your parenting philosophies. Talking with others who are raising their babies in a way that is similar to your own can give you the strength to face people who don't understand your viewpoints.

<http://www.nocrysolution.com/articles-and-logs/downloadable-pdf-newsletters/>

This article is an excerpt from Gentle Baby Care by Elizabeth Pantley. (McGraw-Hill, 2003)

# KEY INFLUENCES FOR A POSITIVE BIRTH EXPERIENCE

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- Honoring the birth experience as a meaningful event
- Opportunity to complete a difficult task
- Being prepared
  - ♦ Inborn knowledge
  - ♦ Modern knowledge of terminology and technology
- Learning skills to cope with stress and pain, adaptability
  - ♦ All are designed to create a response that promotes relaxation, peace of mind and cooperation with labor, and to prevent the stress response
- Beliefs and attitudes that promote trust and confidence in the labor process and in yourself
- Positive, nurturing and patient support of loved ones
  - ♦ Regardless of what may happen with the birth, women say this is by far the most important factor in how they felt about the birth overall
- Having choices and involvement in what happens
  - ♦ Participating in decision-making
  - ♦ Having information to make informed decisions
- Togetherness of the new family
- Ultimate goal: Safe outcome for mother and baby





# Women's Care

OBSTETRICS & GYNECOLOGY

## BELIEFS ABOUT BIRTH: MOM'S QUESTIONS

This is intended as a starting point for discussion between expectant moms and their support people. It offers the chance to explore our underlying expectations about labor. Then, when issues come up during labor, each person has a better sense of their partner's basic values and needs.

1. My beliefs about the importance/impact of the birth experience (choose one, or write your own):

- ☐ The birth experience is extremely important, with lifelong effects on mom, baby, and the whole family. Everything should be done to make it a positive experience.
- ☐ The birth experience is a special time for the family, but it's OK if things don't go as you hoped. Moms and babies are resilient, and will bounce back just fine.
- ☐ The birth experience is just a means to an end... just one day in your life. Babies don't remember it, moms just need to get through it and move on to parenting.
- ☐ Other: \_\_\_\_\_

2. How painful do you think labor is? Rate on a scale of 1 to 10 (1= Painless, 10 = Unbearable):  
\_\_\_\_\_

3. What is my preference for pain medication? Rate on a scale of 1 to 10 (1 = I want no drugs no matter what, 10 = I want anesthesia as soon as labor begins): \_\_\_\_\_

4. Advocacy: During labor, when I'm focusing on contractions, my support person may be the one who talks to the medical staff about our birth plan and our choices. How do I want him to act?

- ☐ I don't feel like we have to ask many questions. If my doctor says something is necessary, I just want my partner to agree for me.
- ☐ I want my partner to feel comfortable asking questions and finding out information for me, so we have a clear understanding of the recommendations.
- ☐ It's important to me to have as much control and choice as possible. I want my support person to be assertive with staff, and help me to avoid any unnecessary interventions.
- ☐ Other: \_\_\_\_\_

5. Support: Think of times when you've been sick, or in pain, or scared, or stressed out. Of the things listed below, circle the things that would be most helpful to you and/or feel most supportive:

Partner cheering me on: You're doing a great job!

Partner saying: I'm so sorry this is so hard for you.

Partner saying: It's hard now, but it's going to be OK.

Just being left alone

Having someone to just be quiet and be there with me

Being held and rocked

Distractions

Some distractions, some focus on what's going on

Focusing on what's going on

Humor and laughter

Reassurance and calming

Being taken seriously

Having someone to get for me anything I need

Having someone there to help me do things

Having someone to give me new ideas for what to try

Firm massage

Gentle stroking

Just having a hand touching me, without moving

6. Faith in my body's ability to give birth: Which one of these is closest to how I feel?

- ☐ I feel a lot of anxiety about my body's ability to give birth, and my ability to cope with the whole labor process.
- ☐ I'm nervous, because it's a whole new thing for me, but I think that labor and birth is going to work out OK.
- ☐ I believe that women's bodies were meant to give birth, and I have total confidence in my body's ability to give birth.
- ☐ Other: \_\_\_\_\_

Discuss this with your partner! See where you line up, where you're different, and talk about how to work through the differences.





# Women's Care

OBSTETRICS & GYNECOLOGY

## BELIEFS ABOUT BIRTH: SUPPORT PERSON

1. My beliefs about the importance/impact of the birth experience (choose one, or write your own):

- ☐ The birth experience is extremely important, with lifelong effects on mom, baby, and the whole family. Everything should be done to make it a positive experience.
- ☐ The birth experience is a special time for the family, but it's OK if things don't go as you hoped. Moms and babies are resilient, and will bounce back just fine.
- ☐ The birth experience is just a means to an end... just one day in your life. Babies don't remember it, moms just need to get through it and move on to parenting.
- ☐ Other: \_\_\_\_\_

2. How painful do you think labor is? Rate on a scale of 1 to 10 (1 = Painless, 10 = Unbearable):

\_\_\_\_\_

3. What do I wish mom's preference for pain medication? Rate on a scale of 1 to 10 (1 = I really don't want her to have any pain medications no matter how hard labor is, 10 = I want her to have pain medication right away...I hate the idea of her being in pain): \_\_\_\_\_

4. Advocacy: During labor, mom may need to focus on her contractions, and may rely on her support person to interact with the medical staff and help her get the information to make the best decisions. Which of these styles best describes your way of relating to medical professionals?

- ☐ I tend to feel intimidated around doctors. It is hard to ask questions, tell my preferences, or advocate for my wishes. I just do what they tell me to do.
- ☐ I feel pretty comfortable around health care professionals. I enjoy my interactions, I trust and rely on their opinion, and appreciate their care.
- ☐ I choose to be assertive with health professionals. I do my own research, ask questions, get some second opinions. Having some control and choice empowers me.
- ☐ Other: \_\_\_\_\_

5. Support: Imagine mom was sick, or in pain, or scared, or stressed out. Of the things listed below, circle the things that you would feel most comfortable doing to help her feel better.

Cheering her on: You're doing a great job!	Saying: I'm so sorry this is so hard for you.	Saying: It's hard now, but it's going to be OK.
Leaving her along to give her the space to cope with it	Just sitting quietly with her	Holding her and rocking her
Distract: give her something else to think about	Some distractions, some focus on what's going on	Help her to focus on what's going on
Joking, making her laugh	Reassuring and calming her	Taking her feelings seriously
Getting anything she needs	Helping her do things	Giving her new ideas
Firm massage	Gentle stroking	Just touching her, not moving

6. Faith in her ability to give birth: Which one of these is closest to how I feel?

- ☐ I feel a lot of anxiety about her body's ability to give birth, and her ability to cope with the whole labor process.
- ☐ I'm nervous, because it's a whole new thing for both of us, but I think that labor and birth is going to work out OK.
- ☐ I believe that women's bodies were meant to give birth, and I have total confidence in her body's ability to give birth.
- ☐ Other: \_\_\_\_\_

Discuss this with your partner! See where you line up, where you're different, and talk about how to work through the differences.





# Women's Care

OBSTETRICS & GYNECOLOGY

## COPING STYLES: WHAT COMFORTS YOU?

As you prepare for your baby's birth, take some time to learn more about yourself and your partner. Childbirth is a challenging experience, both physically and emotionally. Reflecting on things that help in other challenging situations can give you some ideas for what *kinds* of support will be most helpful to mom in labor. Also consider: what do her support people need to make sure *their* needs are met too, so they have the strength to nurture mom?

You can write out the answers to the questions in journal style, then discuss them with your partner, or you can use this outline as a basis for conversation on these topics.

### MOM, ASK YOURSELF:

- When you are sick, what helps you to feel better?
- What did your parents do for you when you were sick as a child, or what did you wish they had done for you?
- When you are too tired to go on, how do you find more energy?
- When you are scared of what's to come, where do you find the courage to move forward?

### DAD/SUPPORT PEOPLE, ASK YOURSELF:

- When you're mentally, physically, and emotionally exhausted, where do you find new energy?
- When you are scared of what's to come, or what may happen, how do you find the courage to move forward?
- When you feel helpless or out of control of a situation, how do you react?
- When you want to help someone, but feel like you don't know how to help, how do you cope?

### INTROVERTS /INTROSPECTIVE TYPES:

If mom is normally quiet and reflective, and turns to inner resources to cope with challenges, she is likely to be the same in labor. She needs someone to sit quietly by her side, creating a quiet, dark, safe, relaxed environment for her labor. The goal is to minimize interruptions, and support her in finding her own way through labor.

### EXTROVERTS/ACTIVE TYPES:

If mom is normally louder and outgoing, and turns to friends for help with challenges, or needs to take action to deal with things, then she will need to do something during labor. She needs ideas to put into action: try movement, try massage, try breathing techniques, try focal points. Distractions are key. Support people are her coaches.

# EFFECTS OF FEAR ON LABOR

Expectant parents often face many fears about the upcoming birth of their child.

**Moms may fear:** How bad will the pain be? Will I be able to cope with it? Will I lose control? Will something go wrong? Will I be unable to give birth to this baby?

**Dads may fear:** Can I be a good support person? Will I pass out? Can I cope with seeing her in pain? Will any of my needs get met during the labor and birth?

**And all parents may fear:** Will I be a good parent? Is this world a safe place for my baby?

**It is normal to have all these fears going into an unknown experience.** Especially when it's such a momentous, life-changing experience. As normal as these fears are, it is important to do some work prior to labor to help tame these fears. During pregnancy, you may be able to ignore the fear, but labor is a more vulnerable time.

## \* EFFECTS OF FEAR ON LABOR

- Increased pain for mom: Fear tends to increase muscle tension. The more tense our bodies are, the more pain we experience.
- Possible increase in heart rate, blood pressure, and breathing rate. These can develop because fear activates adrenaline, and a fight or flight response.
- Possible complications with labor: Adrenaline neutralizes the effect of oxytocin, the hormone which stimulates labor contractions, which dilate the cervix, and bring baby down through the birth canal. If fear blocks oxytocin, it may lead to longer labor, failure to progress, more medical intervention to move labor along, or to deliver the baby.

\* All of these can happen whether it's mom's fear, or fear she picks up from her partner.

In *Birthing from Within*, Pam England uses the metaphor of a hungry tiger lurking outside to explain the effects of fear on labor. She says that it does not matter whether it is a real situation that we fear, or just our own fantasies, because the autonomic nervous system is not able to tell the difference between real and imagined tigers.

During labor, if these fears, or others, arise, share them with people, and talk them through. Your labor support people and the medical staff can help you work through the fear, and back towards a sense of safety and strength so your labor can move forward.





# Women's Care

OBSTETRICS & GYNECOLOGY

## LABOR SUPPORT

### WHAT PARTNERS AND FRIENDS CAN DO TO SUPPORT A BIRTHING MOTHER

#### What Do Support People Do During Labor and Birth?

- Throughout labor and birth: Provide a continuous presence; reassuring, supporting, encouraging, normalizing, and loving. Sometimes this is very active, giving ideas, and taking actions. Sometimes all a mother needs is the presence of someone who cares about her, who is calm, who helps her feel safe, and is confident of the mother's ability to give birth in the way she wants to.
- Throughout:
  - ♦ Reminders to take care of basic self-care needs: eat, drink, rest, go to the bathroom at least once an hour. (Partners, remember to do these things for yourself too!!)
  - ♦ Be sensitive to mom's emotional needs, and try to match activities and behavior to mom's mood.
- Early labor: Keep mom calm, relaxed, and distracted. Encourage mom to alternate rest and relaxation with activities to promote labor progress. Reassure mom that everything is fine.
- At the hospital: Serve as mom and baby's advocate, or help mom to advocate for herself. Ask questions of the staff to make sure that you have all the information you need to make decisions, and also ask questions of you to clarify that you understand the risks and benefits involved, and clarify any places where your choices may differ from the birth plan you developed in advance.
- Active labor: Remind mom about breathing techniques, remind her to change positions often, suggest different positions, massage, distractions such as reading and music. Reassure and encourage. It's important to offer specific suggestions, and options from which she can choose.
- Birth: Help with positions, help the caregiver guide pushing efforts, remind mom to breathe.

#### What Should Support People *NOT* Do During Labor and Birth?

- Don't criticize and complain. The mother needs support in laboring her own way, and suggestions for things to try. She doesn't need to be told that she is doing things wrong. During labor, women are very receptive to the things that are said to them. If you say to a laboring mom "You look exhausted," then she will feel even more exhausted! Instead, the support person should notice for himself what mom's state is, and try to adapt suggestions to that.
- Supporters should try not to ask open questions like: What would you like to try next? Especially late in labor, you may not be able to think up any ideas, and will only find the questions stressful. It's better if they can say: "Here's three suggestions: which one of these things sounds best to you?"
- Supporters should not try to encourage mom to do things that don't fit in with her hopes for the birth.

# Women's Care

OBSTETRICS & GYNECOLOGY

## SUPPORT PERSON'S CHECKLIST OF COMFORT MEASURES

(BASED ON SIMKIN)

Homework for support people: review this checklist to ensure you are familiar with each of these techniques. For each one: how is it done? At what point in labor is it helpful? Why is it helpful? Practice these with your partner in advance! Then pack this checklist in the bag you're taking to the hospital so you can use it when you're out of ideas for what to do next.

### Relaxation/Tension Release

- ☐ Relaxation
- ☐ Roving Body Check
- ☐ Touch Relaxation
- ☐ Distraction (movies, etc.)

### Patterned Breathing

- ☐ Greeting/Goodbye Breath
- ☐ Slow Deep Breathing
- ☐ Hee-Hee
- ☐ Hee-Hee-Blow
- ☐ Slide Breathing
- ☐ Variable Hee-Blow

### Specific Backache Measures

- ☐ Counter-Pressure
- ☐ Double Hip Squeeze
- ☐ Hands and Knees
- ☐ Open Knee Chest
- ☐ Pelvic Rocking
- ☐ Walking
- ☐ Rolling Pressure
- ☐ Shower or Bath

### Hydrotherapy

- ☐ Bath / Whirlpool
- ☐ Shower

### Massage

- ☐ Acupressure
- ☐ Hand / Foot
- ☐ Effleurage (light stroking)
- ☐ Firm Pressure

### Attention-Focusing/Mental Activity

- ☐ Visual Focal Point
- ☐ Music, Voice, Touch, Smell
- ☐ Visualization
- ☐ Count Off 15 Second Intervals
- ☐ Chant, Mantra, Song, Prayer

### Body Positions/Movement

- ☐ Standing/ Leaning
- ☐ Walking
- ☐ Lunge
- ☐ Hands and Knees
- ☐ Sitting Up
- ☐ Side-Lying
- ☐ Semi-Sitting
- ☐ Supine with Tilt to Side
- ☐ Rocking / Swaying
- ☐ Squatting / Supported Squat

### Hot Packs/Cold Packs

- ☐ On lower abdomen
- ☐ On back
- ☐ On perineum

### Bearing Down

- ☐ Avoiding Bearing Down
- ☐ Spontaneous
- ☐ Directed
- ☐ "Purple Pushing"

### Help from Birth Partner

- ☐ Suggestions / Verbal Reminders
- ☐ Encouragement / Praise
- ☐ Patience / Confidence
- ☐ Immediate Response to Contractions
- ☐ Undivided Attention
- ☐ Eye Contact
- ☐ Take Charge Routine
- ☐ Expressions of Love





# Women's Care

OBSTETRICS & GYNECOLOGY

## A “COSMO QUIZ”: WHAT IS YOUR LOVE LANGUAGE?

One of the most important talents a partner, friend, or family member brings to labor support is a history of love and support for the birthing mother. You can maximize the benefit of this support by understanding more about how to communicate that love.

In Gary Chapman's book, *The Five Love Languages*, he illustrates that we each express our love with certain 'languages,' and there are certain 'languages' that we hear love in. If someone is saying “I love you” over and over, but using a different language than we speak, it is hard to hear the love coming through. Here's a quiz to help you determine your love languages.

MOM      DAD

1. Which would be the sweetest thing someone could do for you to show their love?
  - A. Give me an hour-long massage.
  - B. Write a list telling me all the things they love about me.
  - C. Buy me something that I had admired in a store.
  - D. Clean the house; fix the leaky faucet I've been meaning to fix.
  - E. Give up an evening's plans just to spend time with me.
2. If you had a really hard day, what would be the best thing your support person could do?
  - A. Curl up on the couch together, let me lay my head in his/her lap.
  - B. Tell me that they love me, and know I'm doing the best I can.
  - C. Surprise me with a special treat to make up for the rough day.
  - D. Run errands for me, and make dinner, so I can rest for a while.
  - E. Spend time together just talking and relaxing and re-connecting.
3. You are hurrying off to work. What would be a quick way someone could say I love you?
  - A. A hug and a kiss.
  - B. Tell me they love me, and think that I look great.
  - C. Hand me a snack to eat in the car.
  - D. Say that they'll take care of taking the trash out.
  - E. Say they look forward to our next chance to spend time together.
4. A friend has been out of work for a while, and is feeling really down. What do you do?
  - A. Give him a hug, and put my hand on his arm while we talk.
  - B. Tell him what a great guy he is and what confidence I have in him.
  - C. Take him out for a nice dinner at his favorite restaurant.
  - D. Spend an afternoon helping him write résumés and cover letters.
  - E. Set aside time each week to spend together.
5. When you meet with a friend for lunch, she tells you joyfully, that she is pregnant. Do you:
  - A. Jump up and give her a huge hug.
  - B. Say “I'm so excited for you, you'll be such a great mom!”
  - C. Offer to plan a baby shower and start planning what you'll give her.
  - D. Offer to help her complete some projects before the baby comes.
  - E. Spend a long lunch with her, just talking about babies.

## SCORING

Questions 1–3 are about what love language(s) you are best able to *hear*, and most enjoy having spoken to you. Questions 4 and 5 are about what language(s) you feel most comfortable *speaking* to your loved ones. These might be the same, but they're often different. Here's what the answers indicate about your love language.

- A = Physical Touch
- B = Words of Affirmation
- C = Gifts
- D = Acts of Service
- E = Quality Time

Compare your answers to your partner's answers, or what the answers would be for other support people in your life. In a few lucky couples, each person happens to be most comfortable speaking the love language the other person most needs to hear.

For most of us, though, there are times when our languages are out of synch. It's important to learn what language our loved one(s) hears, so that we can try to speak in that language as much as possible. It's also good if they know what our primary speaking language is, so that if we "miss", at least they know we're trying!

For example, you may have a partner who thrives on words of affirmation, but if you've come from a very reserved, restrained background, it may be very difficult to give effusive praise and have it sound genuine. You will try to learn a new language, and they'll forgive you for your stumbles. You can learn to give verbal encouragement as often as possible, and they can learn to translate your quiet "you did a nice job" into the full cheerleader routine they'd love to hear.

## PARTNERS: APPLYING THE LOVE LANGUAGES TO LABOR SUPPORT

- Physical Touch: If this is mom's language, try: stroking her hair, holding her hand, massage, hugging, kissing, rubbing her feet, just resting your hand on her... Be in physical contact throughout labor. If you need to leave the room, give her something to hold on to.
- Words of Affirmation: Encouragement and praise are vital to supporting her. She may be very sensitive to criticism, and may feel unsupported if you do not actively cheer her on.
- Gifts: In preparation for the birth, tuck a few special surprises away in the birth bag. Her favorite music, her favorite hard candy, a cute hat for the baby, a favorite picture to use as a focal point. Show that you made an effort to prepare for the birth and for the baby.
- Acts of Service: This mom wants active support. She'll love it if you get her a glass of juice, heat up a heating pad for her, get a cool cloth to put on her forehead, or do any other tasks that need to be done during labor.
- Quality Time: This mom needs your Presence. She wants someone by her side continuously throughout labor, supporting her just by being there and being attuned to her needs. Try not to ever leave her alone, if possible.

## A SPECIAL MESSAGE FOR MOMS

Labor will consume most of your attention and energy, and it may be hard to feel like you're giving much back to your partner. By understanding what love language he hears most clearly, you can focus your efforts on this area, knowing that even a little gesture goes a long way if it's spoken in the right language.





# Women's Care

OBSTETRICS & GYNECOLOGY

## RELAXATION TECHNIQUES FOR LABOR

### PURPOSE OF RELAXATION TECHNIQUES

Relaxation is not just a passive activity, but an active, conscious release of tension. Doing physical relaxation techniques which release the voluntary muscles helps to reduce physical tension, reducing pain. It also can lead to a feeling of emotional well-being and security; this in turn reduces anxiety, which reduces our sensitivity to pain.

### WHEN TO USE RELAXATION TECHNIQUES

During early labor, it is easy to remain relaxed. This is a good time to begin consciously working on relaxation to help develop a good pattern that will stay with you as labor becomes more intense. Partners can help you to identify tension early on so you can release it rather than holding it and building on it. The techniques can be used throughout labor.

### TENSION HOLD AND RELEASE

Beginning at your toes, and moving up to your head, flex each of your muscles in turn, making it as tight as possible, then relax it completely. This allows you to feel and recognize tension, and feel the relief of releasing tension. Begin with inhaling, then hold breath while tightening muscle, then relax while breathing out.

### PASSIVE RELAXATION

Focus attention on your toes and feet. Just let go. Think how warm and relaxed they are. Focus on ankles and calves, think how loose and comfortable they are, and so on, up to your head, relaxing and releasing tension. Do deep, abdominal breathing.

### ROVING BODY CHECK

Breathe in, choosing a muscle to focus on. Breathe out, releasing all the tension in the muscle with the exhale. Breathe in, moving your attention to another muscle. Exhale and relax. (Can be done with your partner calling out which muscle to focus on during the next breath). Good quick relaxation method to use between contractions.

### TOUCH RELAXATION

During labor, it's wonderful if the partner can see where the mom is holding tension (e.g. jaw, eyes, hands, or shoulders) and touch her there to encourage her to relax: he might just rest his hand there, or stroke lightly, or do a firm massage. This is most effective if you've practiced in advance. Practice tensing muscles, then having him touch the muscle. You release the tension, imagine that it's flowing out of your body through his hand. When you begin practicing, tell him which muscle you are tensing. When you have practiced more, try playing a game, where he has to guess which muscle you are tensing.



## **PRACTICING RELAXATION TECHNIQUES AND BREATHING TECHNIQUES BEFORE LABOR**

When practicing these techniques the first few times, make your environment as conducive as possible: dim lights, soft music, no interruptions. As you become more familiar with the techniques, and better able to reach a relaxed state, try using them in different positions, doing them while actively doing other activities (driving, cooking, talking on the phone) and when feeling stressed. These techniques are helpful not only during labor, but in all of life.

To help yourself remember to practice techniques, set up cues. When waking up in the morning, do passive relaxation. When your partner's had a hard day, use touch relaxation. And so on.



# Women's Care

OBSTETRICS & GYNECOLOGY

## BREATHING TECHNIQUES FOR FIRST-STAGE LABOR

### PURPOSE OF BREATHING TECHNIQUES

- Provide oxygen to mom and baby. If the muscles are well-oxygenated, they can function more effectively, while creating less pain stimuli.
- Relaxation: Rhythmic breathing promotes physical relaxation by reducing muscle tension, and promotes emotional relaxation by reducing anxiety.
- Distraction: Breathing techniques provide a means for distracting the woman from the pain of labor, giving her something to focus on other than the contraction.

### WHEN TO USE BREATHING TECHNIQUES

- No special breathing techniques are necessary in early labor, when you're still easily distracted from focusing on contractions. Begin using techniques when you can no longer walk and talk during contractions.
- Always use the most basic technique possible, using the least effort required to manage each contraction. This helps prevent fatigue, and helps avoid the sensation of having already used all the techniques early on, leaving you with no new resources later in labor.

### THE CLEANSING BREATH

- How to: At the beginning of each contraction, take a deep breath in through your nose, then exhale through your mouth. When a contraction ends, take another deep cleansing breath, perhaps also yawning or stretching to release tension.
- Benefits: Welcoming breath gives both mother and baby an extra boost of oxygen, serves as a signal to relax and focus, and informs partner and support people that a contraction has begun. Closing breath serves as a release, informs support people that contraction has passed, and serves as a reminder to relax between contractions.

### SLOW, RELAXED, ABDOMINAL BREATHING

- How to: Inhale slowly through your nose, allowing your belly to expand first, then your chest. Exhale slowly through your mouth, pursing your lips. Breathing should be slow and relaxed, about half your normal rate. 6-9 breaths per minute.
- When to use: Use it through as much of labor as possible. Some women use it for their entire labor. Other women find that at some point in labor, they can no longer relax with this technique, and use other patterns and variations described below.
- Benefits: Relaxing, slow, and effortless. Many women find that breathing slowly can induce a sense of peacefulness and safety that helps to release tension.

### **LIGHT BREATHING, A.K.A. HEE-HEE BREATHING**

- How to: Inhale and exhale through the mouth. Lips are relaxed, with a slight smile. On exhale, make a soft “hee” sound. Breathing is shallower than in slow breathing. Frequency: Approximately one breath per second.
- When to use: When deep breathing no longer seems enough to help with contraction.
- Benefits: Helps with relaxation, distracts attention from contraction.

### **HEE-HEE-BLOW BREATHING**

- How to: Similar to Hee-Hee Breathing, except you do 1 to 5 “hee” breaths, followed by a blow. The blow is a deeper, slightly slower breath, and you relax more with it. Find the number of breaths that work best for you. Some women do three “hees” with every contraction, others find more or less “hees” to be most helpful.
- When to use: When Hee-Hee Breathing isn’t enough. Helpful during transition.
- Benefits: Provides a rhythm to breathing. Helps to avoid hyperventilation. The blow breath helps to release tension.

### **VARIABLE HEE-BLOW BREATHING**

- How To: Partner randomly chooses a number of breaths to be done before each blow: 2, 3, or 4. For example, he holds up three fingers, mom does three hees, then he closes fist to show her to blow, then he holds up two fingers, etc.
- When to Use: Best as a “take-charge” routine during transition. The birth companion can use when the mother is feeling out of control and panicky. Establish eye contact with her, and guide her through breathing until she is focused again.
- Benefits: Distraction. Woman focuses on partner and on counting the breaths.

### **PRACTICING BREATHING TECHNIQUES BEFORE LABOR**

- Deep, abdominal breathing can be practiced any time: while driving, reading, or watching TV, at work, at times of stress, etc. It is beneficial not only during labor, but in all of life.
- It’s also important to practice the other techniques until you become comfortable with them, and can use each for two minutes without feeling out of breath. If you begin to feel lightheaded or dizzy, take a deep cleansing breath, and start over again. If necessary, re-breathe your air by cupping your hands over nose and mouth, or breathing into a paper bag. Practice in various positions: sitting, side-lying, standing, hands-and-knees.
- To help yourself remember to practice breathing techniques, set up cues. For example, every time you’re at a red light, do hee-hee breathing. During TV commercials, do hee-blow.
- Tip: if your mouth feels dry, try touching the tip of your tongue to the roof of your mouth.





# Women's Care

OBSTETRICS & GYNECOLOGY

## BREATHING TECHNIQUES FOR SECOND-STAGE LABOR

### HOW TO AVOID PUSHING, IF NECESSARY

- How to: Lift your chin, and arch your back a little. Either: Breathe deeply, relaxing your body. Or: Pant, blowing lightly. Some people recommend visualizing a feather, and blowing just enough to keep the feather bouncing up and down in the air above your lips.
- When to use: If you are experiencing the urge to push, and your caregiver has told you that it is too early to begin pushing, or that there is some need to stop pushing temporarily.
- Benefits: This won't prevent your uterus from pushing, and it won't take away the urge to push. However, it does keep you from adding your voluntary strength to a pushing effort.

### BREATHING FOR BIRTH

- Breathing the baby out: Breathe in deeply, then on exhale, gently push downward with abdominal muscles, while visualizing the baby moving down and out. It may help to grunt or vocalize while *exhaling*. Continue this pattern through the contraction.
- Pushing the baby out: During a contraction, when the urge to *push* becomes irresistible, then hold breath for five to seven seconds, while pushing. Then breathe deeply in and out again until the urge to push becomes strong. Repeat through contraction.

# TAKING CARE OF YOURSELF

You're not sick, but you are recovering. Your body is changing even more rapidly now than it did during pregnancy. Whether you gave birth vaginally or by Cesarean, it normally takes a woman's body at least six weeks to recover from giving birth.

In this section, you'll find information about how to take care of the aches and pains that follow giving birth, what you can expect from your body and emotions, and how to protect yourself from an unplanned pregnancy.

During this time, your hormones are in flux, and the demands of a new baby can be emotionally as well as physically exhausting. Within the last 20 years, we've learned a great deal about hormones and their effects on our bodies. In fact, we've learned that hormones affect our emotions as well as our body functions. Many women suffer mood swings and blues until their hormones readjust to pre pregnancy levels. Be kind to yourself. Don't feel guilty if the house isn't perfect or if you're not "in control" at all times. One of the most powerful lessons that children teach us right from the start is how to be flexible.

## REST

- You won't be getting "a full night's sleep" again for a while, so if at all possible, sleep when your baby sleeps.
- Ask others to help you with meals, laundry, and any other everyday chores; so you can spend your waking time getting to know your baby.
- Gradually increase your activities over the next two weeks, and rest a lot.
- Exercise as instructed by your healthcare provider.
- Avoid lifting anything heavier than 10 pounds or the weight of your baby.
- Avoid heavy housework until after your first postpartum visit.
- Your uterus and vaginal area are susceptible to infection for about six weeks following your baby's birth. Avoid sexual intercourse/tampons until you are completely healed and your healthcare provider gives you an okay.

## WARNING SIGNS DURING POSTPARTUM PERIOD

Call your healthcare provider if you experience any of the following symptoms:

- Chills or fever higher than 100° F.
- Heavy gushing of blood (greater than what you had in the hospital), often preceded by large clots, that does not decrease with rest.
- If your vaginal discharge has a strong, foul odor.
- Persistent pain in a specific area of the abdomen, lower back or legs.



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- Difficulty urinating (pain, burning and/or bleeding with urination).
- Severe constipation. You should have a bowel movement within your first week home.
- Redness, tenderness, drainage or open areas of your abdominal or perineal incision. (You can check your episiotomy using a small hand mirror).
- A fever with localized area of redness or tenderness on your breasts.

## PHYSICAL CHANGES AND RECOVERY

### YOUR BREASTS

Whether or not you breastfeed, your breasts and nipples will be sensitive for a few weeks.

- Wash your breasts daily with warm water (no soap).
- A clean, supportive bra can relieve the discomfort of heavy breasts. Use breast pads if you leak milk.
- Your milk may come in on the third to fifth day after delivery.
- What to do if your breasts are swollen, uncomfortable, and engorged:
  - ♦ If you are breastfeeding your baby, your goal is to soften your breasts so that your baby can nurse. The nursing action will further relieve breast pressure and discomfort.
  - ♦ If you are bottle-feeding your baby, your goal is to stop the milk-production process that naturally occurs after a woman gives birth.
  - ♦ You can apply ice packs (but not over the nipple area). This discomfort will normally only last for 24 to 48 hours.
  - ♦ Don't express milk by hand or with a pump. Doing so is a signal to your breast to make more milk.

### VAGINAL DISCHARGE

During pregnancy, the lining of the uterus thickens and becomes engorged with blood to cushion your growing baby. When the placenta is delivered, it detaches from the uterine lining, releasing this built-up blood and tissue as a vaginal discharge (lochia). This discharge begins right after giving birth and continues for up to six (6) weeks.

Discharge is heaviest immediately after birth. While you're in the hospital, nurses will check you frequently.



- The dark red discharge will remain heavy for three or four days. For the next five to seven days, both the flow and color (pinkish brown) will lighten, and it will continue to lighten to a yellowish-brown color before stopping.
- Use sanitary pads, not tampons, to catch the flow. (Tampons can cause infection at a time when your uterus is especially susceptible).

### **UTERINE RECOVERY**

Amazingly, your uterus begins shrinking at a rate of one-finger width a day almost immediately after you give birth. At this rate, it takes about six weeks to return to its pre-pregnancy size. (Your abdominal muscles may take longer).

- The uterus shrinks by contracting, and these contractions, called “after pains,” feel like menstrual cramps.
- Oxytocin, the same hormone that stimulated contractions during labor, causes these contractions. They lessen over time as the amount of oxytocin in your body stabilizes.
- Oxytocin is also responsible for stimulating the “let down” reflex you’ll feel if you are breastfeeding.

### **TEAR/EPISIOTOMY CARE**

- If you had an episiotomy or tear, it will take several weeks for it to heal and the stitches to dissolve.
- While you’re in the hospital, the nursing staff will offer you ice packs to minimize swelling and ease the pain.
- Spray-on topical anesthetics, such as Dermoplast® Spray, are sold over the counter at most pharmacies and can help relieve surface pain.
- Use your peribottle every time you go to the bathroom until the discharge (lochia) stops.
- A warm sitz or tub bath two or three times a day will promote healing and feel soothing.
- Cleanliness is essential as you heal. Your uterus is susceptible to infection for about six weeks after you give birth. Careful hygiene is your best defense against infection.
- Keep the peribottle that you receive in the hospital full of warm (not hot) water, and every time you go to the bathroom, use it to spray water over your vaginal area.
- Always wipe from front to back (after giving birth, pat instead of wiping).
- Do not douche.



## POSTPARTUM DISCOMFORTS

### CONSTIPATION

No one has to tell you how much your abdominal muscles have stretched in the last nine months! Stretching was necessary, but now the loose muscles, in addition to tenderness in the vaginal area, can make both urination and having bowel movements difficult.

- Drink lots of liquids, especially water.
- Eat fiber-packed fruits and vegetables.
- Don't strain to have a bowel movement.
- If constipation continues, talk to your healthcare provider about prescribing a stool softener.

### HEADACHES

- Make sure you get enough sleep.
- Avoid feeling hungry.
- Warm or cold packs (wrapped in a cloth) applied to your forehead, back of your neck or shoulders can soothe pain.
- If you have a sudden, severe headache, if your vision changes during a headache, or if you cannot find relief for your headache, call your healthcare provider.

### HEMORRHOIDS

Hemorrhoids (varicose veins within the rectum) are common in late pregnancy or following labor. The swelling or twisting of these veins affects circulation and can cause pain, a burning sensation and itching. Hemorrhoids caused by pregnancy or labor will shrink and may disappear after birth. In the meantime, there are several things you can do for relief such as:

- Witch hazel on a sanitary pad may soothe burning and itching.
- Avoid sitting upright or standing for long periods of time.
- Lie on your side, not your back, when you sleep or rest,

### URINATION PROBLEMS

The weight of a full bladder can press against the uterus and stop healing contractions, so keeping your bladder empty is important at this time.

You may have temporarily lost the sensation that you need to urinate or may even be unable to urinate following birth. This is a common and short term problem caused by pressure on the urethra, the tube that releases urine from the bladder, during labor.

- Drink lots of liquids, especially water.
- Remember to try to empty your bladder regularly even if you don't have the urge.
- Listen to running water and sip cool water.
- Take a sitz or tub bath.

## POSTPARTUM EMOTIONS

Rapidly changing hormone levels paired with the lack of sleep and the awesome responsibility of caring for a new baby often make the weeks after giving birth emotionally difficult for many new mothers. "Postpartum mood disorders" are common, and there is help.

Postpartum mood disorders can affect anyone, but there are factors that can put you more at risk

## SEX AND CONTRACEPTION

Your risk of infection is high until your uterus and vagina heal, about six weeks following your baby's birth. Until you see your healthcare provider for your six-week postpartum appointment, it is wise not to have intercourse. In the meantime, there are many ways to be intimate with your partner. Kissing, hugging, and caressing are all ways to demonstrate affection and closeness. When you do resume having intercourse, protect yourself.

- You can get pregnant again as soon as you resume having intercourse.
- Breastfeeding alone is not effective birth control.

When you see your healthcare provider for your postpartum exam, ask his or her advice about contraceptives. The method you decide to use depends on your personal beliefs and physical conditions.

# APPRECIATION

When caring for a new baby, you probably have days where it seems like you give and give and give, and get very little back. As wondrous as a baby's smiles and contented snuggles are, sometimes we need more tangible appreciation for our efforts, otherwise, it can be easy to start feeling down and feeling unvalued.

Making a conscious effort to actively express appreciation to each other can be invaluable for giving each of you the energy to continue nurturing and loving your baby.

Also, as our relationships with our partners change, and our lives change, it is possible to start feeling disconnected and invisible to each other. A focus on expressing appreciation to our partners can be a valuable tool for rebuilding the couple relationship.

*Several of the ideas here came from Jennifer Louden's *The Couple's Comfort Book* or from a workshop led by Kathryn and Gay Hendricks, authors of *Conscious Loving*.*





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## TECHNIQUES FOR SHARING APPRECIATIONS

**Five Minute Writing:** “What I appreciate about my partner.” Each of you take a piece of paper and a pen. Set a timer for five minutes, and spend that whole five minutes listing everything you love about your partner. Pour out all the appreciation you haven’t had time to share. Give your list to your partner to have and to hold.

**Exchanging Appreciations:** Sit facing each other. Take a couple deep breaths. One partner (the Giver) goes first, completing the sentence “Something I appreciate about you today is..., The other partner (the Receiver) should just take a few deep breaths to let that appreciation sink in and then say “thank you.”

The Receiver should *not* interrupt, laugh, dismiss, snort sarcastically, respond with “proof” that the Giver is wrong about what s/he just said, or do anything else that pushes away the gift of appreciation. Just take it in and receive it as an expression of their love. Then switch roles and repeat.

**Appreciation Post-its:** Have Post-it notes and pens scattered around your house. Every time you think of something you appreciate about your partner or about life in general, write it on a note, and stick it somewhere that you’ll both see it and be reminded by it.

**Appreciation Interview:** Interview your partner to find out how s/he most likes to be appreciated: Physical touch? Written notes? Verbal praise? Quiet time together? Hearing them praise you to others? Presents? Then, sometime that day, give your partner an appreciation using that “language” to communicate in.

**Weekly Letter:** Once a week, set aside time to snuggle up over a glass of wine and/or a bowl of ice cream. During the week, make a list of everything you have to celebrate from your week. You can include accomplishments, happy moments you’ve shared, health of family members, clean kitchen counters, or anything that gave you satisfaction and joy! During the weekly snuggle time, read your lists to each other. Keep these lists to reread when you feel down or defeated.

**Some Sentence Starters:** If you’re having a hard time thinking of what to say, here’s some ideas to get you started.

- One unique quality you have that I appreciate is...
- I appreciate the way you’ve helped me grow by...
- One positive thing I am aware of through my senses right now is...
- One positive aspect of my life today is...
- Something you did today to make my life easier was...
- I appreciate your body and especially your...
- One thing you do that I appreciate, but often take for granted is...
- I really appreciate this about how you see the world...

- I appreciate the way you create beauty in our lives by...
- I appreciate that your creativity has generated...
- One thing I appreciate about our sexual relationship is...
- One thing I'm noticing about you and appreciate is...
- In your interactions with others, I appreciate...
- Something I am grateful for is...
- I am so glad that we do \_\_\_\_\_ every day (every week)...
- I feel loved when you....

## THE BABY BLUES

*By Elizabeth Pantley, author of Gentle Baby Care and The No-Cry Sleep Solution available at [www.pantley.com/elizabeth](http://www.pantley.com/elizabeth)*

I remember when I was lying in my hospital bed after the birth of my fourth child, Coleton. I had endured a full day of labor and a difficult delivery (who says the fourth one comes easily?), and I was tired beyond explanation. After the relief of seeing my precious new child came an uncontrollable feeling to close my eyes and sleep. As my husband cradled newborn Coleton, I drifted off, my parting thoughts were, "I can't do this. I don't have the energy. How will I ever take care of a baby?" Luckily for me, a few hours of sleep, a supportive family, and lucky genes were all it took to feel normal again. But as many as 80% of new mothers experience a case of the baby blues that lasts for weeks after the birth of their baby. This isn't something new mothers can control — there's no place for blame. The most wonderful and committed mothers, even experienced mothers of more than one child, can get the baby blues.

### WHAT ARE BABY BLUES?

Your baby's birth has set into motion great changes in your body and in your life, and your emotions are reacting in a normal way. Dramatic hormonal shifts occur when a body goes from pregnant to not pregnant in a manner of minutes. Add to this your new title (Mommy!) and the responsibilities that go with it, and your blues are perfectly understandable. You're not alone; this emotional letdown during the first few weeks is common after birth. Just remember that your state of mind has a physical origin and is exacerbated by challenging circumstances — and you and your body will adjust to both soon.



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## HOW DO I KNOW IF I HAVE THE BABY BLUES?

Every woman who experiences the baby blues (also called postpartum blues) does so in a different way. The most common symptoms include:

- Anxiety and nervousness
- Sadness or feelings of loss
- Stress and tension
- Impatience or a short temper
- Bouts of crying or tearfulness
- Mood swings
- Difficulty concentrating
- Trouble sleeping or excessive tiredness
- Not wanting to get dressed, go out, or clean up the house

## COULD IT BE MORE THAN JUST THE BABY BLUES?

If you're not sure whether you have the blues ask your doctor or midwife, and don't feel embarrassed. This is a question that healthcare providers hear often and with good reason. If you're feeling these symptoms to a degree that disrupts your normal level of function, if your baby is more than a few weeks old, or if you have additional symptoms — particularly *feelings of* resentment or rejection toward your baby or even a temptation to harm him — you may have more than the blues, you may have postpartum depression. ***This is a serious illness that requires immediate treatment.*** **Please call a doctor or professional today.** If you can't make the call, then please talk to your partner, your mother or father, a sibling or friend and ask them to arrange for help. Do this for yourself and for your baby. If you can't talk about it, hand this page to someone close to you. It's that important. *You do not have to feel this way,* and safe treatment is available, even if you're breastfeeding.

