Labor from Start to Finish

Labor team members

Medical care provider (doctor or certified nurse midwife)
- Provides care during the pregnancy to keep you and baby healthy.
- Answers questions about pregnancy, labor and delivery.
- Follows your labor and birth and directs your care; makes decisions regarding emergency interventions.
- Works with the hospital team members to meet the needs of you and your baby.
- Provides medical management, if needed, as you deliver your baby.

Registered nurses and auxiliary personnel
- Monitors the well-being of you and your baby.
- Keeps the medical care provider informed of changes in you and your baby’s condition and progress of labor.
- Answers questions and provides information about what is happening during labor and about your plan of care.
- Seeks to understand and support your goals and plans for labor and birth.
- Offers comfort measures; suggests ways to help you cope with labor pain and to promote progress in your labor.
- Provides reassurance and encouragement to you and your support person(s) throughout the birth experience.

Support person(s)
- Chosen by you; person(s) who will be your primary emotional support during labor and birth.
- Your support person:
  - Responds to your needs to provide, as needed, things like encouragement, distraction, humor, comfort measure, praise etc.

General tips for the labor support person(s)
- You do not have to be an expert: just staying with mom means a lot. The nurse will assist and instruct you as needed.
- Feel free to ask questions, if needed.
- Stay relaxed, calm and positive.
- Taking care of yourself helps you take better care of the mom in labor. Be sure to eat something nutritious and take breaks as needed.

Labor doula
- An optional, trained woman who provides continuous support throughout the labor and birth.
- Hired and contracted independently by the birthing family.
- Numerous studies have shown benefits of continuous labor support to mothers and babies.

Friends and family
- Everyone is excited, but the safety of the mom and baby must come first.
- Your job should be to assist the support person; give him/her a break when needed or bring in food and beverages.
- Ask questions if you are not sure what is happening.
- Make positive comments, talk quietly and allow mom to rest.
- Do not add tension; if you are nervous, leave and calm down, then return.
- Leave quietly if asked by the nurse, whose first responsibility is to care for the mom and baby.

Everyone wants the birth to be a positive experience. If we work together as a team and are sensitive to the needs of mom and baby, it will be a good experience for all of us.

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<table>
<thead>
<tr>
<th><strong>Early labor</strong></th>
<th><strong>How you may feel</strong></th>
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</thead>
<tbody>
<tr>
<td>“I’m so excited to be in labor!”</td>
<td>• Happy, excited, full of energy, maybe a little nervous and scared</td>
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<tr>
<td>• Cervix begins to thin (efface) and starts to open up (dilate) to 3 to 4 centimeters</td>
<td>• Uterus hard and cramping with each contraction</td>
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<tr>
<td>• Bag of waters (membranes) may break</td>
<td>• May have backache that comes and goes</td>
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<tr>
<td>• Mucus plug might come out</td>
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<tr>
<td>• Average time: 7 to 8 hours</td>
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<tr>
<td>• Contractions every 5 to 20 minutes, lasting 30 to 45 seconds</td>
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<tr>
<th><strong>Active labor</strong></th>
<th><strong>How you may feel</strong></th>
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<tbody>
<tr>
<td>“This is hard work!”</td>
<td>• Must concentrate on handling contractions</td>
</tr>
<tr>
<td>• Cervix thins partway and opens from 4 to 5 centimeters to 7 to 8 centimeters</td>
<td>• Serious, quieter, thinking about the “work” of labor; scared because labor is getting harder</td>
</tr>
<tr>
<td>• Bag of waters (membranes) may break</td>
<td>• Hot and tired; back could ache</td>
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<tr>
<td>• Mucus plug might come out</td>
<td>• May feel more pelvic pressure</td>
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<tr>
<td>• More bloody show</td>
<td>• May become nauseated or vomit</td>
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<tr>
<td>• Average time: 3 to 5 hours</td>
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<tr>
<td>• Contractions 2 to 4 minutes apart, lasting 60 seconds</td>
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<tr>
<th><strong>Transition</strong></th>
<th><strong>How you may feel</strong></th>
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<tbody>
<tr>
<td>“I can’t do this!”</td>
<td>• Discouraged and feeling in a panic because labor is such hard work</td>
</tr>
<tr>
<td>• Cervix opens 9 to 10 cm (sometimes called “being complete”)</td>
<td>• Hot and cold flashes; shivery and shaky; hiccoughs or burping</td>
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<tr>
<td>• Bag of waters (membranes) usually breaks if it hasn’t already</td>
<td>• Feel rectal pressure, “like you have to poop”</td>
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<tr>
<td>• Average time: 30 to 90 minutes</td>
<td>• Feel like contractions are one right after the other</td>
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<tr>
<td>• Contractions 2 to 3 minutes apart, lasting 70 to 90 seconds</td>
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<thead>
<tr>
<th><strong>Pushing</strong></th>
<th><strong>How you may feel</strong></th>
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<tbody>
<tr>
<td>“This is hard work!”</td>
<td>• May be nervous</td>
</tr>
<tr>
<td>• Cervix completely open; baby pushed out of uterus and down the birth canal</td>
<td>• You have new energy; better able to focus</td>
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<tr>
<td>• Average time: 30 minutes to 2 hours</td>
<td>• Lots of pelvic pressure as baby presses down</td>
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<tr>
<td>• Contractions 3 to 5 minutes apart, lasting 60 seconds</td>
<td>• Contractions may be less painful</td>
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<td></td>
<td>• You may feel more in control, as you can bring about the birth of baby</td>
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<td></td>
<td>• You may feel sleepy; rest between pushes if you can</td>
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<thead>
<tr>
<th><strong>Delivery</strong></th>
<th><strong>How you may feel</strong></th>
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<tbody>
<tr>
<td>“My baby!”</td>
<td>• Proud, excited and relieved</td>
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<tr>
<td>• Average time included in above</td>
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<tr>
<th><strong>Delivery of placenta</strong></th>
<th><strong>How you may feel</strong></th>
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<tr>
<td>• Average time: a few to 30 minutes</td>
<td>• Relief: “I can’t believe it’s over!”</td>
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<tr>
<td>• Contractions keep coming to help deliver placenta</td>
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<tr>
<th><strong>After delivery</strong></th>
<th><strong>How you may feel</strong></th>
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<tbody>
<tr>
<td>• Contractions keep coming to help the uterus tighten again</td>
<td>• All of the above feelings</td>
</tr>
<tr>
<td></td>
<td>• Exhausted</td>
</tr>
<tr>
<td></td>
<td>• Surprise</td>
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<td></td>
<td>• Disappointment at after-birth discomfort</td>
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<td></td>
<td>• Talkative; need to review birth</td>
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<td></td>
<td>• Desire to see and hold baby</td>
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### What you can do

- **Early labor**
  - Walk
  - Relax or rest if tired; drink and eat lightly; if at night, try to sleep if able
  - Call your care provider and go to the place you plan to give birth when you feel the need to be there or when instructed to go
  - Say to yourself, “My body knows what to do, I am ready for this birth”
  - Try a warm shower

- **Active labor**
  - Rest and relax, or walk and move about to keep the labor moving; go to the bathroom often; moan if it makes you feel better; try a shower, cool cloths on your face, and/or back rubs
  - Play music
  - Say to yourself, “I am strong, my body can do what it needs to do”
  - Use the breathing techniques that work for you

- **Transition**
  - Keep your body relaxed; change positions; focus on your breathing
  - Say to yourself, “Birth is close; I can do this; I won’t quit now”
  - Take one contraction at a time
  - Remember this is the **shortest** part of labor

- **Pushing**
  - Relax body parts not used for pushing
  - Focus on pushing the baby down and out; rest between contractions
  - Say to yourself, “I can push this baby out, I am stronger than I will ever be”
  - Concentrate on relaxing your bottom (perineum) and opening it up to push out the baby
  - Find the most comfortable position (often C-position)
  - You may close your eyes and rest between contractions
  - Listen to your care providers for special directions

### What your support person can do

- **Early labor**
  - Keep her mind off the contractions; encourage her to sleep if at night, encourage normal activity during the day
  - Time a few contractions every hour
  - Encourage light meals and fluids
  - Call care provider as advised
  - Calm and reassure mother with touch or verbal relaxation

- **Active labor**
  - Encourage changes in activity, frequent urination, use of relaxation and breathing techniques
  - Offer ice chips, clear liquids, cold washcloth
  - Time the contractions
  - Suggest water therapy
  - Provide a relaxing atmosphere, positive attitude and reassuring voice
  - Encourage her and massage her as needed
  - See Pain Management in Labor handout

- **Transition**
  - Be her “rock,” remain calm and confident
  - Breathe with her to avoid pushing, using eye contact
  - Notify staff if she has an urge to push
  - Help her relax between contractions
  - Remind her she’s almost at the end and her baby will be here
  - See back page for more suggestions

- **Pushing**
  - Encourage her to relax in between pushes; offer ice chips, cold washcloth
  - Remind her to take deep breaths as contraction begins, and remind her of proper positioning to relax legs and bottom when pushing
  - Support head and shoulders
  - Encourage her as she pushes; tell her she can do it

- **After delivery**
  - Cut the cord, if you choose
  - Tell her what a good job she did

- **After delivery**
  - Take pictures
  - Hold your baby
  - Participate in infant care
  - Offer mother comfort measures

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*Labor from Start to Finish, Page 3*
What to do if she panics

There may be a time during labor when your partner hits an emotional low or panics. She may show this by:

- Weeping or crying out.
- Stating she cannot go on.
- Looking or sounding as if she is in a great deal of pain.
- Becoming very tense and unable to relax.

A “take charge” routine may be helpful at this time. You need to do all you can until she regains her inner strength. Use any or all of the hints listed:

- Stand up. This action says without words that you are present and in charge.
- Remain calm. Your touch should be firm yet confident. Keep your voice calm and your words encouraging.
- Stay close to her and make eye contact. Instruct her to open her eyes and look at you.
- You can hold her head or shoulders, or hold her tightly in your arms.
- Try a different position or breathing pattern. Breathe with her to keep her focused.
- Encourage her with every breath and tell her she is doing a good job. You may have to speak louder to get her attention, but keep your tone calm and confident.
- Talk to her between contractions and make suggestions such as: “When your next contraction starts, I want you to look at me.”
- Repeat instructions frequently. She may not be able to follow what you are saying for more than a few seconds.
- Don’t give up on her. This will be a very difficult time, but you will not be helpful if you decide she cannot handle it.

- Ask for help. The nurse, midwife or doctor can measure for dilatation, give you advice and suggestions, do some of the coaching, advise another position, and reassure you that your partner is okay.
- Remind her of the baby. It is helpful to focus on the reason for the labor and remember it is pain with a purpose.

If your partner said before labor that she does not want pain medications and now changes the plan and asks for them, respect her wishes. However, a request for medication may also be a request for additional support. With the techniques given (see Pain Management in Labor and Affirmations handouts), you may be able to have her back in control without medications.

The important thing to remember is that what you do is far more important than what you feel at the time. In other words, it’s okay if you feel anxious inside; your actions will show that you are helpful and in control.