NOTE: Refer to module outline for goal, objectives, class outline, equipment, resources required and references.

If this is the first class:
- Welcome participants to class.
- Housekeeping: bathroom, breaks, length of session, ground rules/respect.
- Have participants introduce themselves (name, due date, HCP, anything they would like to share about the pregnancy).
- Provide an outline of topics to be discussed.
- Provide the choice of prenatal handout (depending on your organization, this may be Healthy Beginnings or A Healthy Start for Baby and Me) for each expectant mother.
- Provide a list of community resources.

Suggestion for Facilitator: on a flip chart, list the topics to be discussed in this session.
- Gate control theory
- Labour support
- Comfort measures
- Back labour
- Breathing techniques
- Birth video
Read this story:

Anna and Domenic arrive at the hospital. Anna’s contractions have been 5 minutes apart, lasting 60 seconds, for the past hour. Anna uses slow breathing as her health care provider assesses her labour’s progress. She is 4 centimetres dilated and her bag of waters is still intact. Domenic offers a glass of ice water and suggests that they walk the halls. At her next contraction, Anna leans forward into Domenic who rubs her lower back while she focuses on her breathing. Over the next hours, Domenic provides emotional support by telling her she is doing a great job and is attentive to her needs as her labour progresses. To relieve Anna’s increasing back pain, the labour nurse recommends that Anna sit on the birthing ball and shows Domenic how to do the double hip squeeze.

Points to highlight:
- When to go to the hospital (contractions are 5 minutes apart for the last hour).
- Coping strategies used by Anna (breathing, position changes, walking, birthing ball).
- Support strategies used by Domenic (encouragement, ice water, massage, double hip squeeze).
Most pregnant women question their ability to cope with the pain of labour. The pregnant woman and her partner can prepare for the challenge of labour by understanding what causes pain during labour and how comfort measures can help reduce the degree of pain.

The following physical changes contribute to labour pain:
- A decreased blood supply to the uterus with each contraction.
- The dilation and stretching of the cervix and lower uterus.
- The pressure and pulling on pelvic structures.
- The distension of vagina and perineum during the second stage of labour.
- The prolonged use of the uterine muscle from contractions. To describe how a muscle feels when overused, have each participant hold their arm at shoulder height and open and close hand into a fist for two minutes or so. Have them consider how they would feel if they continued this activity for 10, 12 or 14 hours.

Other factors that may affect the labouring woman’s perception of pain may include:
- Personal tolerance to pain.
- Duration of labour.
- Cultural norms.
- Anxiety and fear.
- Previous experiences with pain.
- Support network available (professional & personal).
- Preparation for childbirth (knowledge decreases anxiety).
- Hunger or thirst.
- Full bladder.
- Pattern of labour (rapid intense contractions, fetal malposition, prolonged labour).
• The gate control theory states that “the balance between painful and non-painful stimuli that reach your consciousness determines your perception of pain and it’s severity”. (Simkin, pg 179. 2010).

• Using comfort measures (i.e. massage, music, pelvic rocking) during a contraction decreases the labouring woman’s awareness of pain by increasing her attention to the comfort or distraction source.

• This particular theory helps explain why some pregnant women perceive more pain than others during labour. For example, one woman in active labour may be able to manage her pain using a variety of comfort measures while another woman in the same stage of labour is having difficulty coping with the pain. The pain is very real for both women, however, the first woman successfully uses distraction techniques to block the message of pain being sent to the brain... it’s a question of mind over matter. That being said, not being able to overcome the pain should not be seen as a weakness, it is just a different way to dealing with the situation.
• The pregnant woman’s ability to cope with the challenge of labour is enhanced when she is surrounded by a ‘team’ of confident and caring people. The team can include a significant other, family member, doula, friend, or professional staff. The role of a support person or partner is vital to her sense of well being and confidence in her body’s ability to give birth.

• The role of her chosen support team is to help her relax during labour, provide support during contractions, advocate of her behalf, and take charge if necessary. It is also important for the support team to remember that they need to take care of themselves (i.e. rest breaks, snacks).

• Scientific evidence supports the benefits of a labour support team; it is not just a “nice to have”. (Obtained from SOGC interview)
• Labour partners provide emotional support, encouragement and comfort to the pregnant woman throughout each stage of labour. They suggest various comfort measures to help her cope with contractions and advocate for her when she is feeling vulnerable and exhausted. It is very important to be clear about the pregnant woman’s choices for her birth experience.

• Labour partners may bring items that will help the labouring mother to feel more comfortable and will help keep up their own energy levels as well. Check with the hospital or birthing centre about any restrictions on items brought from home (e.g., scented products).
Coach’s Corner

Suggestions:

- **Music.** A way to focus her attention and create a relaxing atmosphere.
- **Rolling pin, cold pop can.** Provides a soothing rolling pressure for her lower back; some rolling pins are hollow and can be filled with ice for numbing the area (ensure there is a layer of cloth between her skin and the cold source).
- **Thermal bags/ gel packs.** Applying heat to the abdomen, back, or other sore areas can reduce the degree of pain (ensure there is a layer of cloth between her skin and the heat source).
- **Massage lotions.** Decrease friction on the skin during massage; some provide aromatherapy for relaxation. Avoid using a new brand of lotion, as there may be a reaction (ie. rash) or it may increase nausea.
- **Lip balm.** Keeps her lips moist when doing breathing techniques.
- **Tennis ball.** Provides counterpressure when rolled in small circles on her lower back; place two balls in a sock and roll on her lower back or have the pregnant woman roll the balls under her feet.
- **Sour candies, mints, lollipops.** Helps moisten her mouth which can become very dry.
- **Snacks.** To maintain the partner’s energy.
- **Camera/batteries.** For capturing important moments (with the health care provider’s and pregnant woman’s permission).
- **Magazine, cards, etc.** To keep labour partners occupied when the pregnant woman is resting or if they are taking a break.
- **Swim suit.** Some settings encourage partners to go into the shower and tub with the labouring woman.
- **Money.** To pay for parking or incidentals.
- **Wide shawl.** For abdominal lift.
• By learning to relax, the pregnant woman can help her baby to get enough oxygen during labour and move down into the birth canal. It is important that the partner learn techniques that can help the labouring woman to relax such as massage or by creating a calm environment.

• Being attentive to the lighting, sound, temperature, and smell of the pregnant woman’s surroundings helps to create a relaxing labour environment. It is also comforting to bring familiar items from home, such as a soft pillowcase, a favourite picture to focus on, or a warm pair of socks.

• Showers or baths can facilitate relaxation and pain relief through sensations of buoyancy, warmth, and gentle massage. The water temperature should be close to normal body temperature.

• Applying heat with thermal bags or hot water bottles to the labouring woman’s back, lower abdomen, groin, or perineum can also help to relieve discomforts.

• Recognizing and releasing muscle tension during labour can help the pregnant woman to conserve energy, reduce pain, and decrease stress. The labour partner can observe her facial expression and posture and can identify tight muscles upon touching her. It is important to discuss and practice the types of touch, massage or other comfort measure that can best relieve her usual areas of tension. For example, if the pregnant woman usually harbours tension in her neck and shoulders, it is helpful to be aware of techniques that help relieve this tension.

• Keep in mind that some women may not want to be touched at all during their labour, while others prefer touch at specific times.

• Hospitals and birthing facilities vary greatly in what they have available. For example, some may not have showers or baths in the birthing area.
Suggested massage techniques include:

- **Self-massage** - The pregnant woman can lightly and rhythmically stroke her belly (effleurage).
- **Massage by labour partner** - Type of touch (e.g., embrace) or massage depends on the woman’s preferences throughout her labour. The labouring woman should let her partner know the type and amount of massage pressure that feels best for her. She may benefit from firm pressure applied to her hips or shoulders at times, light fingertip strokes on her belly or back at other times, or firm strokes on her neck, hands and feet. Using lotions will decrease skin friction and provide additional comfort.

**Suggested Handout:** *Comfort Techniques - Releasing tension in the head, neck, shoulder and back.* Childbirth Experience 2006.
Changing positions throughout labour helps the pregnant woman to take an active role in her own comfort and progress, and facilitates the baby’s descent and rotation. When using the various positions, it is important that she relax any muscles she doesn’t use to support her weight. Relaxation helps the labouring woman to conserve energy, to decrease stress, and to increase her sense of calm. The pregnant woman should not lie flat on her back to avoid compression of the inferior vena cava, which can cause her to feel lightheaded or dizzy.

- Upright positions (standing, walking, sitting) take advantage of gravity to help the baby descend into the birth canal. Walking movements are rhythmic and may help to shift the baby’s position.
- The side-lying position is a resting position which may help the baby rotate or it may be suggested to slow a rapid labour.
- The hands and knees or leaning forward positions provide relief for back pain and are good positions for back rubs. The pregnant woman can rock her pelvis back and forth in these positions, which relieves pressure on the lower back and improves circulation.
- Rocking or slow dancing increases comfort and sense of well-being using music and rhythm.
- Squatting positions use gravity to enlarge the diameter of the pelvic outlet, which encourages the baby to rotate and descend into the birth canal.

**Note:** The facilitator may use the pelvic model and doll to illustrate the baby’s position when the labouring woman assumes various positions.
• The birthing ball is an excellent tool for comfort during pregnancy, labour, birth and postpartum.
• During labour, the pregnant woman can sit on it, sway on it, kneel and lean on it, and so on. The ball provides support and absorbs the pregnant woman’s weight, thereby reducing pressure on her back and relieving pain. Assuming a squatting position while sitting on the ball may increase the diameter of the pelvic outlet by 1-2 cm. This helps the baby descend and creates more pressure on the cervix to encourage dilation.
• The partner can provide massage or the double hip squeeze while the labouring woman assumes various positions on the ball.
• It is important that someone is nearby to steady the pregnant woman as she positions herself on the ball. When sitting, she should plant her feet firmly on the floor, about two feet apart for stability.
• Demonstrate and discuss various positions using a birthing ball and/or poster.

**Suggested Poster:**
Back labour is a type of labour in which the mother feels most if not all of her contraction pain in her lower back. Back labour is common and often occurs during the contractions, and in between contractions so that the mother may feel continuous discomfort in her back throughout the labour process.

Strategies to manage back labour include:

- **Counter pressure.** Using the heel of your hand apply constant firm pressure throughout the entire contraction. Do not apply direct pressure to the spine. When the contraction ends, gently massage the area where counter pressure was applied.

- **Double hip squeeze.** Have the labouring woman lean forward using a chair or birthing ball. She can also assume the hands & knees position on the floor or bed. Using the palm of both hands, apply constant firm pressure to both hips throughout the entire contraction. This method helps to relieve back discomfort and pelvic pressure.

- **Seated knee press.** Have the labouring woman sit upright in a chair with her lower back touching the back of the chair. Make sure that the chair is placed against a wall. Ensure that her feet are touching the floor and comfortably apart. Kneel in front of her with your hands covering her knees. During the contraction, apply direct forward pressure. The labouring woman should feel decreased discomfort in her lower back.

- **Abdominal lift.** Have the partner stand behind the labouring woman and wrap a shawl under her belly and criss-cross the ends behind her back. With a contraction, the partner pulls the shawl to lift the belly.
The partner can also suggest that the labouring woman:

- Kneel and lean over a ball while rocking her pelvis back and forth or in a circle.
- Use hot or cold compresses on her back between contractions, ensuring there is a layer of cloth between the item and the labouring woman’s skin. It may be helpful to alternate between heat and cold.
- Use rolling pressure during or between contractions (cold pop can, rolling pin, tennis ball, etc.).
- Have a shower or bath, which aids in relaxation through warmth of the water, gentle massage from the shower or jets, or buoyancy of the bath water.
In some facilities, the following may be available:

- **TENS (Transcutaneous Electrical Nerve Stimulation)**. A device that uses electrical impulses to block the pain signals to the brain. Four electrode pads are placed on the labouring woman’s lower back. The device delivers mild tingling/buzzing sensations. Using the pocket size device the labouring woman can control the pattern or intensity of the sensation. Ask whether the local hospital/birthing centre has TENS units available or if one needs to be purchased or rented ahead of time. Note that it is not standard equipment.

- **Sterile Water Injections (Sterile Water Block)**. Small amounts of sterile water are injected intradermally into four places on the labouring woman’s lower back. Sterile water injections can provide relief up to 2 hours. This technique does not relieve contraction pain, however, once her back pain is alleviated she can then focus on using additional comfort strategies to manage her labour. Check with the local hospital/birthing centre whether this option is practised (it is seldom available).

Some women have successfully used hypnosis and acupuncture to relieve pain. If you are already using these techniques and would like to have them available during, you will need to bring in the specialists required to perform them.
The labouring woman can also try some of the following techniques to help her relax during contractions:

- **Focusing attention**: encourage her to look at something or someone for the duration of the contraction; some women prefer to close their eyes and focus on sounds or sensations such as rhythmic breathing or massage.
- **Vocalization**: encourage her to make noise such as moaning or chanting while she copes with each contraction.
- **Imagery/visualization**: ask her to close her eyes and picture a place such as beautiful island resort or something that makes her feel relaxed and calm.
- **Positive affirmations**: encourage her to talk in positive messages such as “I can do this...just one more”.
- **Personal coping skills**: encourage her to try a technique that worked for her with other types of pain.

Some comfort techniques seem to work better for some women than others. Make sure the woman does not feel inadequate if these techniques do not work.

Adapted with permission from the *Labour Comfort Kit*, Prince Edward Family Health Team.
• Using a variety of breathing patterns during labour calms and relaxes the pregnant woman, distracts her from contraction pain, and gives her a sense of control over her labour.
• Breathing patterns are usually initiated when the pregnant woman can no longer be distracted and is unable to walk or talk through her contractions.
• There are no set rules or methods to breathing while in labour. Breathing techniques are only a guideline and women are encouraged to follow their body’s lead and be flexible by changing patterns as needed.
• The main types of breathing patterns suggested for the labouring woman include:
  • Slow breathing.
  • Light (shallow) breathing.
  • Transition (pant-pant-blow) breathing.
• It is helpful to practice breathing techniques during the last trimester of pregnancy so that they are familiar and comfortable to use during labour.
• Spend some time each day practicing relaxation and breathing.
As each contraction begins...

1) **Take a cleansing breath** (deep breath in through the nose, hold, slowly exhale through the mouth) as the ‘tightening’ begins.

2) **Find a focal point** - Close your eyes or stare at one thing for the entire contraction.

3) **Relax** - Let your body go limp as much as you can in whatever position you are in.

4) **Breathe** - Start with your preferred breathing technique and change patterns as needed.

5) **Take another cleansing breath** when the contraction ends.

Read the slide. Remind participants the amount of air inhaled is equal to the amount of air exhaled. Slow breathing is slight exaggeration of normal relaxed breathing.

**Suggested homework activity:**

While at home watching television, have the pregnant woman practice slow breathing and relaxation for 30 to 45 seconds during commercial breaks.
Suggested Activity:

• Ask partners to choose a comfort measure that they would like to practice such as neck massage, counterpressure, or the use of a tennis ball. Give each pregnant woman a paper towel and an ice cube (or use a freezie).

• Ask the pregnant woman to hold the ice cube while you time a one minute contraction. The pregnant woman is asked to concentrate on her slow breathing and the comfort measure that her partner is providing and not on the effects of the cold ice cube which simulates a pain stimulus.

• Following the activity, ask participants if they were able to concentrate against the uncomfortable sensation of the ice cube.

• It is common to be able to concentrate and then lose focus many times; similar to the labour experience.

• This activity shows that it is possible to focus away from the pain by using breathing techniques in combination with other comfort measures – it works, but you need to practice.

Please note that this activity should not be done if the pregnant woman has conditions such as Raynaud’s disease or carpal tunnel syndrome. As an alternative to using an ice cube, have the pregnant woman use a clothes peg on her ear for discomfort; or have her place keys with points facing in towards the palm of her hand while folding her fingers over the keys until it feels uncomfortable.
As each contraction begins...

1) **Take a cleansing breath** (deep breath in through the nose, hold, slowly exhale through the mouth) as the ‘tightening’ begins.

2) **Find a focal point** - Close your eyes or stare at one thing for the entire contraction.

3) **Relax** - Let your body go limp as much as you can in whatever position you are in.

4) **Breathe** - Start with your preferred breathing technique and change patterns as needed.

5) **Take another cleansing breath** when the contraction ends.

Read the slide. Light (shallow) breathing is used when slow breathing is no longer effective and when contractions become more intense and closer together.

It may be helpful to begin with slow breathing and switch to light (shallow) breathing as the contraction intensifies. As the contraction decreases or relaxes, the labouring woman can return to slow breathing.
As each contraction begins...

1) **Take a cleansing breath** (deep breath in through the nose, hold, slowly exhale through the mouth) as the ‘tightening’ begins.

2) **Find a focal point** - Close your eyes or stare at one thing for the entire contraction.

3) **Relax** – Let your body go limp as much as you can in whatever position you are in.

4) **Breathe** - Start with your preferred breathing technique and change patterns as needed.

5) **Take another cleansing breath** when the contraction ends.

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Read the slide. Pant-pant-blow breathing is most often used during the transition phase when the labour is most intense. This technique is an adaptation of shallow breathing with the addition of a shallow blow. The ratios of pants and blows can be adapted according to the labouring woman’s preference. She will find a comfortable pattern and pace.

The labouring woman may hyperventilate if her breathing is too fast or too deep, making her feel lightheaded or dizzy. To correct this, ask her to cup her hands over her nose and mouth and breathe slowly until the feeling passes. Another option is to have her hold her breath until she feels the need to breathe again. This will correct the imbalance of carbon dioxide and oxygen in the bloodstream. (Penny Simkin, p. 224)

Emphasize that the right way to breathe is whatever feels right to the labouring woman. Issues like the number of breaths per minute, breathing through the nose or mouth, or making sounds (like hee-hee) with the breaths are only important if they make a difference for her.
• The labouring woman enters the second stage of labour (pushing) when her cervix is fully dilated to 10 cm. Some women feel an intense, instinctive urge to push while others may not experience this sensation of pressure. Bearing down with contractions helps to move the baby through the birth canal.

• There is no “right or wrong” way to push. It is important to discuss management of the second stage of labour with your health care provider. *Never practice pushing during pregnancy.*

• When women push naturally (without any instructions and based on their own rhythm), they tend to do three to five short pushes during each contraction. As the second stage of labour moves along, the number of pushes per contraction tends to increase. With natural pushing, women take in several big breaths of air with each pushing effort, and slowly blow all the air out of their lungs. Studies show that the natural way of pushing allows the most oxygen to reach your baby during the second stage of labour. (From Healthy Beginnings, 4th Edition, p. 142.)

• The best success is accomplished when women push when they have the urge to push.
Show a birth video of your choice that demonstrates comfort measures (non-medical interventions).

**Suggested videos:**

Discuss any questions and concerns that participants have following the video.

**Suggested homework activity:**
Encourage the pregnant woman and the support team to make a list of some of the comfort measures they can use during labour.
Preparing for childbirth can be compared to an athlete training for a triathlon, a marathon or for climbing a mountain. Think of a similar event you or one of your friends may have done.

**Suggested activity:**
Read the *Event Training Schedule* adapted by Virginia Collins from “Beginner Triathlon”, copyright 2008.

**Suggested activity:**
Do some relaxation exercises, perhaps with some soft music. See module 4, Physical and Emotional Fitness for suggestions.
Additional Resources

- Health care provider
- Public health unit
- Community health centre
- Local hospital or birth centre
- Certified Doula
- The Society of Obstetricians and Gynaecologists - www.sogc.org
This Best Start Resource Centre teaching tool was developed with input from a wide range of individuals from these organizations.
The information represents the best practice guidelines at the time of publication. The content is not officially endorsed by the Government of Ontario. Consult your health care provider for information specific to your pregnancy.

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www.beststart.org

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