



Community Midwives  
Labour and Birth

# INFORMATION



COMMUNITY  
MIDWIVES



The National  
Maternity Hospital



COMMUNITY  
MIDWIVES

Midwives 01 6373100 & Bleep 090

Work  
Sheets

Life  
After  
Birth

Partner  
Support

Labour  
& Birth

Antenatal  
Preparation

Trust

Fearless

Normal

Empower

Believe

Calm

Positive



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Disclaimer

The information in this booklet is brought to you by the Domino midwives. Our team recognise that each couple have individual needs and this booklet is to act only as a guide for each couple on their individual birthing journey.

Acknowledgement

The Community Midwives wish to acknowledge and thank all those who participated in the development of this booklet especially the mothers and midwives who kindly allowed us to use their photographs. The artwork is property of Community Midwives.

Many thanks to Sarah Byres, who kicked started this project. A special thanks to Katie Cosgrove, Teresa Mc Creery and Brenda Fitzgerald who worked tirelessly to complete this project. Peer reviewed by Dr Maria Healy. Edited by Barbara Nugent.

Copyright to Katie Cosgrove and Teresa Mc Creery | Community Midwives | October 2014

A very special thanks to Belle Verdiglione Photography who kindly gave us permission for the image on page 5. Copyright of this image remains with photographer. Also thanks to Lavina Cahill for the use of her images on pages 21 and 22.

Thanks to Lauren Dare whose first son pictured was born through the Domino scheme and her second son, born the following year, was a homebirth with the community midwives. Copyright of this image remains with the photographer.





### When do I contact the community midwives?

If you have any concerns about yourself or your baby call 01 6373100 and ask to bleep 090.

- If you have severe headaches
- Visual disturbances or not feeling well
- Bleeding in pregnancy
- Feel your baby’s movements are less than normal for you
- Waters break
- Think you might be in labour

Always remember to bring your chart with you at each visit to the hospital.

### Things to have ready for early labour at home

- Create a suitable environment, warm, gently lit and comfortable.
- Turn your mobile phone to silent and if possible disconnect the doorbell.
- Lots of drinks – water, juice, warm water with honey, teas (chamomile and raspberry leaf).
- Food for you and your partner at home and in hospital.
- Music (ipod), candles, massage oil.
- Comfortable clothes for you and your partner.
- A birth ball.
- A birthing pool (for homebirths).
- A cold water spritz / natural sponge.
- A low stool, a mirror, cushions/beanbags, heat pack/hot water bottle.
- Essential oils.
- Homeopathic labour kit (Nelson’s online).
- TEN’s machine.
- Camera, headphones.

### Things to plan for at home following the birth of your baby

- Have a good supply of baby nappies and sanitary pads.
- Good stock of food ready for the first few days.
- Ask family and friends to keep visits to a minimum.
- Rest as much as possible when the baby is sleeping.
- If possible, seek help with household tasks and childcare.
- Stay in your night wear for the first few days! (People will not expect too much from you then!)
- Pain relief – Ensure you have Ibuprofen/paracetamol at home. These are now the pain killers of choice post birth. If required, a stronger pain killer prescription will be provided.
- Some women have reported finding the use of arnica helpful following the birth.
- Source local mother and baby support groups in your area.
- Organise your baby’s changing area, upstairs and downstairs.
- Purchase essential baby equipment like buggy’s, cot etc. There are useful/second hand equipment sold online cheaply.

#### If you plan to breastfeed your baby, you may require:

- Nipple shields.
- Breast shells.
- Multi mama compresses.
- Lansinoh cream.
- Breast angels.

#### If you plan to bottle feed your baby, you will require:

- Bottles.
- Formula.
- Sterilising unit.

***The community midwives will give you comprehensive written information following the birth of your baby. It will cover all aspects of your post natal care at home. Both are available to download from the national maternity website. [www.nmh.ie](http://www.nmh.ie).***





## Breathing and Relaxation is key to allowing your birth to progress. Practicing yoga or hypnobirthing can be really helpful. Try these examples:

### Combining breathing and muscle relaxation

- Start by getting comfortable. You can do this sitting or when you lie down.
- Begin by noticing your breathing. Close your eyes. Begin by observing your breathing. Observe your breath entering and leaving your body. Feeling the gentle rise and fall of your chest.
- After you've given a few moments to noticing your breath and calming it into a deep, deliberate process, begin to relax. Thoughts may enter your mind, acknowledge them and then send them away. Return your focus to your breathing.
- Start with the top of your head. As you breathe send the breath to the top of your head. As you breathe out, release all the tension that you have there. Take another breath or two if you need to.
- Next move on to your forehead. Breathe in, sending the breath there. Breathe out and let the tension go. Relax the muscles around your eyes and your jaw.
- Continue this process downward to the tips of your toes.
- Progressively relax each part of your body; back, neck, shoulders, chest, belly, pelvis, legs, hands and feet.
- If you're alone and it's quiet you may fall asleep. This is a good thing.
- In fact, if you're having sleepless nights they are a great time to practice this relaxation.
- Pay special attention to relaxing the muscles of your pelvic floor and thighs – you want these muscles soft and loose during birthing!
- Make the time to do this as often as possible. If you're caught in traffic, feeling frustrated – If you're angry – If you're scared – start your breathing and relaxation. You get the idea!



Feeling  
Calm

These can be read  
to you by your  
partner or recorded  
by you or them  
and played...

“Believe – Breathe – Birth”

### Practice for labour

- Close your eyes and pretend that you are in labour, your abdomen is contracting to push the baby down so it can be born.
- You feel uncomfortable but you know that you are doing this for a reason. You know that after each contraction you will have a rest before the next one.
- Think about what you are going to do to make yourself comfortable. Changing position, walking, taking a warm bath and massage.
- Try visualising holding your baby in your arms and positive thinking. Think about your contractions as waves on the ocean that build up and down. Try to let your body go along with the contractions and tell yourself *“My body is really strong and I'm doing great!”*
- Try to work with your body, not tensing with the contractions, relaxing your shoulders and slowing your breathing down.
- Another contraction is starting you take a big breath in through your nose, bring it deeply into your lungs and breathe it out slowly through your mouth.
- Your intake of breath restores you and your exhale of breath relaxes you. Continue to breathe slowly and deeply. Place your hand on your abdomen and breathe again directing the breath towards your abdomen to relax the tension there. Continue to breathe slowly until the contraction peaks, and as it goes take another breath and sigh out and mentally say goodbye to that contraction and *“think one less to go!”*

### How to get your baby into a good position for birth

**Optimal fetal positioning is the term used to describe ways a mother can assist her baby to assume the best position for birth. The website that discusses this in greater detail is [www.spinningbabies.com](http://www.spinningbabies.com)**

**Some good maternal positions in pregnancy to adopt from 30 weeks are as follows:**

- Sitting with your hips higher than your knees.
- Sitting upright with your back straight, allowing your rib cage to be lifted off your abdomen.
- Sitting on a firm exercise ball that allows your hips to be level with your knees or higher than your knees. A birth ball can encourage good positioning both before and during labour.
- Brief forward-leaning inversions, once a day. See [www.spinningbabies.com](http://www.spinningbabies.com) on how to do this correctly.
- Squatting or supported squatting with your back flat against the wall and your knees bent (work gradually up to where you can squat with your feet flat on the floor for 2-5 minutes).
- Holding your shoulders back, yet relaxed, while you walk briskly.
- Spend some time kneeling upright, or sitting upright or on hands and knees (the cat stretch).
- Sit backwards on a chair making sure your knees are lower than your pelvis and your trunk is slightly tilted.
- Sit on a wedge cushion in the car, so that your pelvis is tilted forwards. Keep the seat back upright.
- Lying frequently on your left side can also encourage your baby to move into the ‘left anterior’ position, which aligns the baby's spine to the left side of your abdomen.
- Various exercises done on all fours like wiggling your hips from side to side or arching your back like a cat, followed by dropping the spine down.

### Positions to avoid are

- Try not to lounge back in a soft seat to often and put your feet up! This position can encourage your baby to move into a posterior presentation.
- Sit for long periods without moving.

“I am healthy and powerful”



## Perineal massage

The perineum is the area between the opening of the vagina and the back passage. This area stretches during childbirth. Massaging/stretching the tissues surrounding this area is known as perineal massage, and should be undertaken regularly from 34 weeks.

### What are the benefits of perineal massage

Perineal massage may:

- Make you less likely to tear or need an episiotomy (cut to the birth canal during the birth of your baby).
- Cause you to experience less stinging sensation during the birth of your baby's head.
- Familiarise you with the stretching sensation of birth, which may help you relax these muscles birthing your baby.

### Can my partner assist me?

- Yes.
- Your partner may use their thumbs or index fingers (initially it may only be possible to use one finger). Follow the same steps below.

### Does research support perineal massage?

- Yes.
- Research studies have shown this technique to be helpful in preventing lacerations and episiotomy. One study reported that 24.3% of women from the perineal massage group delivered vaginally without tears compared to only 15.1% from the group who did not use massage. (Johanson, 2000).

### Are there any precautions when performing perineal massage?

- Avoid pressure on the urinary opening (see picture page 13).
- Massage gently.
- Vigorous massage could cause bruising, bleeding or swelling.
- Do not massage if you have an active vaginal infection or genital warts.
- Some women have reported the use of a product called Epino useful.

## How to do perineal massage

- First of all, wash your hands. Make sure your nails are short.
- Make yourself comfortable, in a semi-sitting position, squatting against a wall, sitting on the toilet, or standing with one foot up on the edge of the bath or a chair. Some women may find it comfortable to do perineal massage in the shower. (A warm bath or warm compresses on the perineum for 10 minutes before massage may help you relax).
- Put a water soluble lubricant (KY Jelly, olive oil, vegetable oil, Vitamin. E oil or any natural oil, almond or wheatgerm oil) on your thumbs and perineum.
- Rub enough oil or jelly into the perineum to allow your fingers to move smoothly over the tissue and lower vaginal wall.
- Place your thumbs 1 to 1.5 inches inside your vagina.
- Press downward towards the back passage and to the sides at the same time until a slight burning, stinging, or tingling sensation is felt.
- Hold the pressure for 2 minutes.
- Breathe deeply and slowly and try to consciously relax the muscles.

“I am committed to giving birth”

- Keep pressing down with your thumbs and slowly and gently massage back and forth over the sides of your vagina in a U movement for 3 minutes (see picture below).
- Relax and repeat.
- Wash your hands following the massage.



After about a week, you should notice an increase in flexibility and improved muscle tone. This massage technique is performed 10 minutes daily beginning at week 34. As you become comfortable massaging, increase the pressure just enough to make the perineum begin to sting from the stretching. This same stinging sensation occurs as the baby's head is being born at the end of the second of labour.

“I am focused”

## The power of hormones

### Physiology of Birth

Hormones continue to be important throughout the pregnancy, promoting fetal growth and development. The activation of specific hormones also promotes your body to commence labour and enables the birthing process to continue. They also play a major role in restoring your body back to its pre-pregnant state. Hormones enable breastfeeding and bonding in the postnatal period. **There are three hormones specifically that you need to know about.**

#### 1 - Oxytocin

Oxytocin is known as the love hormone. It evokes feelings of joy and contentment, reduces anxiety, brings about a sense of calmness and security and initiates care taking behaviors in both males and females. Oxytocin also causes uterine contractions during the menstrual cycle, labour and birth. During labour, the more Oxytocin is released the more effective the surges/contractions will be aiding the progression of labour and birth. Oxytocin is a SHY hormone, i.e. its release during labour and birth can be inhibited by fear, noise, excessive light, lack of privacy, pressure of time, thirst or hunger. Oxytocin production rises in safe, warm and comfortable environments along with, support and positive affirmations during labour.

#### 2 - Adrenaline

Adrenaline is produced in conditions opposite to oxytocin. It is secreted to bring about the fight or flight response in times of stress, fear and anxiety. The release of adrenaline causes oxytocin production to slow down, the more adrenaline produced the less oxytocin produced. Adrenaline is CONTAGIOUS, it is important that birthing partners are aware of this, because if they are stressed and worried or pacing the room in fear, the labouring woman will sense the anxiety and follow suit. Partners need to keep adrenaline levels down and oxytocin levels up by being calm and supportive!!

Fight or flight: when your body is in a state of fear, blood and oxygen are sent to your arms, legs and to the heart enabling the woman to fight the danger and flee (flight) the terrifying situation. The body sends messages to the brain to take blood and oxygen from organs not essential to fight or flight. Unfortunately the uterus is one of these organs. During labour it can reduce blood flow (blood and oxygen) to the uterus by up to 65% causing the muscles to become exhausted, short and begin to spasm. The majority of waste products cannot be filtered and removed (due to decreased amounts of blood). This results in a build up of lactic acid, which in turn causes further pain. Lactic acid is produced in muscles after strenuous exercise also known as a 'stitch'. Simply drinking water and relaxing in a bath can improve a stitch. The same theory may be applied to labour. If one becomes anxious or experiences self doubt, focus on breathing techniques and relaxation to avoid fight or flight.

This is why it is of vital importance that childbirth is looked upon as a tremendously normal experience. Feeling fearful during labour increases levels of adrenaline. Grantly Dick-Read, who is known to be one of the fathers of natural childbirth believed that, *'there is a loving, intelligent consciousness that is behind and within all life. This consciousness knows how to grow a baby inside of us. We don't have to consciously 'assist' it, figuring out how to grow fingers and toes, eyes and ears. We simply have to trust that as long as we get fresh air and exercise, shelter and food, the fertilized egg inside us will grow into a human being. Because nature is efficient – it completes what it starts – that same reasoning can be applied to the act of birth'. Have faith and trust in your body, it knew how to grow a baby and it also knows how to deliver a baby. You, your baby and your body are in this journey together and will complete it together! (Dick-Read, 1942)\*.*

#### 3 - Endorphins

Endorphins are our own body's natural painkillers. They are hormones released during exercise and in response to pain. As pregnancy advances production increases. During all stages of labour endorphin levels will rise and rise. Beta-endorphins are released by the brain in times of stress and pain, and is said to be the natural equivalent to painkillers such as pethidine.

##### Four functions of endorphins:

- |   |   |
|---|---|
| 1 Modify pain.  | 3 Encourage wellbeing.  |
| 2 Alter perception of time and space (on another planet, spaced out feelings) | 4 Once labour begins endorphin levels rise to help you cope with painful contractions. If fearful, adrenaline will inhibit oxytocin and endorphin production. |

\* Dick-Read, Grantly, 2004. Childbirth without fear. 2nd Ed. London: Pinter & Martin.

“I am ready to be a mother”

## What can you do now to aid your labour?

- Eat healthy food.
- Practice birth positions and breathing.
- Maintain regular physical activity.
- From 34 weeks, practice Perineal Massage daily.
- Most importantly, make sure you and your partner are aware of each other's wishes for the labour and birth of your baby. Be sure that you are confident in communicating these wishes.
- Enjoy each others company.
- Visualise meeting your baby.
- Discuss any fears or doubts in advance of the labour and birth.
- Believe you can do it.
- Repeat positive affirmations to yourself.
- Watch positive birth videos.
- Listen to positive birth stories only.

## Help to start labour natural

- Be mentally prepared to meet your baby.
- Make love (semen contains prostaglandin, which helps soften and thin the cervix).
- Practice nipple stimulation.
- Footpath walking commonly known as kerb walking.
- Many women have found the use of acupuncture, homeopathic remedies and complementary treatments helpful.
- Have positive thoughts surrounding the birth.
- Be fearless.

## Some of the signs that labour maybe starting

It is difficult to time the onset of labour precisely and although some women are suddenly aware that this is “IT”, far more women experience a gentle lead into labour. Many first time labours start and stop over a period of a few days. This allows for your body and mind to get ready for the big day!

### Show

This is a plug of mucous which seals the neck of the uterus during pregnancy. It comes away when the cervix is starting to soften and open up. If you have had a vaginal examination, you may go on to have a show later that day. The show should not be accompanied by a sudden loss of blood similar to your period. If you are actively bleeding, you must phone the Community Midwife and come to the hospital immediately.

“Be fit”



## Waters break

You may experience a gush of fluid which keeps leaking making it necessary to wear a pad. Other women experience just a small intermittent leak of fluid. The waters are known as liquor and should be a light milky colour (referred to as clear), often with small flakes of vernix (white substance found on the skin of babies).

**If your waters break or you are unsure please contact the Community Midwife for advice.  
Bleep 090 if needed**

### What's OK?

- The waters are clear or straw coloured.

### What's **NOT** OK?

- The waters are green / brown colour or foul smelling. This means that your baby has opened its bowels in the uterus.
- The waters are heavily blood stained.

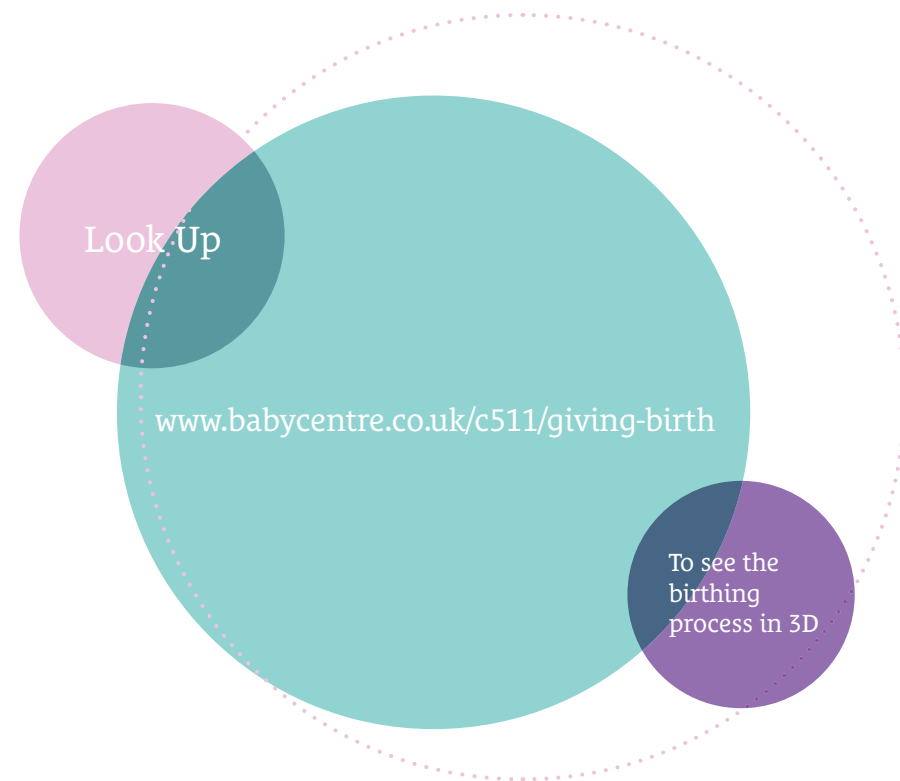
If your waters break, we like you to come to the hospital to check you and your baby. If your waters are meconium stained or heavily blood stained, you will have to remain in hospital for monitoring, until your baby is born.

## Contractions

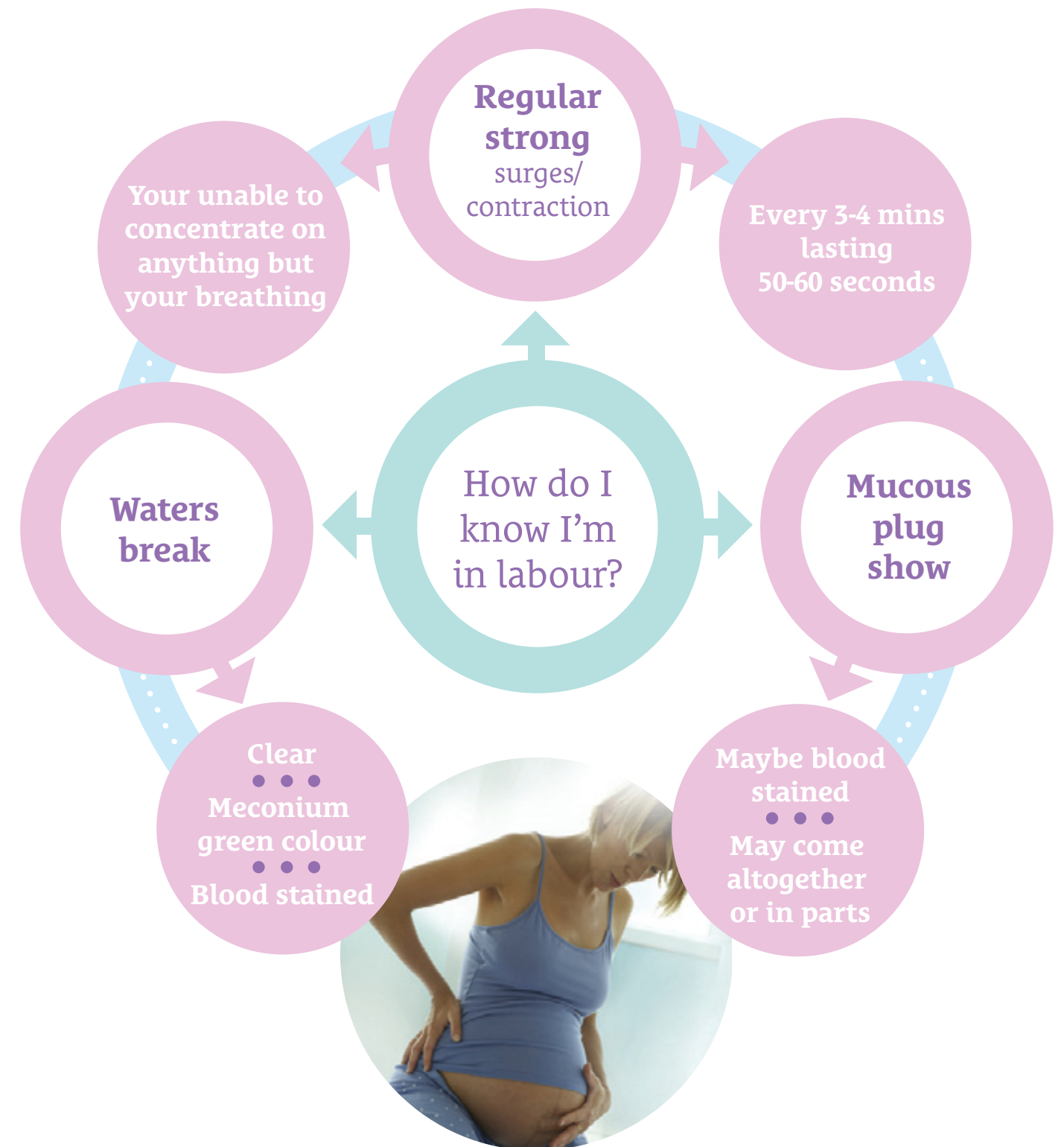
Contractions are the only definite sign that labour maybe underway. This is when the uterus/womb tightens and they have a rhythmic quality, with each one gradually building to a peak and then fading. They develop into a pattern increasing in intensity over time. The contractions of the uterus cause the cervix to dilate.

The length between each contraction is less important than the duration and strength of the contraction itself. Normally you need to be having contractions 3 to 4 minutes apart lasting at least 50 to 60 seconds to be in active or established labour. You will need to breathe through the contraction and are unable to concentrate or think of anything else other than your breathing when they are present.

You can phone the Community Midwife at any time for advice or for reassurance. Remember if it is your first baby a Midwife may be able to come to check you at home once the contractions are well established.



*“Seek help if required”*



You can give birth

Good strong contractions help my baby come into the world

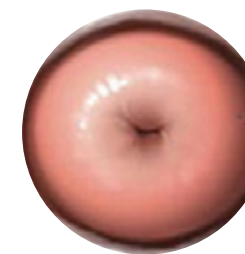
Each surge of my body brings my baby closer to me

My body is nourishing my baby

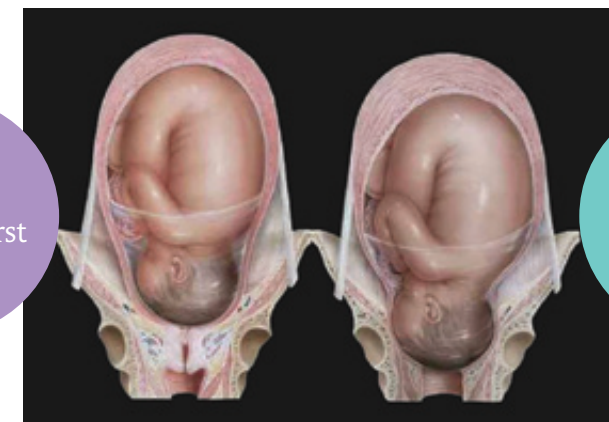
## The stages of labour

### 1. Pre-labour

- Knowing when you are in labour and when to go to the hospital is the most asked question.
- Once things start, assume it is pre-labour unless something else tells you different.
- Pre-labour is the phase in which the cervix (opening of the neck of the womb, thins and softens).
- If this is your first baby, the process of pre-labour has never happened in your body before and it can take time.
- Thinning of the cervix and getting to 3cms can be the **HARDEST WORK**. Remember to Rest & Conserve energy.
- May go on for **1hr, 1 day, 2 days, 3 days...**
- Contractions may be 5-30 mins apart lasting 15 - 30 seconds.
- They may be mild, feel like cramps, pain pressure.



Closed uneffaced cervix in first time mum



Cervix fully dilated in active labour

### 2. First stage of labour

The first stage of labour is recognised to have started when the neck of the womb / cervix begins to dilate. You will need to dilate from 1cm to 10 cm, wide enough for the baby's head to pass through.

The Community Midwives promote the philosophy of '**Active Birth**'.

*Active Birth is not a new concept. It is simply a convenient way of describing a normal labour and birth process and the way that the woman behaves when she is following her own natural instincts.*

At this stage the cervix is effaced and thin, it is beginning to dilate or open. The contractions are of even duration and spacing. Active birth will enable your uterus to contract freely, the baby's head to rotate and descend and thereby speeding up labour and allowing for an easier birth. The first stage of labour can last anywhere from 6 to 12 hours.

#### Suggestions for working with the first stage of labour

**Relax:** Have support from your birth partner. A dark, quiet cosy place can be comforting. Stay focused on what you are doing. When you are having a contraction, concentrate on relaxing your whole body and have positive thoughts. Keep your mouth, jaw relaxed and try to keep the muscles around your vagina open and loose. Think of your birth canal opening up and it will!

**Food and drink:** Have regular drinks and eat light snacks in the early stage. If labour starts during the night and you have to get up, eat a light breakfast even if it is 4am. Drink sips of juice or teas between contractions and have a selection of juices/snacks available in your kitchen.

“Stay motivated”



**Rest:** Conserve your energy. If it is daytime continue your usual activities but do not tire yourself. If labour begins in the evening or at night, try to rest or sleep.

**Movement:** Stay vertical and mobile. Once contractions are strong and regular swaying, pelvic rocking, rotating your hips and walking are good. Only kneel and squat when you have to. Only use your deep breathing when you have to. Use any position that is comfortable. If you want to lie down, lie on your side and change position every so often. Watch and note your baby's movements.

**Positions for labour:** There are many positions you can adopt for coping with the contractions. These are covered in greater detail on the following pages.

**Breathing:** It would be of great benefit if you had the opportunity to attend an Antenatal Yoga class to help with your breathing in labour. See notes on the following page.

**Baths:** Have a long soak in a full bath of water that is not too hot, in candlelight, with bath oil. Play relaxing music of your choice in the bathroom. Think positive thoughts. *You will see your baby soon!*

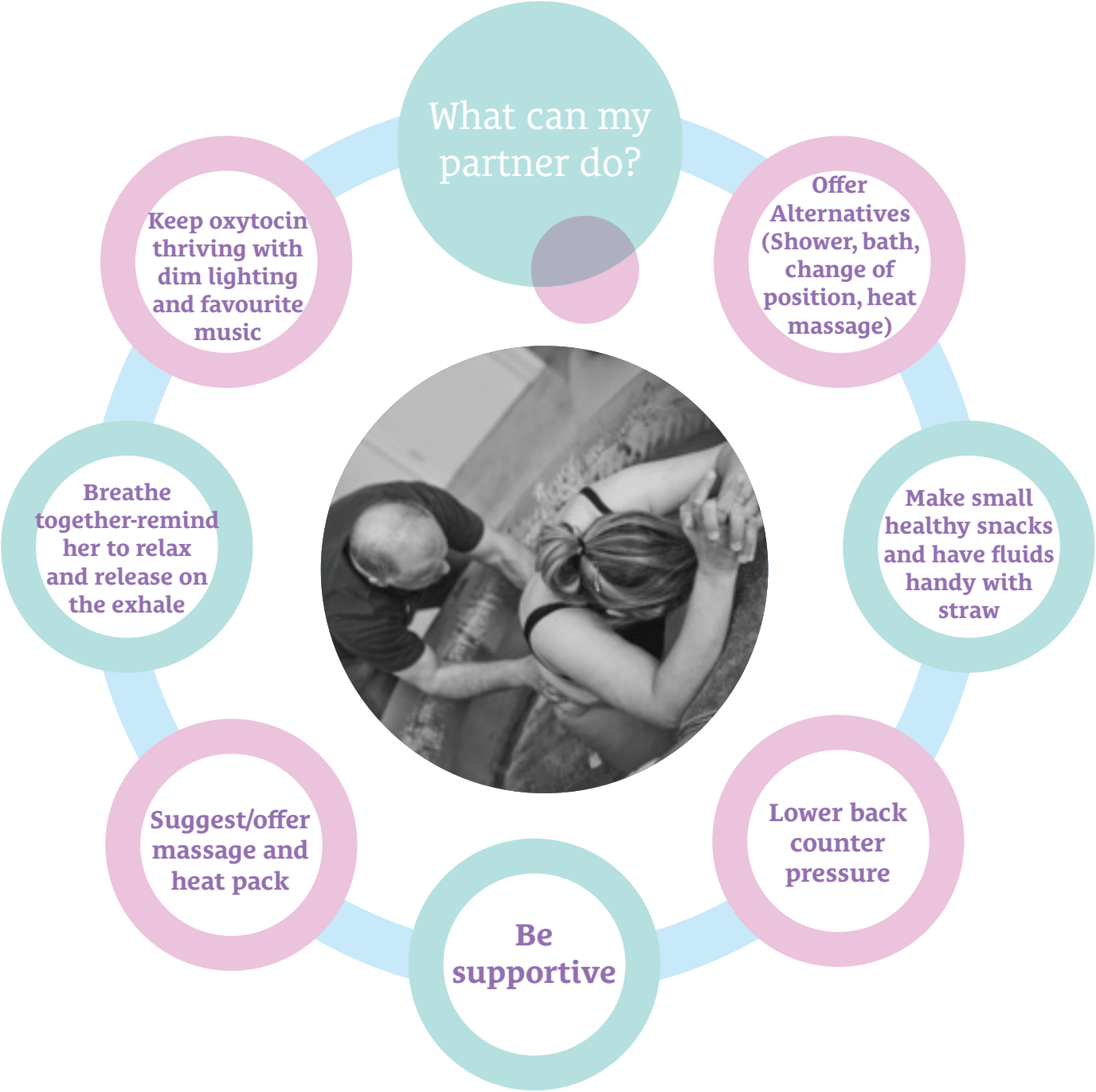
**Bladder:** Empty your bladder every 1-2 hours.

Breathing for the first stage of labour

- Keep breathing as normal as possible during the contractions.
- Keep the breath easy and even.
- Think about sighing out slowly (SOS).
- Exhale with or without sound (low sounds are relaxing), lengthen your exhale, soften and relax on the out breath.
- Think/visualise softening and opening on the out breath.
- Relax the jaw and shoulders and any other muscles you do not need to use during the contraction.

*Giving birth naturally requires stamina, determination and mastering the skill of relaxation.*

- Although it may seem relaxing is not a skill, it very much is. Between each surge, you must **fully relax – let go –** and **retain the energy** needed to endure the marathon that natural labor and birth can be.
- **Breathing** is one of **The Greatest Tools** you have to **stay calm** and **relaxed** in labour.
- The physical act of birthing a baby is the process of your body opening to let your baby through. Your muscles must be relaxed, not tense. **A tense muscle will work against the process of your baby descending through the birth canal.**
- **Deep breathing** will **encourage Oxytocin and Endorphins** and **reduce Adrenaline** allowing your labour to progress.
- There are many varying breathing techniques but there is no prescribed breathing for labour. However, practicing breathing and relaxation as often as possible can encourage you to instinctively relax in labour.
- In short-**Breathing slowly and deeply** in through your nose and out through your mouth. The in-breath brings fresh oxygen to you and your baby-restoring you and the out breathe encourages you to relax, letting go of tension with every exhalation.
- Other breathing exercises used in prenatal yoga can also be used, such as Spiralling, Golden thread breath, 3 Part breath and Counting breath.



Believe in your body

“The power of birth strengthens me”



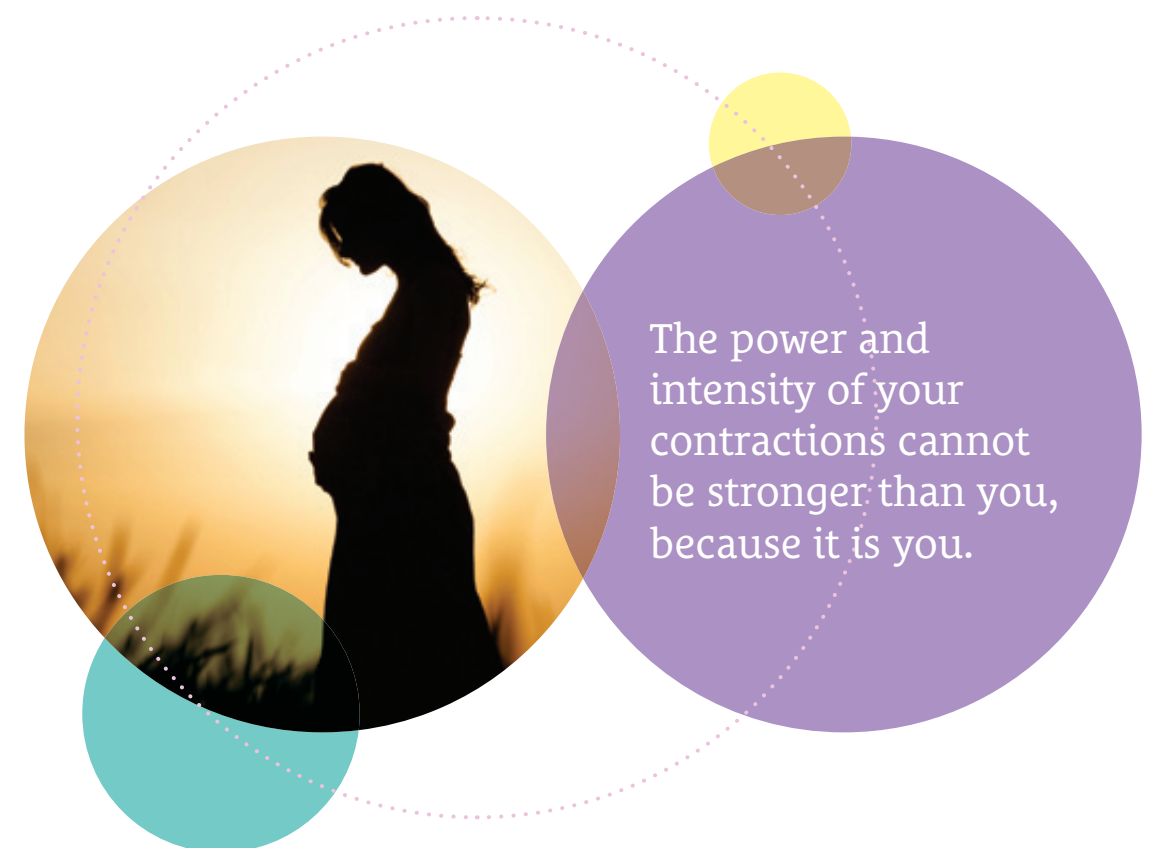
Believe you can do it

## Positions for the first stage of labour (see diagrams, pages 23 - 33)

Try a variety of positions for the first stage of labour, as different positions will probably be comfortable at different times. Practice these positions beforehand. This facilitates you to follow your body's natural cues with ease during your labour. The best position is a regular change of position – do not get stuck in one position!

### Why are different positions important?

- Changing positions, and moving around during labour and birth, offers several benefits. Some are obvious to the mother in labour, increased comfort / reduced pain, distraction, and an enhanced sense of control.
- Merely having something active to do can relieve the sense of being overwhelmed and out of control. Beyond these advantages, there are equally important effects on the baby and on the progress of labour.
- Changing positions during labour can change the shape and size of the pelvis, which can help the baby's head move to the optimal position during the first stage labour. Changing position helps the baby with rotation and descent during the second stage of labour. Swaying motions such as walking, climbing stairs, and swaying back and forth are especially helpful with this. Movement and upright positions can help with the frequency, length, and efficiency of contractions. The effects of gravity can help the baby move down more quickly.
- Changing positions helps to ensure a continuous oxygen supply to the fetus, rather than causing supine hypotension (low maternal blood pressure) by lying on your back or even semi-sitting.





## Upright Positions



### Upright positions:

- Standing Postures are great for aiding *gravity* and keeping the pelvis open to its widest diameter. *stand, rock sway, dance.* Keep *moving*.
- Remember to stay *relaxed, melt* the shoulders down away from your ears, unlock the legs. With every *exhale relax, release, let go.*
- If you *tire*, move to a more supported position lean on your partner or wall for support.
- To *support the weight* of your bump use a blanket or scarf and *wrap* it around you allowing *your partner* to take the ends and *gently rock you* from side to side.
- Even with monitoring you can still *move!*

## Squatting



### Squatting:

- This is great for helping to open the outlet of the birth canal and can be done in many ways.
- Using a bed, chair or wall can allow you to feel supported while doing deep squats.
- Remember to sway and rock the pelvis to avoid tensing and aid your body to *relax* and *open up.*
- You can also use your partner for support, remember to ensure they are well supported and knees are bent if in standing position.

## Sitting Positions



### Sitting positions:

- Sitting and kneeling postures are great for aiding *gravity*, encouraging the baby to *descend* into the pelvis. Using birthing balls, chairs and stools, toilets all act as great aids.
- Great for *resting* between surges
- Sitting on a birthing ball and *rocking* and *swaying your hips*.
- Try to keep your *knees lower* than your pelvis to facilitate more space.
- Sitting backwards over a chair or toilet with a cushion to support your head is a great position for laboring women.

## All Fours



### All fours:

- Towards the end of their labours many women will naturally wish to adopt this position. An *excellent position for giving birth*.
- It promotes optimal fetal positioning, encouraging the heaviest part of the baby (their spine) to rotate to the front.
- Ensure you have *plenty of padding* under your knees and somewhere to lean over between the surges e.g. a birthing ball or beanbag.
- You can use a scarf/blanket here too, to wrap around your bump for support and your partner taking the ends and *gently swaying you from side to side*.
- Remember to rock, sway, wiggle your hips.



## For Back Labour



### For back labour:

- **For partners:** This can be a great position to apply lower back counter pressure at the base of her spine or hip squeeze. Placing your hands over her hips with your fingers pointing towards her spine and squeeze hips, let her guide you with the amount of pressure she likes/needs.

- Sometimes your baby may try to move down your pelvis in an odd position. An example of this is occiput posterior (op) this is where the back of your baby's head or spine is against your back causing *a lot of pressure* and backache is common.
- Adopting various positions such as *all fours* and *forward leaning inversions* can aid your baby to encourage the rotation.
- Remember that with these positions, the midwife will be there to guide you and inform you with regards positioning of the baby.
- *Comfort measures* for back (op) labour are so helpful, using *hot compresses*, *sustained pressure to lower back* and *massage*.

## Lunging



### Lunging:

- Lunging forward and back, knee gliding over feet *offers different angles* for your baby to rotate and descend down into your pelvis.
- Using a stairs can help you feel supported in this position, it is an intense position to be in during a surge, but boy is it effective in opening the pelvis and progressing labour if things have slowed down.



Rest

### Rest:

- **Rest** is so important in labour at whatever stage. Ensure whatever position you are in that you can **relax immediately after a surge**. Don't waste energy moving to find a spot to relax.
- **For Partners:** remember to remind her to **relax, release, let go of tension. Breathe with her** to ensure her breath is long and deep.
- **Exhale = relax.**


## LABOUR HOPSCOTCH



Make each step count towards an Active Birth - Let our hopscotch guide you.  
*Sinead, Midwife*







My body is  
beautiful,  
capable  
and strong

My baby knows  
how and when  
to be born

My body contains  
all the knowledge  
necessary to give  
birth to my baby

### Transition

- Transition is the bridge between first and second stage. It is important to remember a Midwife will be with you at all times during this stage to guide and support you. Your perception of the contractions may change. The pain may feel more like intense pressure on your back passage.
- The cervix is nearly fully dilated and the urge to bear down may be felt at the peak of the contraction. Contractions are longer and closer together. It can be a very intense time emotionally with feelings of panic and loss of control. Often women feel as if they want to pack up and go home with much fear and apprehension about their ability to give birth.
- Some women feel as if they have hit a wall at this stage, however it is important to note that transition usually only lasts approximately 30 minutes. Other symptoms of transition are shivering, cramps, nausea, vomiting and hiccups. Many women retreat into themselves during transition and want to be alone. Often the contractions become spaced at the end of transition to allow you to gather your energy for the second stage of labour.

### 3. Second stage of labour

If mother doesn't experience this spontaneous birth of her baby after transition, then she will more than likely feel a huge urge to push the baby out herself.

It is important to note, that there is often a latent stage during the latter stages of dilation or when a woman is fully dilated. This can last long enough sometimes for a woman to fall asleep and rest to allow her to build up some energy. This stage should be respected and the woman should only push when she feels the overwhelming need, not because someone is telling her to push!

The second stage is broken into several parts, but is initiated with a strong desire to push. She may express the desire to poo, and she actually thinks it's just a poo and not a baby!

This stage can last up to 2 hours, particularly if this is your first baby allowing time for stretching and opening of your birth canal.

#### The parts of second stage are:

- A need to push.
- Baby travels down the birth canal.
- Baby rotates under the pubic arch.
- Head crowns with the tissues around the vagina and perineum stretching accompanied by an intense burning sensation.
- Baby's head is born.
- Baby's shoulders and rest of body are born.
- Phew – euphoria – YOU HAVE DONE IT! - Super woman!

When the baby is born it would naturally go to the mother's skin and sniff around the nipples (rooting). The cord is still pulsating giving baby a mini blood transfusion of mother's blood.

*“Trust my instincts”*

#### 4. Third stage of labour

This is from the birth of the baby until the placenta has separated from the uterus and is expelled. There are ways of managing the third stage of labour.

- **Active management:** An injection, Syntometrine / Oxytocin is given just after the birth of your baby. The drugs Syntometrine and Oxytocin help the separation of the placenta from the uterine wall. This is to assist with placental separation and to minimize blood loss during the third stage of labour. You may experience some strong contractions as the placenta separates. This is followed by a feeling of fullness in the vagina. The Midwife will assist with the delivery of your placenta, which is normally completed within 15 minutes.
- **Physiological management:** If you have a physiological first and second stage of labour and have no risk factors such as a low iron count, previous difficulties with delivery of the placenta or excessive bleeding at the birth, the Community Midwives are happy to facilitate this management. No injection will be given and time is given for the placenta to delivery naturally with maternal effort. The cord will not be clamped until it stops pulsating. Sitting in an upright position or changing position can help with the delivery of the placenta. Early breastfeeding also helps with the separation and delivery of the placenta. A physiological third stage of labour can take up to 30 minutes.

The Midwife checks the placenta and membranes to ensure they are complete. At the National Maternity Hospital we routinely take samples of placenta, your consent will be sought for this. If you are rhesus negative, a blood sample is taken from the cord to establish baby's blood group and determine if you will need the ANTI – D injection or not.

#### 5. The final stage

- Remember babies are usually quite purple at the birth but will usually breathe spontaneously especially if they are stimulated by gentle drying with the towel (the hands and feet remain blue/purple for 48 hrs). Skin-to-skin is established as soon as possible after birth and can be provided by your partner also.
- An apgar score is recorded by the Midwife. The baby is examined by the Midwife from head to toe, weighed and nappied! The National Maternity Hospital recommends that Vitamin K is given by injection with your consent.
- Baby will be alert during the first hour and may show signs of wanting to nurse at the breast if they have not done so already. Tea and toast will be served...
- The perineum is inspected to check for any grazes or tears that may need a stitch. If an episiotomy has been performed, then this will be repaired. Local anaesthetic will be given for suturing and you can use the Entonox (gas and air) to help relieve the pain of the local anaesthetic injection. Fathers normally like skin to skin contact at this time. You will be advised how to care for your stitches or any tears that may have occurred. You will also be advised about pain relief for the following few days.



Now the next stage begins... parenthood!

“I am stronger than the pain”

#### Notes for second or subsequent labours

*Labour usually occurs much faster on the second and subsequent pregnancies.*

- **Early labour:** Contractions are usually 10 to 30 minutes apart, this may last a couple of hours or more. This gives you warning to prepare for labour. Get the child / children organised with whom ever will care for them while you labour. Put the bag and your hospital notes in the car. We have noticed that labour on the 3rd baby can stop and start or progress very quickly. Feel free to contact the Community Midwife at any stage for advice and reassurance.
- **Established/Active labour:** Contractions may increase in intensity and speed very quickly. Think about coming to the hospital when the contractions are every 5 to 10 minutes. If you live further from the hospital e.g. Wicklow, contact the Community Midwife for advice. You may need to come to the hospital a little earlier. You will usually be in established labour at this stage.
- **Transition:** The contractions are strong with a feeling of strong pressure but this lasts for a very short time. This stage usually lasts about 20 minutes where the head moves down through the birth canal quickly.
- **Second stage:** Second or subsequent babies are usually born quickly. It usually takes about 20 minutes. The vagina has already stretched from a previous birth. The birth of your second or subsequent baby will feel much more spontaneous. The perineum usually stretches well and there is only a very small chance of an episiotomy or stitches.



“I have found my inner strength”

Labour nutrition

Is it safe to eat during labour?

**Yes, it is**, especially in the early stages when you are at home. The National Institute for clinical excellence, state that eating and drinking is safe and should be encouraged for normal labour (NICE 2007). Labour is physical, calories are needed for your body to work effectively and keep your energy up till birth. Think of foods you love and have them in the house ready for you when you need them.

What food should I eat?

Avoid heavy, fatty foods as it may cause you to feel sick and sluggish. Instead, have light meals or healthy snacks regularly. Think of foods you love and have them in the house ready for you when you need them.

Such as...

- Porridge.
- Brown bread with sliced banana.
- Mixed nuts and dried fruit.
- Toast/pitta bread.
- Homemade soup.
- Frozen watermelon/strawberries/grapes.

What should I drink?

Again avoid the obvious. Fizzy sugary drinks and sport energy drinks are a no no as they are loaded with sugar and caffeine. Instead isotonic drinks along with water and a homemade labour aid drink can keep you hydrated and will keep your body working for you.

Labour aid

The ingredients in labour aid each have an important function in labour.

- **Lemon juice**-aids digestion and can give relief from nausea and bloating during labour.
- **Coconut water**-packed with important electrolytes and minerals for cell function and improved hydration.
- **Calcium, magnesium** and **salt** are important for muscle and nerve activity.
- **Honey**-for natural sugar providing energy and taste.
- **Bach flower rescue remedy** - helps you stay calm and focused.

Labour-aid recipe

- ¼ cup fresh squeezed lemon juice.
- 2 cups coconut water.
- ¼ tsp. sea salt.
- A few drops of rescue remedy.
- 1 Tbsp. of liquid calcium/ magnesium (or 2 calcium/ magnesium tablets crushed).
- 2 Tbsp. of honey.

ZZZZzzzz...doze off in  
between contractions

YOU CAN DO THIS!

W-Z

Xtra kisses!!  
Warm bath/shower  
Vary positions  
Understanding  
what’s happening

Q-T

Trust your body  
Sigh out  
Relax  
Quiet

M-P

Positive thinking & Praise  
Opening & allowing your  
baby to be born  
Nest  
Massage & Music

I-L

Love  
Knowledge & Kisses  
Joke and laugh  
Imagine your baby moving down

E-H

Heat packs  
Get in tune with your body  
Free to move  
Eat little & often

A-D

Drink fluids  
Calm  
Breathe  
Active birth

A TO Z TIPS FOR LABOUR



## Pain relief

### Tens

Transcutaneous electrical nerve stimulation. It is a hand held device that emits mild bursts of electricity through the skin. It stimulates nerve fibres and blocks signals travelling to the brain. It also encourages the release of endorphins - your natural painkillers.

### Pros

- Can be used at home.
- Can be used with other forms of pain relief.
- You can remain upright and mobile.
- No adverse effects to you or baby.
- It gives mother the control and can aid distraction and therefore decrease perception of pain.

### Cons

- Cannot be used in bath or shower.
- Research does show it's little effect on reducing woman's perception of pain.

### Entonox

This is a combination of 2 gases - Nitrous oxide and oxygen. Known as laughing gas. It is administered through a mouthpiece. You use it just while a contraction is present.

### Pros

- Helps the mother relax and increase coping mechanism.
- Does not stay in the mothers system and does not transfer to baby.
- Can be used in the shower, birthing pool.
- You can remain upright and mobile.
- Aids with slow deep breathing.
- It gives mother the control and can aid distraction.

### Cons

- Can cause nausea or vomiting.
- May cause drowsiness and disorientation.

### Pethidine

A narcotic injection, a relative of morphine acts as a sedative.

### Pros

- Muscle relaxant, which may lessen pain and reduce muscle tension (aid progress in labour).
- Can be used if not in established labour to relieve pain.
- Due to it's sedative effect, women often rest well between and during surges.

### Cons

- Does not relieve pain directly.
- Nausea and vomiting can be common, an anti-sickness injection is giving alongside Pethedine to counteract this.
- It does cross over the placenta and can depress infant's breathing if given 2 hours prior to birth.
- May interfere with breastfeeding due to transfer to baby.

“I am courageous”

## Epidural

Local anaesthetic injected into the epidural space in your lower spine. You are numb from top of your abdomen down. Administered by an anaesthetic doctor.

### Pros

- Usually provides reliable pain relief.
- Can help to control high blood pressure.
- Facilitates in assisted delivery if complications arrive.
- Allows a mother to remain awake during a caesarean section.
- Provides a truly exhausted mother with relief and a chance to rest or even sleep.
- Relief from pain may aid greater relaxation and release of tension and allow for progress in labour.

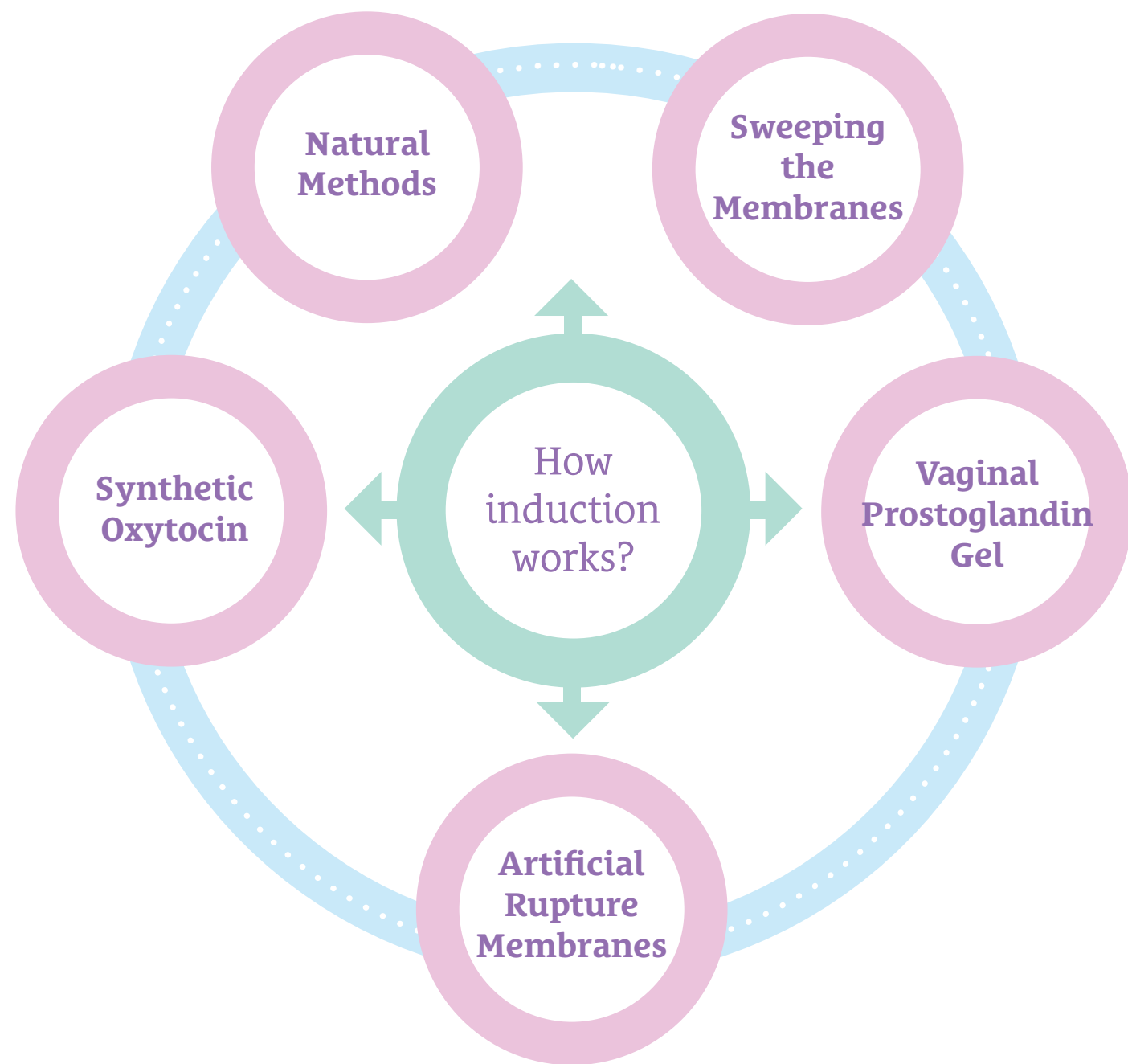
### Cons

- Your waters need to be broken prior to administration.
- You need a drip to be inserted prior to epidural.
- You will need continuous fetal monitoring and be restricted to bed.
- Can slow down labour and increase the need for synthetic oxytocin in a drip to increase contractions.
- It relaxes the pelvic floor muscle and may prevent ideal rotation of the baby's head increasing chances of instrumental delivery.
- Occasionally, a drop in blood pressure can affect the baby, possible need for fetal blood sampling.
- A catheter is inserted every 2 hours to empty the bladder.
- You are restricted to bed up to 6 hours after you deliver.



Non-pharmacological pain relief

“My baby shares my calmness and confidence”



Think positive

## Obstetric interventions explained

One of the aims of the Community Midwives is to offer choice to women with regard to how they prepare for, and plan their labour. This allows for a natural, holistic approach to childbirth. At times, during labour, either for mother or baby's wellbeing, intervention is necessary to aid or monitor the labour. As part of the preparation of mothers and their partners, our ethos is to inform and educate you regarding all aspects of a labour and birth. We aim to introduce and advise on possible intervention which may become necessary during labour. Procedures, where possible, will be discussed with parents prior to any intervention.

### Induction of labour

#### What is it?

Induction means to start labour before it occurs naturally. In NMH about 30% of first times mum's are induced.

#### But why?

- Pregnancy that has passed its due date - 42 weeks.
- Maternal medical reason e.g. High blood pressure, obstetric cholestasis, gestational diabetes.
- Fetal reasons e.g. slow growth of the baby, reduced waters around the baby.
- Prolonged rupture of waters passed 24 hours.
- Post term 12 scan where they carry out a Bio-Physical profile on the baby.

#### 1. Prostaglandin Gel

##### What is it?

Hormonal gel which is applied to the cervix with a pessary to encourage the cervix to soften and open and aims to trigger labour. First time mum's would generally commence induction with this step. You may have max 2 doses per day 6 hours apart. A maximum of 4 doses of gel are given.

#### 2. Artificial rupture of membranes

##### What is it?

You have the option of leaving the waters intact to allow spontaneous rupture of membranes. Situations may arise where there may be a need to artificially rupture membranes, or **break the waters**.

##### These Include:

- Induction of labour.
- Signs of fetal distress.
- Failure to progress – where there is no progress in cervical dilatation over a period of time.
- Epidural analgesia.
- Maternal request.

#### 3. Oxytocin

##### What is it?

The body produces a natural hormone oxytocin, which makes the uterus contract in labour. To concur with our philosophy, mothers actively work at producing their own oxytocin but occasionally synthetic OXYTOCIN is required.

##### But Why?

- Induction of labour (if your waters are broken over 24hours).
- To make your contractions more regular. This would happen if there was no change in cervical dilatation over a period of time. OXYTOCIN can also be used in the second stage of labour to help contractions become regular. This will facilitate with descent of the baby's head through the pelvis.

“Set small goals and believe you can achieve them”

# 1. Labour intervention

- **ARM to accelerate**

There are situations where an ARM may be recommenced with your consent in order to accelerate labour. See notes on induction of labour.

- Monitoring - Continuous/FSE.
- Oxytocin.
- Antibiotics.
- Episiotomy.
- Assisted delivery.
- Instrumental delivery.

## Monitoring the baby during labour

Through out labour your baby's heartbeat will be monitored so that any sign of distress can be detected as early as possible. This will be done either with a hand held fetal stethoscope, a sonic aid / doptone or a continuous electronic monitor.

- **Intermittent monitoring using fetal stethoscope or doptone**

The Midwife places the instrument on your stomach every 15 minutes throughout labour to listen to the baby's heartbeat. This is done every 5 minutes during the active second stage of labour.

- **Continuous electronic fetal monitoring (See image on page 38)**

This is an electronic method of recording the baby's heart rate. It is monitored via the abdomen or with a fetal scalp electrode. The strength and length of contractions and the reaction of the baby is recorded.

This does not mean you are confined to bed. Indications are outlined below.

- Abnormal fetal heart rate (normal is 110 to 160 beats per minute).
- Abnormal heart pattern detected while using intermittent monitoring.
- The pregnancy is of 42 weeks or more.
- No waters seen, meconium stained waters, or heavily bloodstained waters.
- Labour duration greater than 8 hours.
- Oxytocin required in the 2nd stage.
- If you have been induced.
- If you request an epidural.
- Waters gone more than 24 hours.
- Maternal pyrexia (temperature greater than 38 degrees Celsius).
- High blood pressure.
- Fetal interest, e.g. very small baby.



“Stay calm”

## Antibiotics in labour

Antibiotic therapy in labour is recommended in the following situations:

- **Fetal Blood Sampling**

When a cardiotocograph (a trace of the baby's heart), is not normal or nonreassuring, a Fetal Blood Sampling (FBS) is carried out during labour. This is done by removing a tiny sample of blood from the fetal scalp. This sample can definitively assess fetal wellbeing by measuring the acid / base balance of your baby. If the result is normal it is safe to allow labour to continue. You will be placed on your left hand side lying down on the bed with your top leg elevated in the air. The doctor will obtain the sample.

- Pre-term labour (labour before 37 weeks).
- Prolonged rupture of membranes (waters gone more than 18 hours).
- Pyrexia in labour (temperature greater than 38 degrees Celsius).
- Group B Strep: Some women will be diagnosed with Group B Strep during their pregnancy. It can be found in urine samples, vaginal or rectal swabs. The National Maternity Hospital do not routinely screen for Group B Strep at this time. Some women elect to be screened. NOTE: If you have Group B Strep and your waters break, the current policy at The National Maternity Hospital is to admit you for immediate induction of labour. Antibiotics are commenced through an intravenous-line in order to protect your baby from a possible Group B infection.

## Episiotomy

Women are encouraged to prepare their perineum by performing perineal massage (see perineal Massage, pages 29, 30) during the last 6-8 weeks of pregnancy helping to increase the elasticity of the tissue in preparation for the normal birth of their baby. Massage may prevent a tear or the need for an episiotomy.

Some women have reported the use of an ‘Epino’ as very effective. This is a balloon type ball placed into the vagina and pumped up gradually for 10 minutes every day. This is done over a period of weeks to stretch the perineum. The normal practice of the Community Midwives is not to routinely carry out an episiotomy.

### Some situations arise where episiotomies are necessary:

- Fetal Distress (low fetal heart rate, requiring immediate delivery).
- Failure to advance.
- Instrumental delivery.

Local anaesthetic is injected into the perineum if an episiotomy is performed. Local anaesthetic will also be given prior to stitching.

## Assisted birth

Situations can arise where the baby needs assistance to be born. There are two main reasons:

- Where the mother has actively pushed for a long time with no evidence of imminent delivery.
- For the safe birth of your baby (where immediate delivery is required, for the baby's wellbeing).

### Ventouse birth

This is where a suction cap is placed on the baby's head and as the mother pushes the obstetrician will guide the baby's head along the angle of the birth canal resulting in the birth of the baby.

### Forceps birth

This is where forceps is used to cradle the baby's head. The forceps guides the baby's head through the birth canal assisted by the mother pushing. The doctor will decide what is the safest way to help you give birth.

“I am working with my baby”



## Caesarean Section

This is where the baby is born abdominally during an operation that takes place in the operating theatre. The caesarean section rate in this hospital is one of the lowest in Europe.

The main reasons for an emergency caesarean section in labour are:

- Failure to advance in labour.
- Fetal distress.

Elective caesarean section may be planned in certain circumstances.

- If the baby remains in the breech position, following review at the breech clinic.
- If you have a low lying placenta (placenta praevia) after a review scan at 34 weeks.

**In 99% of cases the caesarean is preformed under epidural or spinal anaesthetic.** Your birth partner will be dressed in gown and mask to attend the birth. Your birth partner will remain outside the operating theatre until the mother is fully prepared and the operation has commenced. You can see the baby as he / she is being delivered. Baby is then taken to the paediatricians to be checked over. Skin to skin contact is facilitated for you and your baby following the surgery.

In the recovery room your baby will remain with you while you recover from the surgery. If the mother requires a general anaesthetic the birth partner remains outside the operating room and will see the baby as soon as possible. Skin to skin contact can be facilitated for the birth partner at this stage.



A piece of us

*“I am prepared to meet whatever  
turn my birthing takes”*

### Notes for birth partners

It is difficult to watch the person you love in pain but remember this is a normal physiological process. A partner can only do so much at the actual birth. *Be present* and *supportive*. You accomplish this in your own way, maybe just holding her hand, rubbing her back, putting a cold wash cloth on her head. Just demonstrate you love her in whatever way you know how. Couples who are affectionate and touch a lot before labour, for example, will naturally continue to do so during labour. It stands to reason that couples who have never been that way shouldn't expect a miraculous transformation just because **the woman is in labour and having a baby**.

*Just be yourselves.* If you anticipate your partner needing more physical or emotional support than you are capable of giving, don't fret. Discuss this with each other and ask someone like a sister / mother to be available if needs be.

### Before the labour begins

Practice the positions for labour and birth together. It makes it easier to get them right on the day if you are both familiar with them. *Practice back massage* and *counter pressure* and see what works and what does not. *Discuss any preferences* you both have for the labour and birth. Create your positive personal affirmations together.

#### Pre-labour

- Get mother to **REST**. See if you can get her back to bed. This can be difficult as with the excitement of the onset of contractions most women will want their to progress quickly.
- Lying down propped up with pillows on their left side can be very beneficial. Conserving energy, which will be needed! *Be ASSERTIVE* here and perhaps get the pillows in position, turn down the lights, play music and offer heat pack.
- Prepare food for her regularly.
- Ensure there is something in the house she loves to eat. Sometimes if food is prepared nicely it may encourage her to eat.
- **A watchful eye**
  - As women labour, they become very absorbed in getting through the contractions one at a time.
  - Assume it is prelabour unless you know the surges are getting stronger, longer and more frequent.
  - Suggest and prepare a warm shower or bath.
  - Every now and then gently remind her to watch out for baby's activity.
  - It is important to remind your partner to regularly empty her bladder.
  - Please don't keep asking her how she is feeling, just tell her she is wonderful and strong.
  - Remind her your baby is on its way.
- **Offer realistic support**

Often when a partner says, "you're doing fine" a woman may snarl or think to herself "how would you know?" Yet, when the Midwife offers the same encouragement, the labouring woman accepts it. However, commenting on what you see is a safe bet "I've never seen you look so strong and determined" or an expression of tender appreciation "I love you for bringing our baby into the world".

#### Labour

- Encourage mobility suggest using different positions.
- Mind your use of language. Your partner may pick up on small things you say and worry.
- *Be reassuring, give praise.* If she is in pain, do not deny it, instead praise her strength.

“Build a nest”

- During a surge if stress or breath is getting panicky – “ok, breathe with me, deep breath in and blow out, and again, deep breath in and blooooooooow out”, “relax your shoulders/hands/lower jaw/hips/cervix/ pelvic floor”, “feel your cervix opening out”.
- After a surge – “well done”, “you’re brilliant”, “you are strong” “Just release and relax now, just breathe normally”, “remember the rest is important” “ I am so proud of you”
- PLEASE don't say all of these things all of the time. Just when you need to. Normally, complete silence is the best option. Encouragement can be of real help.
- *Do not ask her questions*, unless you absolutely can't avoid it. If she has had a strong surge offer her a drink and straw. She will indicate if it is welcome.
- Make sure she is comfortable and as upright as possible.
- Make sure she is relaxed and comfortable between surges, plenty of pillows, somewhere to rest her head and close her eyes. *Keep quiet, keep distractions down* and *rest yourself*.
- Ask for the *lights to be dimmed* or *suitable music* to be played.
- Try *counter pressure* – sustained pressure on sacrum, lower back, shoulders.
- Wipe her face with a cold cloth and get a spray to *cool her down*.
- Try *hot compresses* on areas of pain (lower back, under the belly and on the perineum).
- Keep her fluids up.
- If things are *slowing down*, sometimes a *change of position* or new angle might help, remember gravity!

### What if your partner looks as if she is losing it near the end of labour?

One thing that you should keep in mind is that almost every woman will become restless nearing the end of labour, especially women who have not required any epidural. Women may begin looking for a way out, begging for drugs, start doubting herself or even panic. This sudden and dramatic shift in behaviour is usually brief and occurs just before the urge to push. This is commonly recognised as transition. It is important to *remain CALM* and remember this is a normal part of the birth process.

Realise that this healthy burst of energy is fueled by a rush of adrenalin, partly due to the building intensity of labour. When this happens, it is primordial and unconscious. In this state she is vulnerable to suggestion, so if she sees worry and doubt on your face, she may believe she can't do it and give up. Speak in calm, reassuring voice; remember she can make it through this last stage of labour with your guidance and support.

Your **strong positive encouragement** and support is of paramount importance at this stage.

- **Take care of yourself**

Don't expect or wait for your needs to be noticed. Partners and birth companions often become inadvertently invisible. During a long labour if someone offers you a break so you can eat, take a nap or use the bathroom, take it! If you are birthing in the hospital consider bringing your own food and drink. Most of all don't be afraid to say "I need".

“My body knows exactly what to do”



My body knows  
how to have  
this baby, just  
as it knows how to  
grow this baby

I am a product  
Of millions of years  
of successful  
childbirth

My baby moves  
gently along  
on its journey

And now  
the journey  
begins...





## Top 10 Tips for parents

### 1. Be organised

Having all the new baby paraphernalia, such as bath, changing table etc. to hand will make things a lot easier. Stock up the freezer by cooking nutritious meals in advance double the quantity and freeze the other half. Hire a cleaner or enlist family or friends to help carry out a good spring clean on your house.

### 2. Sleep sleep sleep

As tempting as 'you' time seems when baby's napping, getting sleep yourself is always the better option.

**Sleep when your baby sleeps** as much as you can throughout the day ensures you won't get exhausted and you will have better coping mechanisms. Make some time for yourself to have that candlelit bath or a read in the evenings when your partner's at home or a friend calls over and can give you a break.

### 3. Embrace imperfection

Laundry piles up; dust settles; be in your nightclothes till 4pm. All of which doesn't matter. **Things will get done.** Just not right now and not as quickly as you're used to. Exhale, let it go and **conserve energy & enjoy the time with your baby.** That's all that matters.

### 4. Accept help

While you might have envisioned yourself maintaining your domestic goddess status after your baby arrives, cooking/ cleaning won't be an option for a couple of weeks, enlist your **family/friends to help clean, or hire a cleaner** for a week or two. You deserve it! Online local cleaners are only a click away! If someone offers to mind baby while you nap, have a bath or go for a walk then take it.

### 5. Enjoy it

It's corny but oh so true that this time really does go by so quickly. Many older mothers would often say that they would **worry less**, spending this precious time more wisely.

### 6. Eat Well

Keeping you and your partner's energy up with **nutritious meals** is a must. This will help with your healing, is essential for breastfeeding, and will help to keep you going when you're lacking in sleep. So if family or friends offer their help ask them to cook for you.

### 7. Have a babymoon

**Live in your comfy clothes** or PJs, preferably **in bed at home**, with your little one (and partner too, although he is on kitchen duty) for at least a week. Once you're dressed you're back to full-on doing-it-all mode. Visitors should be kept to a minimum in 1st week- **organise a visiting 1 hour or 2**, send a group txt, allowing all to come. No one will want to stay long as they will be aware of everyone else. **If there's one thing you do from this list, let it be this one.**

### 8. Ride the rollercoaster

Your emotions are probably going to be all over the place for the first few weeks after giving birth. **Post Pregnancy hormones** are surging. Just remember it's ok not to feel happy all of the time. A new baby is a life-altering event physically, emotionally and mentally. **In fact, it's completely normal to feel a little down at times.** The **new sense of responsibility** can also be **overwhelming**, so take it easy on yourself. If you're tending to feel low for more than a week or two at a time – you could be suffering from post-natal depression. **Seek help**, either through your GP or public health nurse. Talk with your partner or someone you trust.

### 9. Try not to sweat it

It's very likely that you and your partner will become obsessed and anxious surrounding some aspect of your baby's routine. For some, it's pacing up and down with baby over your shoulder in a desperate bid to get that last bit of wind up so everyone can go to sleep. Whatever it is, know that it, too, will pass as the weeks and months go on. And, as many times as you've heard it, **things really do get easier!**

### 10. Ensure couple time

Don't take **each other for granted.** It's easy to just bumble along. Try to be on the same page with regards caring for your baby. Making sure one parent is not doing it all. Try to support and encourage each other and always listen to each other's problems, Remember to **communicate.**

Once the first few weeks are over, plan **a date-night**, get dressed up and do something you both enjoy. Try to make it about you and not your baby for that time.



“My baby's birthday has become...”

“The power of birth strengthens me,  
my child, and my partner”

### And now there are two...

Tips on how to introduce your toddler to the idea of a new baby.

- *Reading books together* about new siblings is a great way to help your child process what is in store. Allow them to pat your tummy gently and say hi to the baby if they want to.
- Bring them along to an *antenatal appointment* and they can listen to your baby's heartbeat.
- Once you've told them there's a baby on the way, mention it frequently but *don't go overboard with details*. The truth is that your toddler will only have an inkling of what's in store. They won't understand the difference a baby makes until after the birth, and even then probably not for some time.
- Towards the end of your pregnancy and even in the early days of the new arrival *replay the child's babyhood*. It's hard for a toddler to understand what a new baby is all about, but one good way to prepare is by *looking through your photo albums* and talking about when they were tiny. How they cried and fed alot. Explain that the new baby will be like this too, and that he or she will get bigger and do more things, just as they have done.
- *Don't tell your toddler that the new baby will be "a friend for you"* because, for the first year or so at least, this is unlikely to be the case. From their point of view the newcomer is more likely to be a hindrance before they become an ally.

### The first meeting

- The first meeting is often seen as a crucial test of the sibling relationship, but most people believe it has little bearing on the long term. Best advice is to try to make sure *the baby is in the cot* when your older child makes their entrance so your arms are still there to cuddle. When you first see your big kid after giving birth, remember that it's *YOU* they want. Then introduce them allowing you to explore the newborn together. Pointing out how *small and delicate* they are. Perhaps having *a present* from the baby to give to your older child will aid allied relations!



Family Love!

### After the initial meet

- *Encourage your toddler* to be mother and baby's helper. Let them hold, sing and talk to the baby. *Do show your appreciation* for all of their help. Don't overdo the 'little helper' bit as they can get fed up with it too. Put a stool near to the changing area so they can watch the changing routines.
- You may need to reiterate that the baby is a part of the family and is staying. A lot of toddlers will ask their parents to send the baby back. It takes time to get used to the change. *Keep a watchful eye* on your baby and toddler. Some toddlers will *react with anger*-slapping or hitting the new baby. *Don't overreact*-but firmly explain that hurting the baby is not acceptable. To the toddler the world once revolved around them now they have to share their world with this tiny creature that takes mommy's attention away. Try to understand from the toddler's point of view that they are simply defending their position and be patient with them.
- Your older child may *regress* "I want to be a baby, too!" stage. This is a normal reaction to the image of you holding and cuddling your newborn. When your older child regresses into baby mode, allow them the luxury of being babied a bit, while at the same time focusing on the benefits of being an older child in the family. Tell them about all the fun things big kids can do but babies can't, such as "Big boys can eat ice cream, but babies can't" and "Big girls can ride bikes, but babies can't." Your child will gradually realise that he doesn't want to be a baby again.
- Give them your time just the 2 of you, where you give them your *undivided attention*. Bringing them to the park, swimming pool or a cycle.
- Savvy visitors who themselves have survived sibling rivalry bring along a gift for the older child when visiting the new baby. *Keep a few small gifts in reserve for your young child* when friends lavish presents and attention on the new baby. Let her be the one to unwrap the baby gifts and test the rattles.





Sheila Kitzinger  
Janet Balaskas  
Denise Tirra

Hypnobirthing  
Aqua Aerobics  
Yoga/Pilates

[www.babycentre.co.uk](http://www.babycentre.co.uk)  
[www.birthingnaturally.net](http://www.birthingnaturally.net)  
[www.bumptobirthtobaby.com](http://www.bumptobirthtobaby.com)

[www.homebirth.co.uk](http://www.homebirth.co.uk)  
[www.42weeks.ie](http://www.42weeks.ie)  
[www.homebirth.ie](http://www.homebirth.ie)

Useful  
web sites  
and birth  
authors:

Lauren Dare with baby Nate, born in 2010.

Signs of pre-labour

Signs of active labour

**Worksheets**   
You may find these useful  
to discuss and prepare  
for labour together.

When to call a midwife

When to go to  
the hospital



### Hopes

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### Worksheets



You may find these useful to discuss and prepare for labour together.

### Fears

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### What would be helpful

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### Worksheets



You may find these useful to discuss and prepare for labour together.

### What would not be helpful

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Smile



I have  
done it!

I'm not telling you it is going  
to be easy, I'm telling  
you it's going to be  
**worth it!**

## The Passage by Marcie Macari

The earth shook. The women gathered.  
The chanting of The Women Of a Thousand  
Generations began, their hands intertwined.

I breathe low, moaning deep through my body  
to touch the depth of sound they generate.

And for a moment I am with them. "We're  
here-with you, you are one of us-you can  
do it!"

One of them  
I breathe.

The coals glow-mocking my strength. Embers  
flick their tongues tormenting my courage.  
I step onto the coals-

The Women Of a Thousand Generations push  
closer to the embers-their faces glowing from  
the coals.

I keep my eyes on them, focusing on THEIR  
ability to push through the pain, to keep  
walking in spite of their fear-remembering that  
they made it to the other side.

I find MY courage and step again.  
I feel the embers, and wince.

The Women start beating a drum. I find their  
rhythm in my abdomen, and slowly move  
forward: One step-look at the face.

Second step-focus on the eyes.

Third step... I see the African dancers,  
rehearsing their steps as I walk my last few. I  
see the circle being set-the fire at the center,  
the food and festivities.

This will be the stage for my welcoming into

this elite group-this Women Of a Thousand  
Generations.

My heart swells.

I am close to the end now, and my body starts  
to shake-Spirit stronger than flesh.

I want to give up-to step on the cool grass. And  
off these coals. I look for the faces, and my eyes  
meet theirs.

One of them smiles.

She who is With Woman, reaches out her  
hand. Her face is the clearest, eyes at my  
level. "Listen to your body and do what it  
tells you" She says-no trace of concern. The  
chanting changes: "Listen to your bo-dy"  
In rhythm, hands are again joined, like an  
infinite chain. I realize just how many have  
gone this way before me. The one who smiled  
places her hand on the shoulder of the One  
who is With Woman-with me, and I breathe,  
stretching out my hand to grasp  
the outstretched.

I am about to cross over- Silence comes over  
the Universe. I near the end-my body aches,  
my mind is empty of everything but that  
last step.

Last step.

Hands grasped.

Cool grass.

On my toes, cooling my feet-my arms reach  
out to claim my prize- "Reach down and take  
your baby." I hold him to me tightly, and  
proudly take my place in the chain. I am now a  
Woman Of a Thousand Generations.

The celebration begins.