



**Class 5** - Comfort Measures and Positions for Labour  
and Delivery.

## **Comfort Measures and Positions for Labour and Delivery**

As Labour Support Practitioners, a lot of what we do is helping women cope with labour intensity and aiding in making labour as comfortable as it can be. A common question you will be faced with from clients is “What are you going to do during the labour?” or “What kind of comfort measures do you use?”. Below is information to add to your toolkit of how to support a labouring woman and her family as well.

### **Comfort Measures:**

#### **Physical and Hands On Techniques**

(please take additional notes based on the lecture and examples used)

- double hip squeeze

- counter pressure

- acupressure

- massage

- roving body check

- comforting touch

- light touch massage

- rebozo

- heat/cold

- hydrotherapy
- TENS machine
- Hypnobirthing
- Positions changes (see below)

### **Informational Techniques**

- Offering explanations
- Answering questions
- Describing what's happening (to mom/baby, during that part of labour, etc.)
- Offering information about pros/cons/alternatives around decision-making

### **Emotional Techniques**

- Take charge routine
- Comforting words/encouragement
- Attention focusing
- Music/creating safe space
- Reassurance

- Anticipating needs (drink/food, things to make her comfortable in general, explanations)
  - The 3 R's Relaxation Rhythm and Ritual (see attached handout by Penny Simkin)
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## **The 3 R's in Childbirth Preparation: Relaxation, Rhythm and Ritual** by Penny Simkin, PT

The 3 R's approach to childbirth preparation is a simplified approach based on observations of laboring women and how they actually cope with pain and stress in labor. Some cope well; others are overwhelmed in labor. There are three characteristics common to women who cope well:

- 1) they are able to relax during and/or between contractions. In early labor relaxation during contractions is a realistic and desirable goal; later in labor, however, many women cope much better if they don't try to relax during contractions. They feel better if they move or vocalize during the contractions, or even tense parts of their bodies. It is vital, however, that they relax or be calm between contractions;
- 2) the use of rhythm characterizes their coping style;
- 3) they find and use rituals, that is, the repeated use of personally meaningful rhythmic activities with every contraction.

While women draw heavily on the coping measures they learned in childbirth class, those who cope well usually do more than that; they discover their own rituals spontaneously in active labor. If disturbed in their ritual or prevented from doing the things they have found to be helpful, laboring women may become upset and stressed.

Women are most likely to find their own coping style when they feel safe and supported, and are free from restrictions on their mobility and their vocal sounds and are also free from disturbances to their concentration, such as other people talking to them or doing procedures on them during contractions.

Following are some examples of unplanned spontaneous rituals discovered by laboring women:

- one woman felt safe and cared for when her mother brushed her long, straight hair rhythmically during the contractions.
- another rocked in a rocking chair in rhythm with her own pattern of breathing.
- another wanted her partner to rub her lower leg lightly up and down in time with her breathing.
- another wanted her partner to count her breaths out loud and point out to her when she was beyond the number of breaths that meant the halfway point in the contraction.
- another dealt with her back pain by leaning on the bathroom sink, swaying rhythmically from side and moaning while her partner pressed on her low back.
- another, who had rowed crew in high school, used a visualization in conjunction with her breathing pattern: each breath represented a stroke of her oar, helping her to “glide smoothly” through the contraction.
- another let her breathing follow the rhythm of her partner’s hand moving up and down (“conducting”); she focused entirely on the partner’s ring with its blue stone as her guide.

Once a woman finds a ritual, she depends on it for many contractions. Changing the ritual or disturbing it throws her off. Most women change their ritual from time to time in labor, when a change of pace seems necessary.

Childbirth educators who want to distill their teaching to cover the most meaningful ways of coping with the stress and pain of labor, might wish to incorporate the concept of the 3 R’s in their childbirth preparation class.

## **Positions for Labour**

For a baby to get lower and lower and fit through the pelvic outlet in the proper position takes a lot of work and opportunity. We need to give our babies the opportunity to get into the right position for birth and wiggle their way through our pelvis and birth canal. Position changes are incredibly important for this, as each different position allows the baby to move again and nestle into the proper position as well as move lower into the pelvis. Positions or movement during labour such as walking, climbing stairs (slowly!), swaying back and forth, or lunging with your foot up on a chair or bed creates a lot of room for babies to move; any hip or pelvic manipulation is beneficial in this regard.

Changing positions is also a great way to get your labour going and keep it going at a good pace. The body and contractions react well to activity and you may notice that contractions pick up when you change positions or are moving. When you first get into a new position, be aware that it may feel a little bit WORSE than the one that you were just in. Take your time and a few contractions to get used to the new position, and eventually you will get comfortable again.

Women naturally get into positions that are comfortable for them during their labours, but often need guidance when it comes to which position is best for something specific, such as a baby in the Occiput Posterior position, or more cervix remaining on one side, for example. There are also different positions for different types of discomfort during labour. Here is a list of positions that are great for labouring and the benefits of each:

<b>Positions for Labour</b>	<b>Benefits</b>
Standing and swaying	<ul style="list-style-type: none"> <li>- use of gravity</li> <li>- hip manipulation</li> </ul>
Slow-dancing w/ partner or doula	<ul style="list-style-type: none"> <li>- use of gravity</li> <li>- hip manipulation</li> <li>- weight supported by partner/doula</li> <li>- feel close and safe</li> </ul>
Standing Lean (over counter)	<ul style="list-style-type: none"> <li>- ease back pain</li> <li>- use of gravity</li> </ul>
Sitting Upright on Birth Ball	<ul style="list-style-type: none"> <li>- use of gravity</li> <li>- opens up pelvis nice and wide</li> <li>- can rotate hips around to give baby room to move</li> <li>- restful</li> </ul>
Lunging	<ul style="list-style-type: none"> <li>- use of gravity</li> <li>- opens up your pelvis (the side that you are lunging into)</li> <li>- encourages baby in posterior position to move to anterior</li> </ul>
Sitting and Leaning backwards	<ul style="list-style-type: none"> <li>- use of gravity</li> <li>- restful</li> </ul>
Sitting and Leaning forwards	<ul style="list-style-type: none"> <li>- use of gravity</li> <li>- restful</li> <li>- eases back pain</li> <li>- great for receiving back massage</li> </ul>
Supported Squat	<ul style="list-style-type: none"> <li>- use of gravity</li> <li>- supported so its not tiring</li> <li>- really opens up pelvis wide and gets baby nice and low</li> <li>- puts pressure on cervix to help it dilate</li> </ul>

Squatting	<ul style="list-style-type: none"> <li>- use of gravity</li> <li>- really opens up pelvis wide and gets baby nice and low</li> <li>- puts pressure on cervix to help it dilate</li> </ul>
Hands and and Knees	<ul style="list-style-type: none"> <li>- eases back pain</li> <li>- can wiggle hips back and forth relieving pain and giving baby room to move around</li> <li>- encourages baby in posterior position to move to anterior</li> </ul>
Side-lying/Semi-prone	<ul style="list-style-type: none"> <li>- restful, can sleep</li> <li>- keeps hips open with pillow between knees</li> </ul>
On the Toilet	<ul style="list-style-type: none"> <li>- use of gravity</li> <li>- brings contractions on stronger by putting more pressure on cervix</li> <li>- opens up pelvis like a squat</li> <li>- no pressure on the perineum; able to bulge and relax</li> </ul>
Flat on your back	<ul style="list-style-type: none"> <li>- can allow for more room if the back of your pelvis is wider</li> <li>- restful</li> </ul>

## Positions for Birth

Positions for Birth	Benefits
Side-Lying	<ul style="list-style-type: none"> <li>- restful</li> <li>- lots of room for baby to move; no pressure on coccyx</li> <li>- good for a baby whose heart rate is low</li> </ul>
Squatting/ Supported Squat	<ul style="list-style-type: none"> <li>- use of gravity</li> <li>- bearing down is easier/more natural in this position</li> <li>- good for increasing the strength of a mother's push</li> <li>- opens up pelvis for optimal room</li> </ul>

Hands and Knees	<ul style="list-style-type: none"> <li>- relief of back discomfort</li> <li>- lots of room for baby to move down</li> <li>- use of gravity</li> <li>- able to sway hips</li> </ul>
Standing	<ul style="list-style-type: none"> <li>- use of gravity</li> <li>- able to sway hips</li> </ul>
On the Toilet	<ul style="list-style-type: none"> <li>- no pressure on perineum; able to bulge</li> <li>- opens up pelvis like a squat position, but mother is not using as much energy</li> <li>- mother may feel more comfortable with pushing efforts as the toilet is where she is used to eliminating</li> </ul>
Flat on Back	<ul style="list-style-type: none"> <li>- restful</li> <li>- can pull knees right up to open up pelvis</li> </ul>

## Breathing

Breathing properly during labour is key; it helps with relaxation and managing contractions, as well as supplies a hard-working uterus and baby with adequate oxygen. Women should practice different breathing techniques in preparation before their birth to become comfortable with different techniques and determine which one(s) work best for their bodies.

### During Contractions - Surge or Wave Breathing

- slow, deep, wave-like breaths
- filling the lungs all the way, expelling the air fully
- breathing right 'down to your baby'
- giving your uterus and baby enough oxygen during while they are working hard

### Between Contractions - Calm Breathing

- resume a normal breathing pattern
- focus on slowing breath down and relaxing
- conserving energy between surges



## **Birth Breathing**

- moms are encouraged to follow their body's lead when they feel the 'urge to push' or the need to bring their baby down
- some women breathe deeply through the surge and pushing urge while others hold their breath slightly and temporarily a few times throughout the surge (\*note that it should be what the mother's body is telling her to do)
- DEMO: Purple Pushing vs. Mother Directed Pushing
- remind moms not to hyperventilate and to fully exchange their breath between pushing urges; expelling carbon dioxide is just as important as taking in oxygen

## **Breathing Through the Urge to Push**

There are times when a mother may be having the urge to push but should not be pushing:

- before she is fully dilated
- as the baby crowns

This is difficult to do as the urge to push is really strong and for the most part, out of the woman's control. A few techniques for breathing to avoid pushing are:

- take quick, short breaths and have the mom breathe out with her mouth in the shape of an 'O', similar to panting
- repeat the word 'house' with lots of air behind it
- imagine blowing a tissue off your face while your face is up towards the ceiling

## **Massage For Labour**

### **Early Labour**

- More options for hands on techniques
- Client is more aware and able to express her wants and needs in terms of comfort
- Great time to teach partner techniques to perform on her
- Always communicate with client of pressure, speed, type of strokes but DON'T overdo it
- Read her body language
- Sets the stage for techniques she may like later in labour

### Techniques:

Effleurage on the back  
Finger tip kneading the shoulders or feet  
Stroking the back or legs (open palmed)  
Rib raking on the back (fingers spread)

### **Active Labour**

- A very important time for physical support in some woman
- Always ask her before engaging in any massage, she may not want to be touched during this stage
- Try a variety of techniques if she agrees, depending on how she is feeling she may want more soothing slow strokes or more firm

### Techniques:

Counter pressure on the sacrum (back labour or low back pain)  
Thumb kneading the low back (back labour)  
Holding at the ankles (reassurance)

### **Transition**

- Least likely to be the appropriate time for massage during labour
- Very intense sensations
- If anything, holding techniques with a confident firm hand or counter pressure on the pelvis and
- low back

### **Rules For Labour Support Massage**

1. Always make sure the client is in a comfortable position, use pillows for support and make sure she is able to let go and relax as much as possible.
2. Always ask for permission to touch her and ask her about pressure
  - A good idea is to come up with hand signals for more pressure or less pressure (thumbs up or down or stop).
3. Always stroke towards the heart, unless working on the torso where direction is not as important.

4. Always work with confident hands and work smoothly and rhythmically to promote relaxation and avoid creating a tickling effect.

5. Always ask how it feels for her and adjust accordingly.

## **Ice Exercise**

Gate Control Theory - Your body can process only so many signals at once. If you focus on pain, you will feel pain. If you are able to focus on something more pleasant as a distraction you will feel less pain overall. (for example, watching a great movie while you have a headache may make you forget the headache!)

In this exercise you will practice a 60 sec. labour contractions with a bag of ice, each time we try a contraction we will try different coping techniques.

NOTE: Please alternate hands between each

1. Baseline - No Technique
2. Relaxation and Slow Breath
3. Focal Point (real or imagined)
4. Touch (partners)

\*\*\*But what if comfort measures and position changes are not enough?