

Three Variations of Labour

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	What's happening?	How will it feel?	What helps? (Mother)	Partner
Slow to start	The cervix is thick, long and in a posterior position when contractions start. The baby's position may still be high in the mother's pelvis. The cervix is slow to dilate despite contractions	Contractions may or may not be very painful May be tiring, discouraging, draining Worried something is wrong with her or the baby	Alternate between restful, distracting, and labour stimulating activities. Discuss labour stimulating activities with your caregiver Restful Baths/ showers Massage Warm drink Napping Labour stimulating Walks Love making Nipple stimulation Bowel stimulation <u>Distracting</u> Walks Baking Videos Games Drink & eat to thirst & hunger. Fluids are very important Use breathing techniques Try not to worry	Maintain her morale Keep patient & confident Focus on restful, distracting, labour stimulating activities, not on contractions Call people / caregivers who are encouraging (ie doula) Help her alternate activities
Rapid Labour	The cervix is very soft (ripe) & thin (effaced) and may be partially dilated before labour begins. Labour starts with hard frequent contractions. The cervix quickly dilates, and there is little pushing time	Labour starts with hard frequent contractions No noticed early labour Anxiety, provoking, hectic Shocked, not believing this is labour Panic and loss of confidence if she thinks these are the easy early labour contractions	Keep list of phone numbers by phone - Midwife, partner, alternate partner Call for help immediately Trust what you are feeling Go into and stay in gravity neutral position (eg side lying) Use the type of breathing that most helps Once help arrives focus on contractions Go to hospital by ambulance if you feel the baby is coming or you want to push	Believe what you see Move into a leadership role to help her cope. Help her maintain a gravity neutral position Don't lose faith in her Call midwife Drive carefully but don't waste time Go by ambulance if she is pushing or feels the baby is coming
Back labour	The baby's back is facing the mothers back. The baby's head is pressing against the mother's sacral area. Contractions help to turn the baby	Pain is centred in the small of the back The length of active labour may be increased Back pain may become worse in active labour & more painful than contractions until the baby turns	Choose positions that encourage the baby to turn; Hands and knees (head down) Stand/ walk/ up and down stairs Pelvic tilt/ rocking Change positions frequently Go into the shower and direct on lower back, combine position and water therapy Stroke your tummy (or partner can) in direction you want the baby to turn. Start at her back and move your hand to the front	Help her to change positions Apply counter pressure Massage Apply cold/ heat to lower back