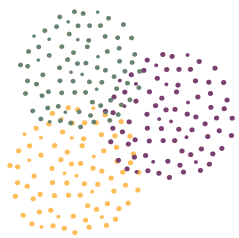


signs & stages of labor



- signs of labor
- timing contractions
- early labor activities
- when to transition to the hospital
- active labor positions
- pushing options



Welcome!

This guide was compiled by the Ithaca Doula Collective to be a resource to prepare for labor during the Covid-19 global pandemic when physical doula support may be restricted due to distancing and quarantine. Some of your birth plans might have shifted to stay at home as long as possible. If not, this is still going to be helpful information and applicable at all times. In this document you'll find signs of labor, the stages of labor, and tips of how to support yourself in each stage of labor. Additional resources can be found on our website and we welcome you to contact us directly for individualized doula support and more information.

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🌟 Signs of labor

Sometimes our bodies give us clues that we're heading towards labor for a few days or weeks before labor *really* begins. Other times we seemingly go straight from everyday life into an early or active labor pattern. Early signs that labor might be on its way include:

- Back and/or hip aches (sometimes it's more of a full-body “flu like” aching)
- Irregular pelvic cramping
- Release of your mucus plug or “bloody show” (like a light period)
- Loose stool or diarrhea
- Waters breaking (most labors do not start in this way, but if it does, contractions are likely to follow)

If you're noticing cramping, back aches or full contractions that wrap around in sensation, and they occur in a rhythmic pattern that is no longer ignorable, begin to track their frequency and duration. There are many great apps that you can choose from and download for this, or the chart below might be useful if you want to do it by hand:



Image source bloomlife.com - <https://bloomlife.com/preg-u/timing-contractions/>

Most care providers encourage the laboring person to leave for the hospital once contractions meet the 4-1-1 or 5-1-1 rule, meaning the contractions are coming every 4 or 5 minutes, lasting a full minute, and they have been that way for at least 1 hour. You will want to call the hospital to let them know you are on your way. It's important to note that you will want to talk to your care provider in advance if you have a long travel time to the hospital, in which case this might not be a good benchmark for you.

Stages of labor and how to support yourself

Early labor typically has shorter, irregular contractions. The birth giver often can cope well with these contractions and in between contractions is still very social. Here are some tips of how to pass the time (re: ignore your labor) until your body demands more of your attention.

- SLEEP! You are not sure how long labor will last, so be sure to rest
- If you can't sleep, let your partner sleep until you need their more direct support
- Eat/Drink/Pee
- Stretch each side of the pelvis (see balance and movement worksheet)
- When you are not sleeping, stay upright and out of bed- this shortens the length of labor
- Walking, dance, sway
- Roll on a birth ball-medium to fast speed
- Do figure eights while sitting or standing
- Rest on hands and knees
- Sit with your knees wide/feet together to open the top of your pelvis
- Side Lying Release – 3 contractions each side
(<https://spinningbabies.com/learn-more/techniques/the-fantastic-four/sidelying-release/>)
- Abdominal Lift and Tuck- for 10 contractions
(<https://spinningbabies.com/learn-more/techniques/other-techniques/abdominal-lift/>)
- Pelvic tilts either on hands and knees, sitting or standing

- Check in with your doula
- Try to stay home until your labor pattern is active (4 mins apart from one another, one minute or longer, and that has been happening for about an hour)
- Check your own cervix to see if you're shifting into active labor. (<https://www.wikihow.com/Check-a-Cervix-for-Dilation>)

If you are discouraged by your labor progress or are supporting someone in early labor, it can be tremendously helpful to remember that there are many ways your body and your baby prepare for birth in early labor aside from contractions or dilation! The cervix is busy softening, changing positions and thinning. Meanwhile, baby's finding a chin-tucked position and their head is molding and rotating. The baby is also beginning to descend into the pelvis. If you find yourself or your partner getting discouraged by the slow pace of contractions or early labor, remember all of this incredible work that is being done behind the scenes. Labor is more than just cervical dilation, so try not to get hung up on the number as your own sign of progress.

Active Labor and Transition need more of your attention. Your contractions are longer, stronger and closer together. Birth givers often need more physical and emotional support. Your provider is at your house if you're having a home birth, and you're headed into the hospital if that is your birth location. One key difference is that birth givers are often *less* social - and will often keep their eyes closed in between contractions.

- Stay hydrated and have snacks to keep your energy up
- Get in positions that use gravity, but also allow you to rest in between contractions
- Get in the water!! Baths and showers provide the same pain relief as IV medications
- Allow yourself to find a darker, private space (you are a mammal after all).
- If you want to lie down, have your bottom leg straight and put your top leg onto pillows or peanut ball.
- Sit on a birth ball
- Have your partner/doula/nurse/friend/family member push on your hips, rub your back, give your hands or feet a massage

- Do some lunges with your leg 45 degrees away from your torso - 3 contractions each side
- Side Lying release (<https://spinningbabies.com/learn-more/techniques/the-fantastic-four/sidelying-release/>)
- If your cervix isn't changing, try a Forward Leaning Inversion staying inverted during a contractions, resting in between for three contractions (<https://spinningbabies.com/learn-more/techniques/the-fantastic-four/forward-leaning-inversion/>)
- If you notice you're tightening your bum during contractions, try wiggle your hips or feet.

Pushing is often a time if you've been laboring on your own, that your care provider and nurses are more present. Pushing for the first baby can take a couple of hours. Here are some ways to help with pushing.

- **WAIT FOR PUSHING TO BE INVOLUNTARY!** Just because you are 10 cm, doesn't mean you or your baby are ready to push. Pushing is involuntary – your body will just do it. It is okay to wait for that involuntary urge to show up. You won't miss it.
- Follow your body's directions. Sometimes you have a strong urge to arch your back in pushing - follow it! It might be a way to help the baby deeper into the pelvis.
- Start pushing on the toilet so you get over your fear of pooping, and you can sense into pushing. It is the *same* movement as having a bowel movement. In fact, if you do, it means you're doing it right!
- Change positions often! Try: standing, lunging with your knee 45 degrees away from your torso, sitting on the toilet, hands and knees, sitting on the edge of the bed, sitting backwards on a chair with your bum hanging over the edge, squatting, on your side, and in a semi-reclined position.
- Remember to *open the outlet* - have your knees together and your feet apart!