

GETTING COMFORTABLE DURING

Active Labour



Prepared by:

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@FULLYXPOSEDPELVICPHYSIO

Introduction

My name is Elysha, and I am registered physiotherapist. My practice is focused on women's health with particular interest in helping women who are pregnant and postpartum. My passion lies in knowledge translation and helping women (and their partners) make informed choices, while being able to advocate for themselves.

Giving birth can be scary, especially in our overcrowded, under-serviced, rushed and non-personalized medical system.

My goal with this resource is to offer some comfort measures during active labour through a variety of different positions, suggestions and through partner support.

I hope you find this resource helpful and supportive.

Elysha

Setting the stage

How Birth Progresses

According to the Society of Obstetricians & Gynecologists of Canada (SOGC), “Normal Childbirth” occurs spontaneously between 37 - 42 weeks gestation.

Recognizing Signs of Labor

There are many different signs and symptoms of labour. These include (but are not limited to):

- **Abdominal cramping** (sometimes experienced as a stomach ache or need to have a bowel movement)
- **Braxton-Hicks** - “preparatory” contractions
- **Bloody show** (loss of mucus plug from opening of cervix)
- **Water breaks** (can happen slowly or in the form of a gush)

- **Cervical effacement** - a thinning and softening of the cervix
- **Cervical lengthening** - baby drops into pelvis
- **Cervical dilation** - opening of the cervix to allow space for baby’s head. *This can only happen with effacement & cervical ripening/softening (**may NOT be the best measurement of progress**)
- **Baby’s progression through stations** (descent into the pelvis)

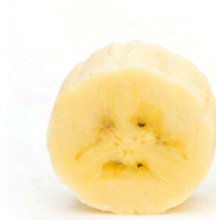
Stages of Cervical Dilation



Blueberry
1 cm



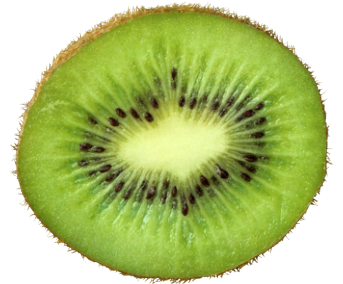
Cherry
2 cm



Banana Slice
3 cm



Lime
4 cm



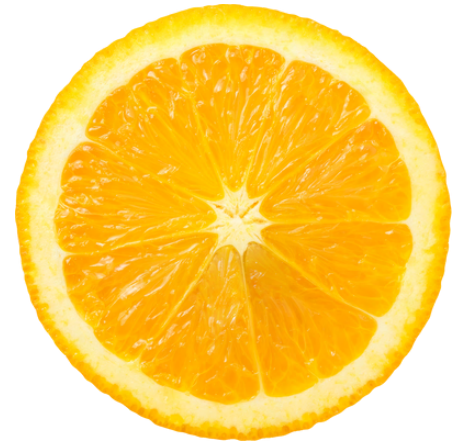
Kiwi
5 cm



Cookie
6 cm



Apple Halved
7 cm



Orange Slice
8 cm



Doughnut
9 cm



Bagel
10 cm

The stages of labour

Stage 1 - DILATION (First 6 - 20 HRS)

The cervix opens slowly as contractions build. The baby's head moves down into the pelvis. The cervix continues to widen with longer & more frequent contractions. Full cervical dilation is 10 cm. Contractions are occurring every 3-5 minutes.

Latent Phase (0-6 cm dilation)

The birthing mother is restless and distracted through contractions but can likely keep a conversation. Her demeanour will return to normal between contractions. Contractions may be regular or irregular and vary in intensity.



Active Phase (6cm - 10cm dilation)

The mother's tone typically changes and is more serious. She can no longer talk or joke through contractions. Contractions tend to be more regular, lasting 45-60 seconds and less than 5 minutes apart.



Transition (8am - 10 cm dilation)

This is the most intense part of labour. Contractions are 2-3 mins apart and feel “on top” of each other, lasting 60-90 seconds. More intense emotions tend to arise during the transition phase.



Stage 2 - BABY IS BORN “PUSH STAGE” (20 mins - 2 HRS)

The baby’s head moves down and rotates as it enters the middle pelvis. This downward pressure puts a stretch on the pelvic floor muscles, which contributes to the sensation to push.

According to the Society of Obstetrician and Gynecologists of Canada, delayed pushing is preferred when the birthing individual has no urge to push as long as the fetus does not display abnormal monitoring.

The longer length of stage 2 tends to correlate with a higher incidence of perineal tearing.

Stage 3 - BIRTH OF PLACENTA (AFTER BIRTH)

The placenta is birthed after the delivery of the baby. The placenta is a hormone factory. After expulsion, there is a huge change the birthing individual will experience due to the loss of hormones from the placenta.

Station Progression

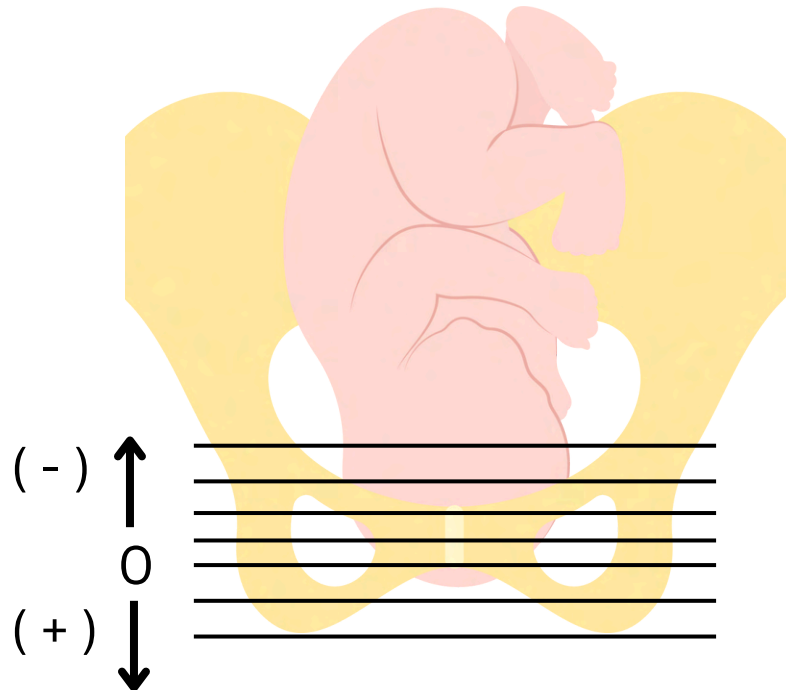
Another way to track labour progression.

During an internal cervical exam, your health care professional can assess how far down the pelvis the baby's head has moved. They will use bony landmarks to determine which station the baby is at.

If your cervical dilation is stalled or slow, you can ask your health care professional to assess your progress based on the baby's station. If it is your choice to proceed with an unmedicated birth, tracking stations can shed light on your progress in a different way.

Stations are measured on a - / + scale.

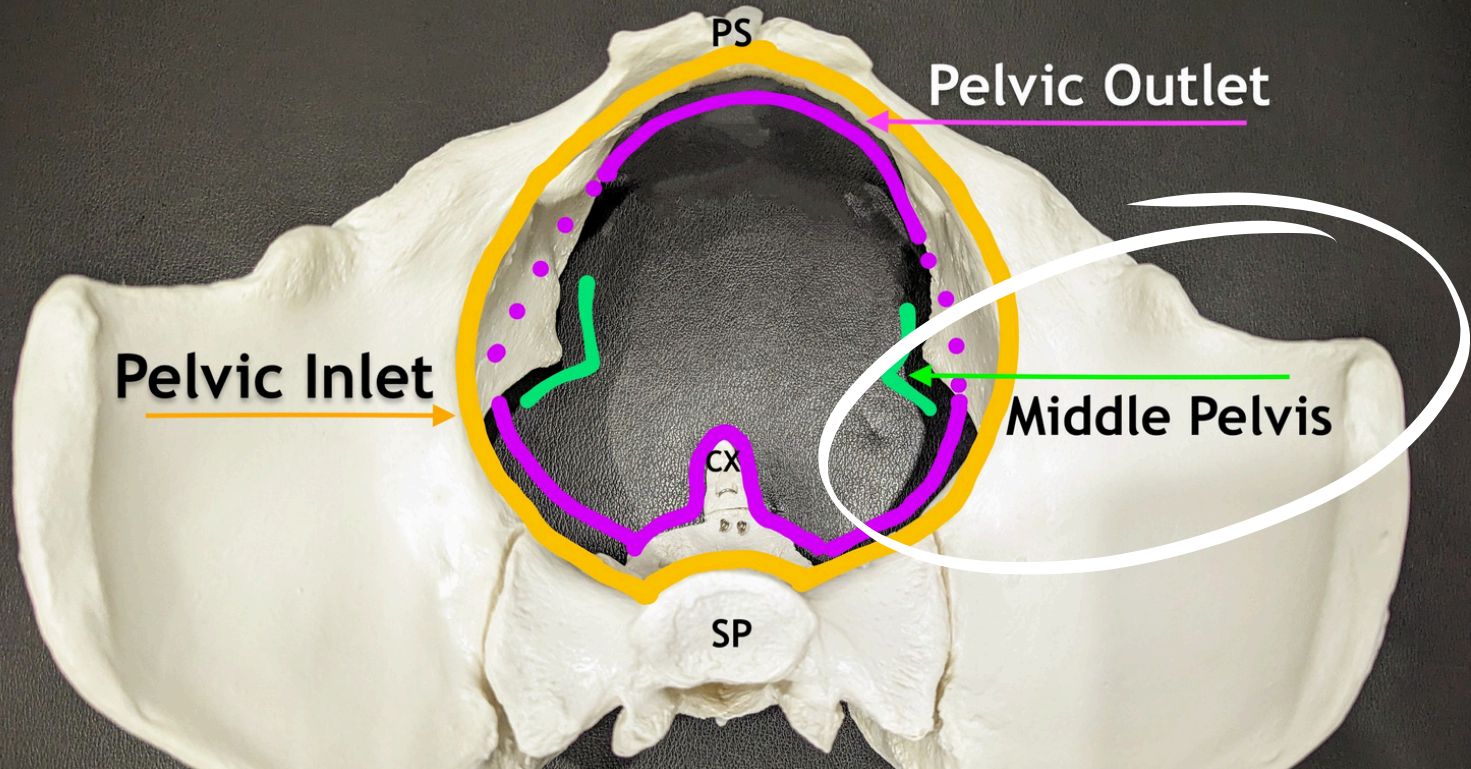
The negative (-) numbers refer to the baby's head being ABOVE the ischial spines of the pelvis. The higher the number (5 → 1), the higher the baby's head is. The ischial spines are bony prominences within the pelvic bowl which form the most narrow part of the pelvis.



0 station refers to the baby's head being at the level of the ischial spines

The positive (+) numbers refer to the baby's head being BELOW the ischial spines (the pelvic OUTLET).

Active Labour



Once the early labour positions are no longer comfortable, it is likely time for your body to move. Alternatively, if you have been in one position for greater than 60 minutes, you can consider changing positions to help baby progress further down.

As labour progresses, baby rotates as it enters the MIDDLE pelvis marked by the Ischial Spines (the inner bony prominences). This is the most narrow part of the pelvic bowl.

To help promote opening of the mid-pelvis, consider the following asymmetrical positions.

Active Labour Positions

(opening the middle pelvis)



Sidelying
Lunge



Seated Lunge

Sidelying, legs parallel



Active Labour Partner Positions

(opening the middle pelvis)

Asymmetrical knee press

Alternating pressing one knee, and the next the next



Supported Lunge

Active Labour Partner Pressures

(opening the middle pelvis)



Partner hand placements on the **X**
(next page for details)

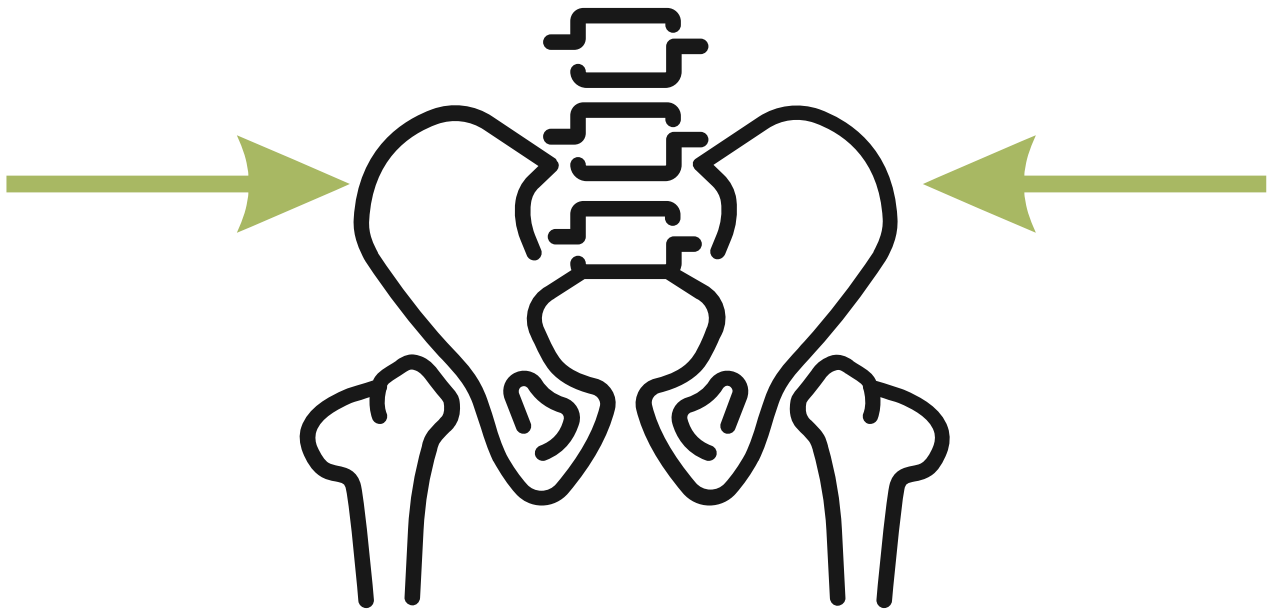
Active Labour Partner Pressures

(opening the middle pelvis)

If the above positions are uncomfortable, the birth partner can try some assisted manual pressures.

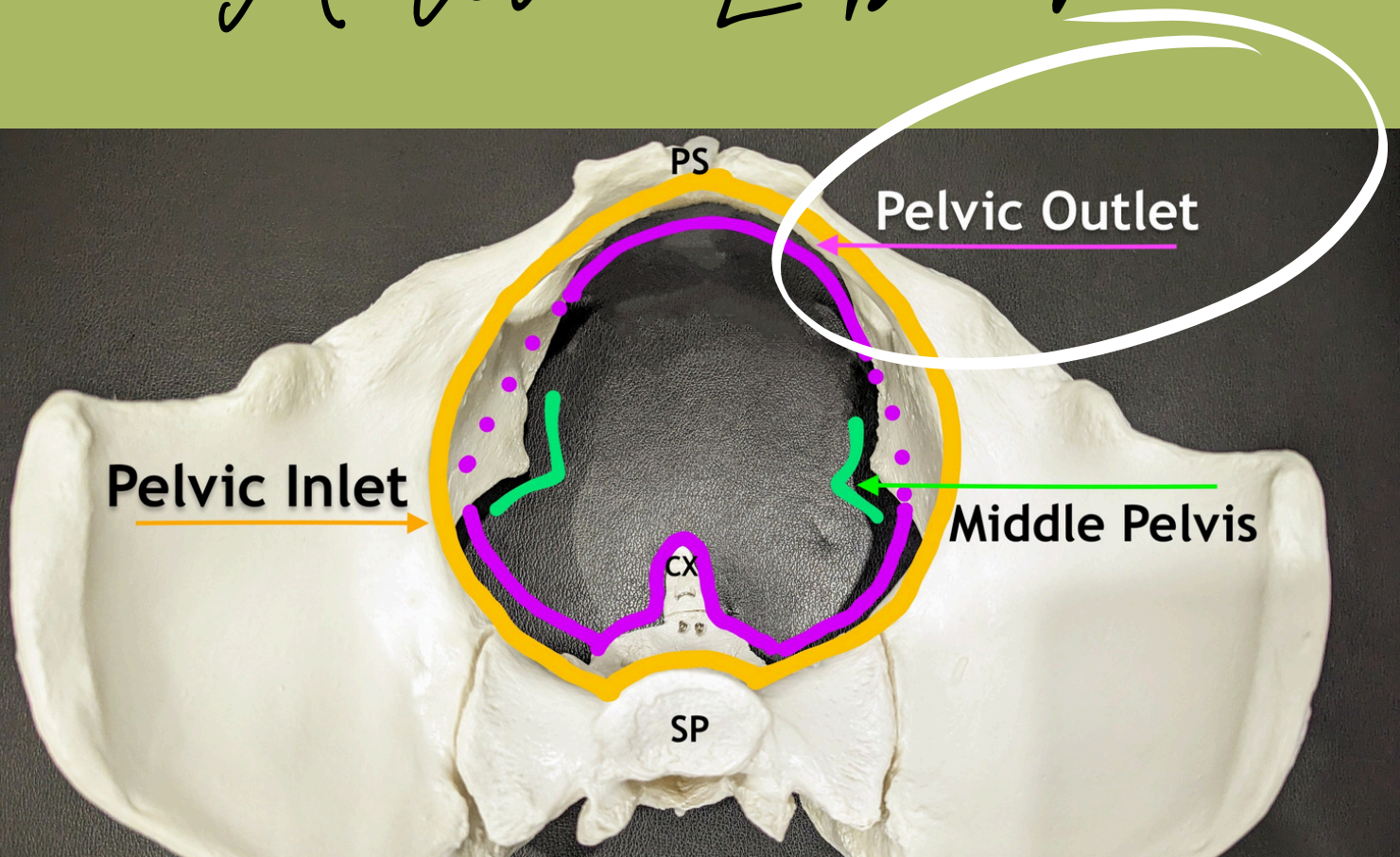
During active labour, the pressure can be applied to the pelvic (wing) bone (the Ilium).

The pressure should be firm, but **comfortable** for the birthing individual.



Reach out for an assessment for specific guidance!
These pressures should NOT cause pain.

Active Labour



Once the asymmetrical positions are no longer comfortable, or as the contractions increase, it is likely time for your body to move.

Alternatively, if you have been in one position for greater than 60 minutes, you can consider changing positions to help baby progress further down.

Once baby clears the middle pelvis, it comes into the Pelvic OUTLET, marked by the coccyx (CX) in the back and the pubic symphysis (PS) in the front.

This is where the baby's head comes OUT of the pelvis as it prepares to make its entrance into the world.

Active Labour positions

(Opening the pelvic outlet)



Sidelying, legs parallel



Sidelying
Knees together, feet apart

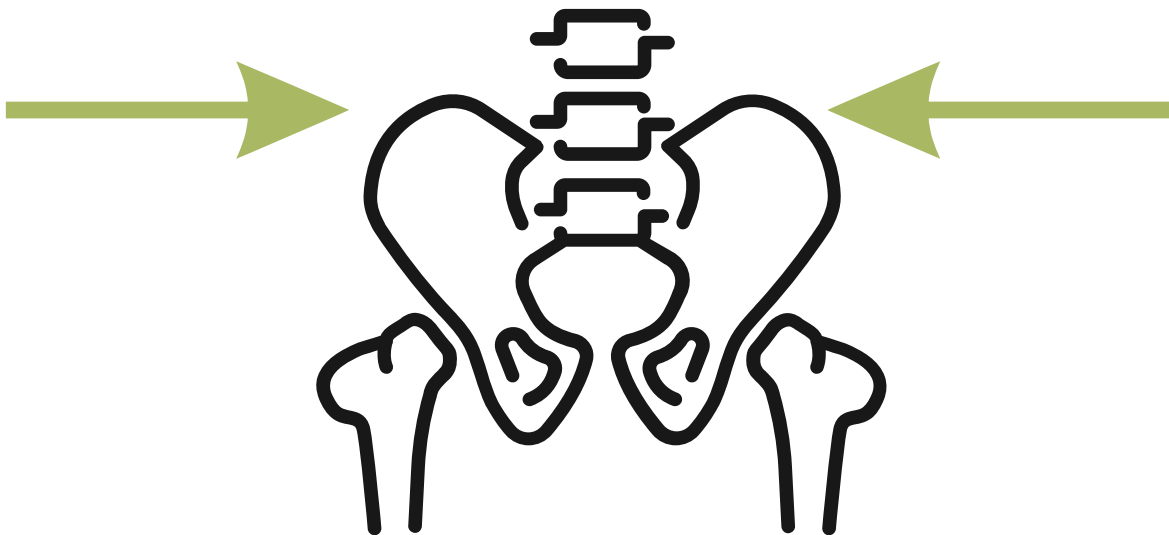
Active Labour Partner Pressures

(opening the pelvic outlet)

If the above positions are uncomfortable, the birth partner can try some assisted manual pressures.

During active labour, the pressure can be applied to the top of the pelvic (wing) bone (the Ilium).

The pressure should be firm, but **comfortable** for the birthing individual.



Reach out for an assessment for specific guidance!
These pressures should NOT cause pain.

General Recommendations

Each position can be held for 30 - 60 **minutes**.
However, movement before this time is OK.

It is important to follow the body's natural intuition.

If positions are sustained for long durations, it is not uncommon for baby's progress to slow down.

Therefore, it is recommended to change positions or move every 45-60 minutes.

In general, if the birthing individual is resting/sleeping, do NOT wake them.

The Wraps Up

The purpose of this guide is to provide suggestions for a pregnant individual who is in active labour.

All positions and pressures outlined should alleviate pain and promote comfort. No exceptions!

For specific guidance and tailored suggestions to meet your individual needs, please contact me directly for a consultation.

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Medical Disclaimer

The information provided in this guide is designed to complement, not replace, the relationship between a patient and their own medical/healthcare provider. This guide is intended for informational purposes only and is not intended as medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read on this website.

This guide may contain health- or medical-related materials that are sexually explicit. If you find these materials offensive, you may not want to use this guide.

If these positions suggested do NOT feel right for you, it is recommended you STOP immediately.

I appreciate your support, and sincerely hope you find this information helpful.



Elysha