

# GETTING COMFORTABLE DURING

## *Early Labour*



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# Introduction

My name is Elysha, and I am a 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 early 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



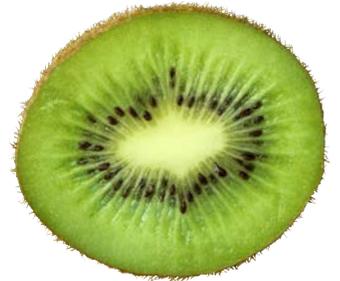
Cherry  
2 cm



Banana Slice  
3 cm



Lime  
4 cm



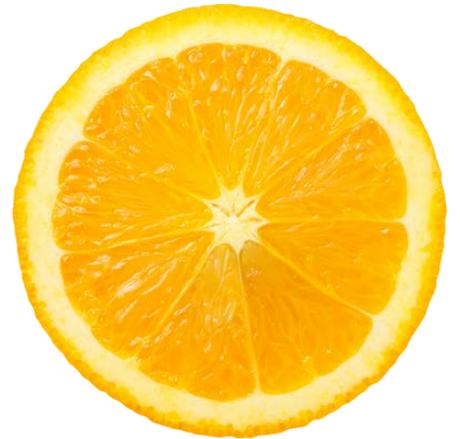
Kiwi  
5 cm



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.

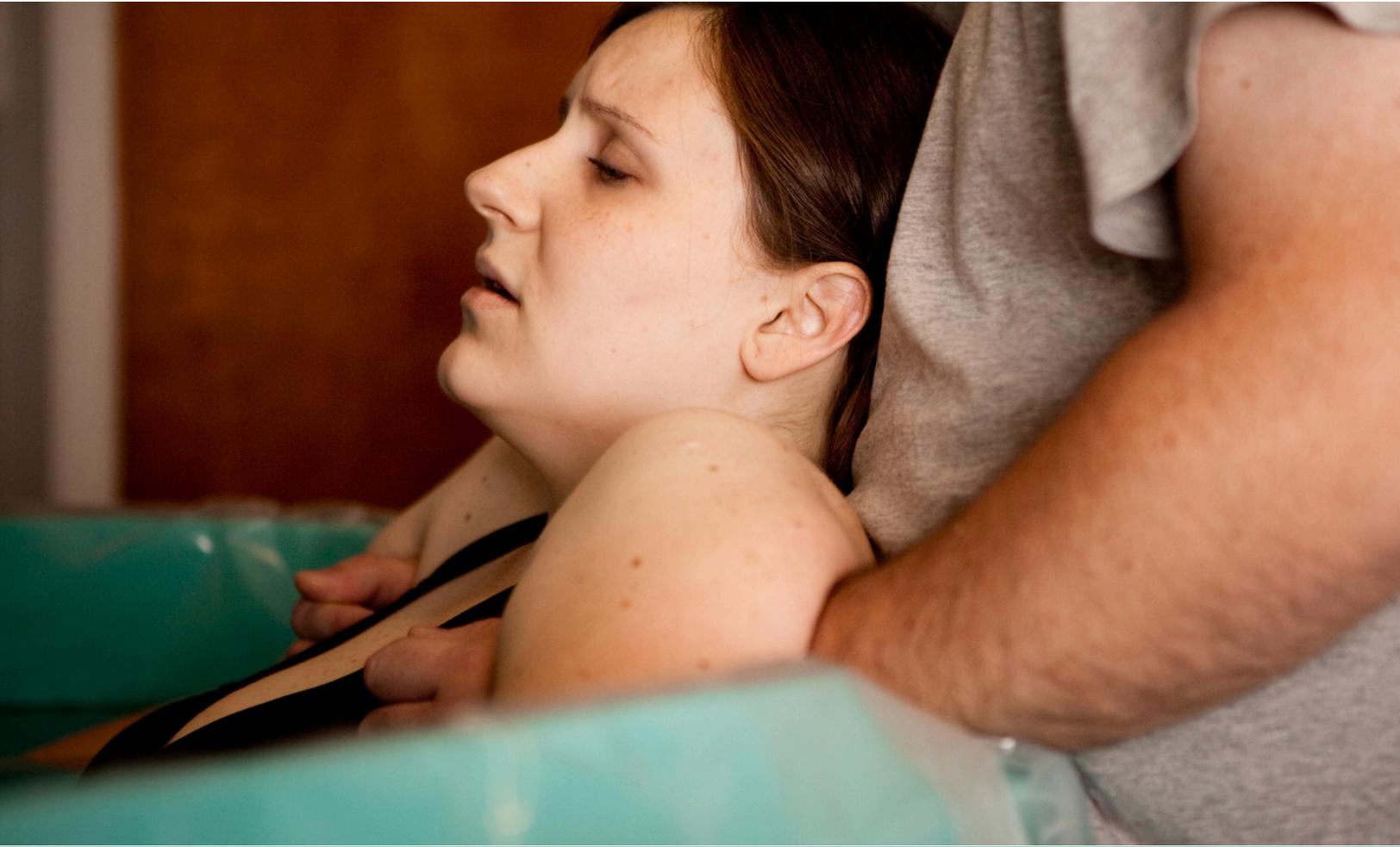
### Latent Phase (0-6 cm dilation)

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 continues to move down the 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

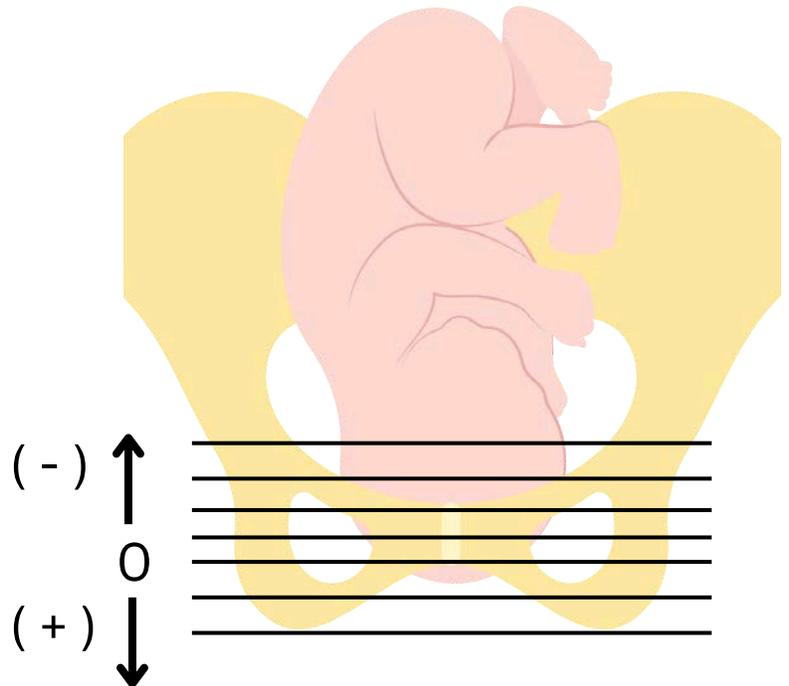
## **Another way to track labour progression.**

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).

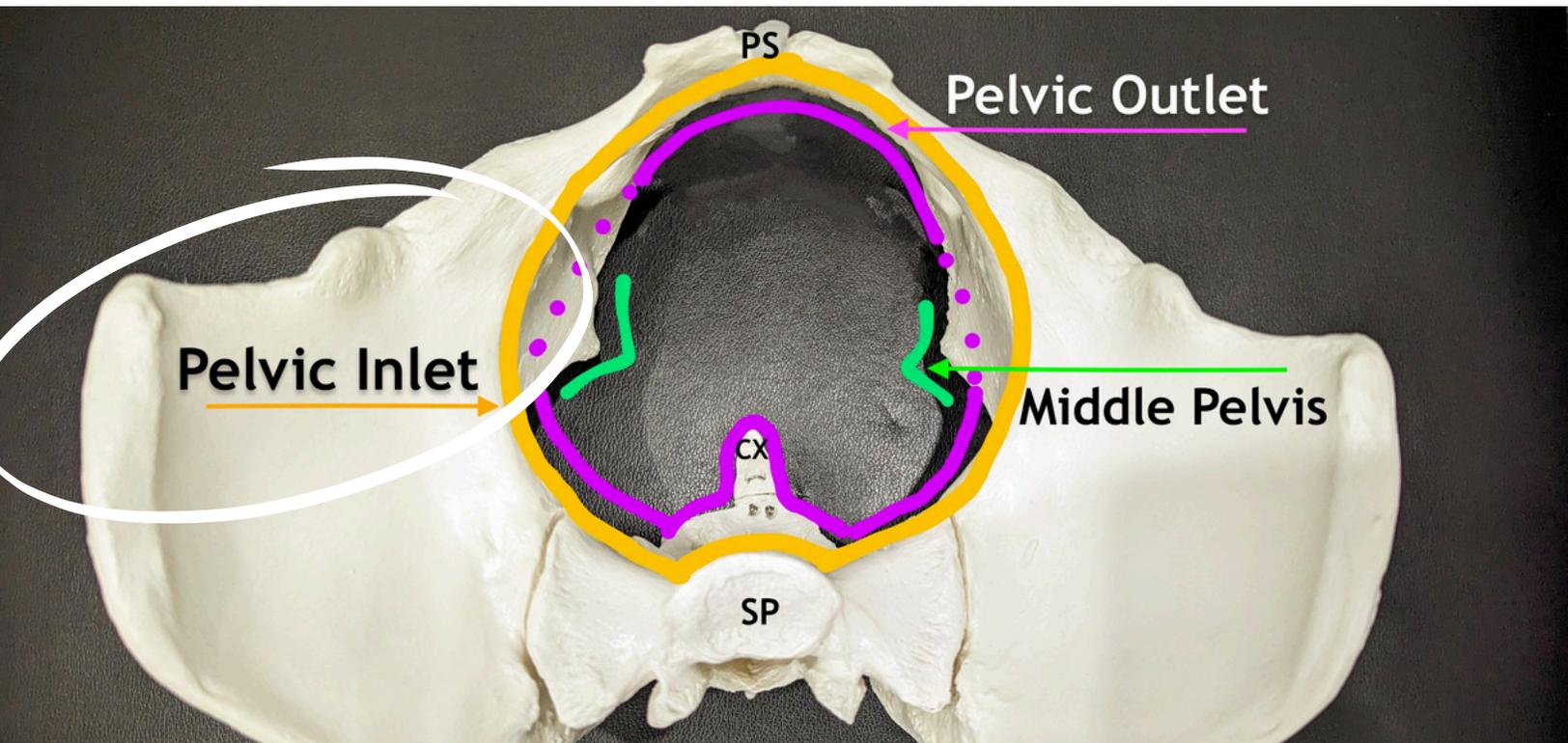
# Early Labour

(Latent Phase)

During early labour, the baby's head descends into the pelvic INLET.

The Pelvic INLET is marked by the Sacral Promontory (SP) in the back, the Pubic symphysis (PS) in the front.

Key considerations for comfort measures include positions & partner assisted pressures to help OPEN the pelvic INLET

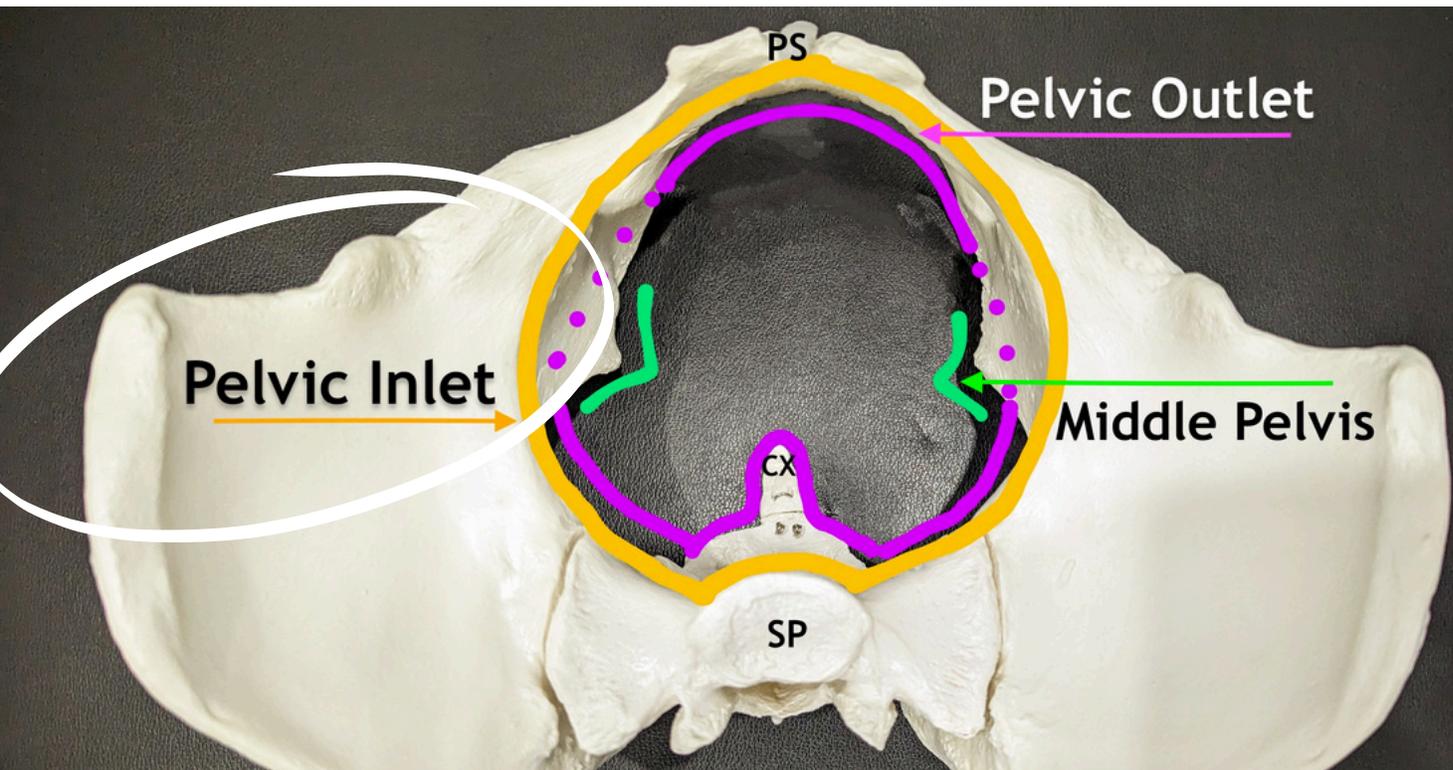


# Early Labour

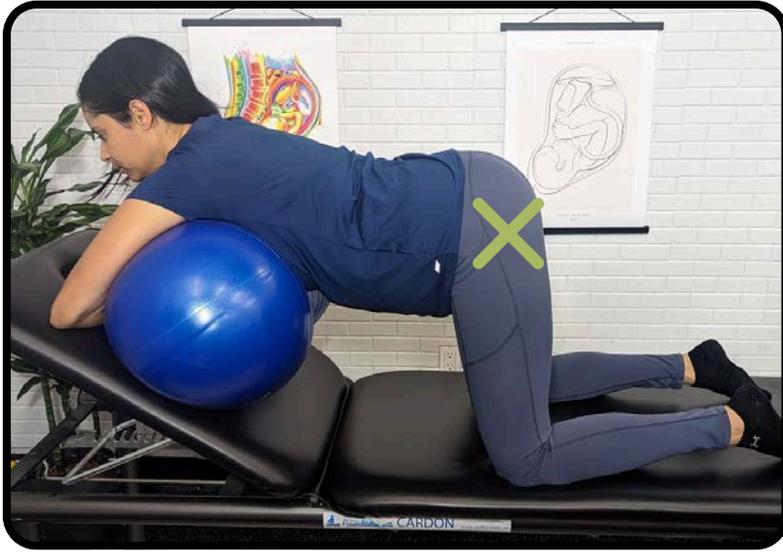
(Latent Phase)

To help facilitate this position, focus on:

- ✓ Keeping your knee wide
- ✓ Hips rotated outward (external rotation)
- ✓ Feet relatively close together

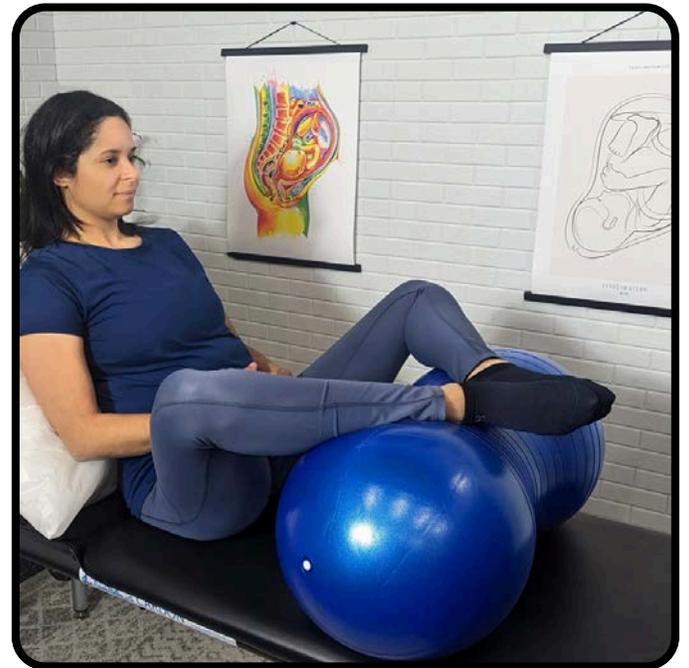


# Early Labour positions



Kneeling, feet together

Reclined Cobblers



Flying Cowgirl

Sidelying, wide knees

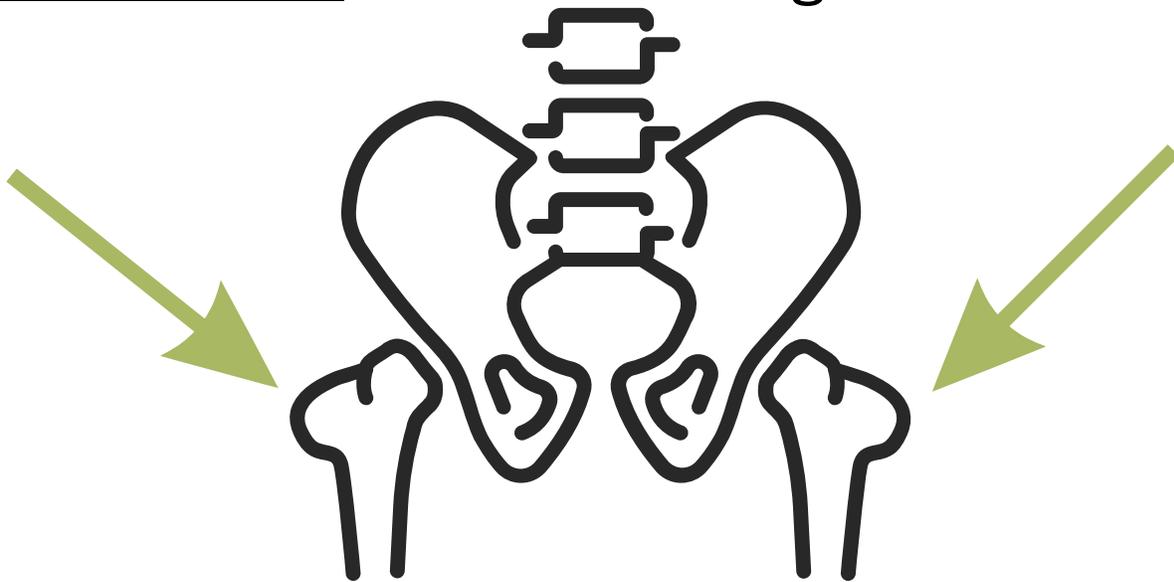


# Early Labour Partner Pressures

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

During early labour, the pressure can be applied to the outer hip bone (marked with an X on pg 10)

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.

# Early Labour partner positions



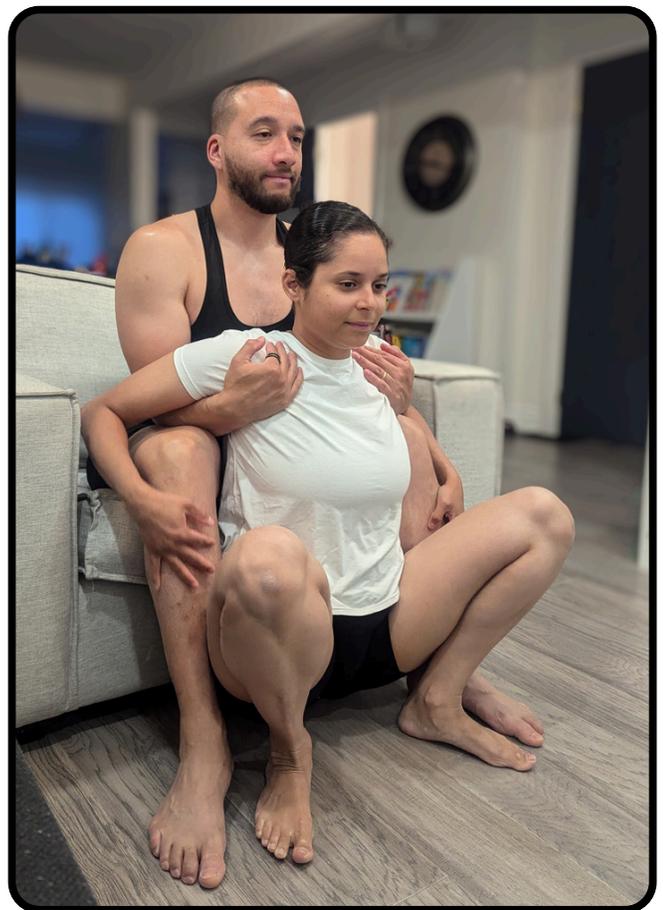
## Double knee press

Have your partner press both knees simultaneously



## Toilet sitting

## Deep Squat



# 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 early 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