

# Guide for Birth Partners/Doulas

by Penny Simkin, PT

- A. What happens?
- B. What might woman feel and/or do?
- C. What might you say?
- D. What might you do?

## I. Pre-labor

- A. Cervix ripens, effaces and moves forward.  
Non-progressing contractions; possible “restless” backache, soft bowel movements, menstrual-like cramps.
- B. Tired, discouraged, anxious, if it is long and/or painful.  
May overestimate progress, start rituals, go to hospital too early.  
May focus more than necessary on the contractions.
- C. Distract her, if possible (get out, finish project, have friends in).  
Encourage restful activities (alternate with distraction): bath, music, lying down, massage, dark room, etc.  
Labor-stimulating measures (only if there’s pressure to get into labor).
- D. Whatever is necessary to accomplish C.  
Encourage food and drink (to appetite and thirst).  
Time contractions, 4 or 5 at a time, every few hours or when labor seems to have changed.  
Don’t leave her alone.

## II. Latent phase or first stage

- A. Cervix continues ripening, effacing, begins dilating.  
Progressing contractions, possibly with bloody show, rupture of membranes.  
Woman may need to begin using ritual for contractions.
- B. Excited, confident, optimistic OR anxious, distressed.
- C. “What is going through your mind during these contractions? Anything else?”  
Suggest modifying thoughts, images if distressing, or reinforce coping thoughts, images.  
Feedback, not false praise.
- D. Roving Body Check and Relaxation Countdown.  
Focus eyes on her during contractions—undivided attention.

Respond to her comments—don’t ignore what she says.  
Remind her of comfort measures and positions, drinking and peeing.

## III. Active phase

- A. Dilation, 4 to 8 or 9 cm.  
Rotation of fetal head.
- B. “Moment of truth,” trapped, discouraged, recognizes labor is not within her control.  
Serious, withdrawn, focused on labor.  
Not distractible, *needs* birth team’s undivided attention during contraction.  
May resent disturbances and interruptions.  
Talks less, may want pain medications.
- C. “Labor voice,” murmuring soothing, encouraging words.  
Say empowering things (“plant seeds”).  
Remind her that labor progress increases as contractions progress.  
Follow her lead, lead by following.  
Between contractions, give and ask for feedback.  
Describe visualizations or guided imagery.  
Roving Body Check.  
Suggest comfort measures and positions as needed.  
Remind her that peak of pain reached by 7 to 8 cm.  
Help her follow her original preferences regarding pain medications.
- D. Massage (hand or foot), double hip squeeze, counterpressure.  
Remain very close.  
Make sure your breath is fresh (don’t breathe in her face).  
Give her fluids, suggest trips to bathroom.  
Keep posted on FHT, BP, temperature, cervix changes, etc.

## IV. Transition

- A. 8 to 10 cm, plus “lip,” beginnings of descent.  
Contractions very close.  
Intensity great.
- B. “Lost” in intensity of labor, may feel scared.  
May vocalize, tremble, feel at her limit.  
Needing guidance and reassurance.  
Rhythmic, physical movements or vocalizations.  
May scream, thrash, tense, weep, protest.

- C. Take Charge Routine if she is panicky or if eyes are clenched shut, face anguished, or if she can't go on.  
Remind her about the good news of transition.
- D. Hold her tight, don't rub her.  
Don't give up on her.  
Let her weep, acknowledge and validate her pain.

#### V. Possibly the resting phase of second stage

- A. Uterus "catching up" with baby whose head is out of uterus and in birth canal.  
Little or no observable activity.  
Caregiver may relax or stay away or may call for pushing and pitocin.
- B. Relief, optimism, confidence, decrease in pain.  
Readiness to "get on with it"  
Renewed energy, enthusiasm, hope.  
Clear head, more aware of surroundings.
- C. Review positions, bearing down efforts, importance of releasing pelvic tension.
- D. Help her change positions.  
Be patient.

#### VI. The descent phase

- A. The baby rotates and descends.  
Presenting part appears at vaginal opening, rocks back and forth between and during bearing-down efforts.  
Caregiver support and/or massages perineum, may direct pushing efforts, apply digital pressure to posterior vagina, checks FHT.
- B. Pushes with contraction surges or on command.  
May feel inadequate in pushing.  
Appreciates calm reminders of what to do.  
May find head alarming, may be unable to relax to it.
- C. Lead by following ("Let it build, go with it, yes, just like that, breathe for the baby"), don't shout.  
If pushing is "diffuse" or ineffective, remind her to open her eyes and look toward where baby is coming out (may use a mirror).  
Report on progress.  
Remind her to "bulge," release tension in perineum.  
Suggest changes of position, if progress is slow.  
Remind caregiver of her feelings about episiotomy, if appropriate.
- D. Support her position, help her change.  
Don't rub her.  
Remain calm and encouraging.

Cool, moist cloths to forehead, cheeks, neck and chest.

#### VII. Crowning and birth

- A. Head no longer rocks back and forth, emerges.  
Perineum and periurethral area most vulnerable to tearing.  
Caregiver either supports perineum or does an episiotomy.  
Caregiver directs mother when to push and when not to.
- B. "Rim of fire"—stretching, burning.  
Keeps from pushing by panting.
- C. Don't rush her, help her keep from pushing.  
Say little or nothing if caregiver is directing her.
- D. Support her position.  
Share in the birth!

#### VIII. If/when active labor is prolonged or complicated

- A. Baby may need to rotate before dilation or descent resumes.  
Contractions may have decreased in strength, frequency, or duration.  
Mother may be exhausted, deeply anxious or afraid.  
The baby's head may be very large or positioned in a way that it won't fit through the pelvis.
- B. Discouraged, tired, hopeless over having to cope with pain without progress.  
Anxious that something is wrong with her and/or the baby.  
May weep, "give up," ask for pain medications or a way for it to stop (a cesarean)  
May become angry at those who try to encourage her.
- C. Acknowledge and validate her pain and her frustration at no progress.  
Suggest changes in coping measures (different breathing pattern, change of position, tub or shower, etc.)  
If she is angry with you, don't argue, give her time and opportunity to express frustration.  
Help her get information on what may be causing the delay.  
Ask for guidance on the seriousness of the problem.
- D. Recognize that more interventions are indicated when active labor is delayed.  
Recall and help her follow her pain medication preferences  
Ask caregiver the Key Questions if interventions are contemplated.  
Help woman make decisions on interventions.