

If You Must Labor in Bed

by Penny Simkin, PT

Sometimes a woman must remain in bed for labor and birth. These are the most common reasons:

1. **High blood pressure.** Blood pressure tends to lower when a woman lies on her left side.
2. **Ruptured membranes** (Bag of waters breaks). This is controversial, but some caregivers believe that the danger of prolapsed cord (the cord coming out before the baby—a true obstetric emergency) increases if a woman stands up after her bag of waters breaks. They require that she lie down throughout labor. (Other caregivers assess the situation individually, because they believe the upright position sometimes *protects* against prolapsed cord.)
3. **Use of pain medications.** If a woman is sleepy or groggy, or if she is numb in part of her body, she is safest staying in bed.
4. **Use of equipment which attaches her body to machines.** Intravenous fluids, electric infusion pumps (for pitocin drip), electronic fetal monitors, catheters, and others all tend to make movement out of bed difficult or impossible.
5. **Hospital custom.** In many hospitals women are discouraged from leaving their beds for no real reason.

Effects on the mother:

Restriction to bed may present no particular problems for you, especially if it does not add to your pain, or if you had not expected to do anything else. You might, however, find lying down to be most uncomfortable. You may feel very restless and unable to stay down. If you have planned to use movement and positioning for comfort or to help your labor progress, you may be disappointed and want to change your caregiver's mind.

Effects on the labor:

Restriction to bed may slow labor and increase the pain from contractions. It also prevents you from doing some of the things to speed labor and improve your comfort.

What you should do:

1. **Find out why.** You may be able to persuade your caregiver to change the orders if there is no compelling medical reason for you to remain in bed. On the other hand, if bedrest is necessary, it will help you to accept it and cooperate if you and your partner both understand why.
2. **Find out how strict it is.** You may be told to stay in the bed, or even on your left side. You may be allowed up for short periods or to go to the bathroom. You may be able to change positions in bed or to stand or sit near the bed.
3. **Focus on the many pain-coping techniques and comfort measures you can use while in bed,** without dwelling too much on what you cannot do. See the list below for a reminder of the many useful techniques which do not require movement.
 - a. Relaxation
 - b. Patterned breathing
 - c. Attention-focusing and visualization
 - d. Spontaneous “rituals”—counting breaths, timing contractions, particular massage techniques, soothing words, or other things that you find helpful at the time.
 - e. Counterpressure, massage and acupressure
 - f. Heat and cold
 - g. Transcutaneous Electrical Nerve Stimulation
 - h. The Take Charge Routine (See your handout on this)

Remaining in bed sometimes makes labor more stressful but, with help, you can probably handle this challenge very well, especially when you know that this sacrifice will benefit your baby. The key lies in understanding and agreeing with the reasons for remaining in bed, in focusing on the techniques you can still use, and in making sure you have excellent labor support.