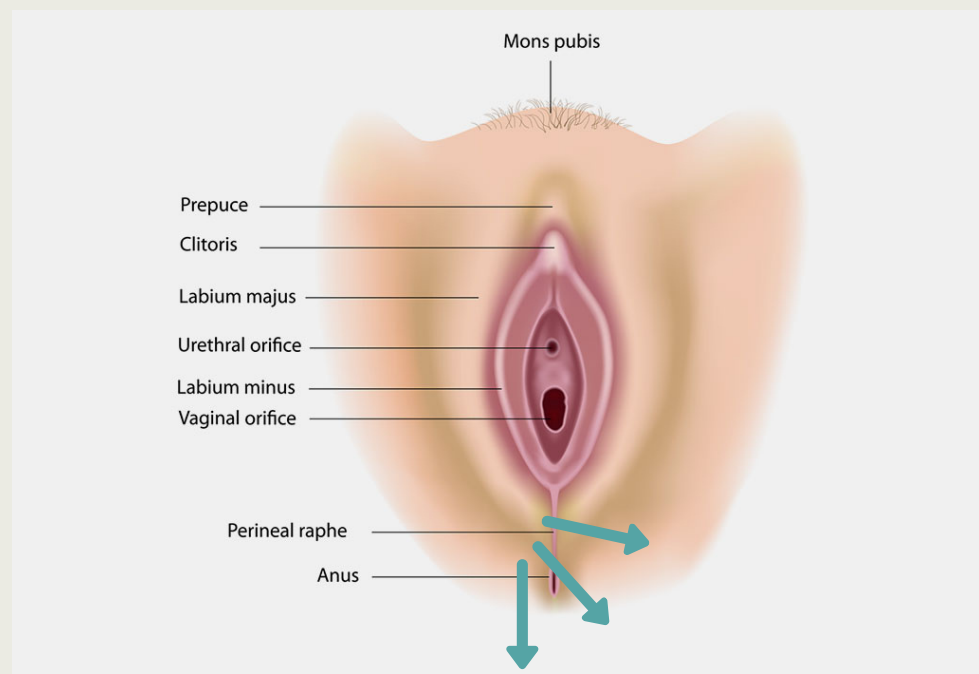


LABOR AND DELIVERY PREP



PERINEAL MASSAGE

Goals:

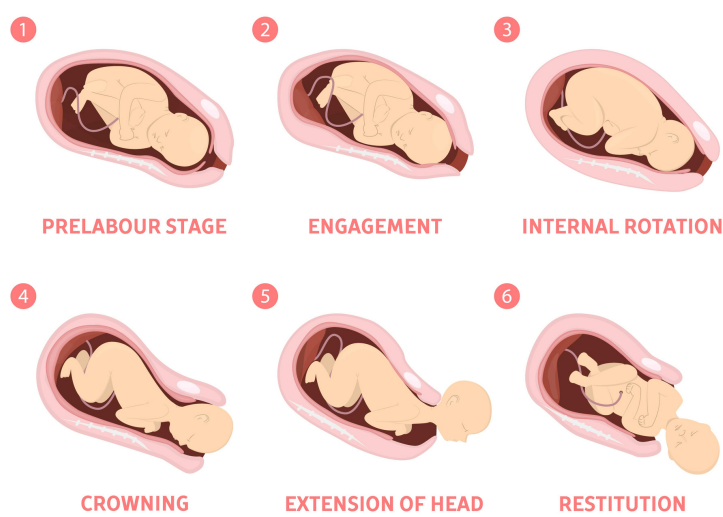
1. mobilize perineal tissue (soft tissue between vaginal space and anal opening)
2. practice the skill of staying soft throughout the rest of your body during pain/stretch.

How:

begin at 34-35 weeks gestation.

1. Do 3-5 times a week for 3-5 minutes at a time (every time you shower is a nice reminder)
2. Begin by inserting the tip of the thumb into the back of the vaginal entrance.
3. Direct stretch towards the tailbone (6 o'clock), then stretch towards the sit bone on one side, and then the other. Remember, you're aiming for a stretch sensation, not pain.
4. Focus on staying soft through your shoulders, tummy, and glutes
5. Use a diaphragmatic breath to help "bloom" the pelvic floor and create space between the sit bones.

STAGES OF BIRTH IN VAGINAL DELIVERY



PUSHING TIPS

Maternal-led pushing vs Care Provider led pushing.

Birth satisfaction outcomes and perineal tearing outcomes are better when the mother is able to push when she feels the urge, vs. being told when to push or stop. Let your body "labor down". Wait until the urge comes, then work WITH your body.

Controlling pressure when you push.

In order to reduce the potential for perineal tearing and to better control intra-abdominal pressure, it is recommended to breathe/moan/yell out AS you bear down.

OR, if that doesn't feel effective, take a deep breath in, then blow almost all the way out, then close the back of the throat and bear down. You can practice these techniques before labor while having a bowel movement.

Use warm compresses as counter pressure during pushing.

Length of Second Stage

It is recommended that first time birthers push NO LONGER than 3 hours.

Second plus time mamas, should push NO LONGER than 2.5 hours.

If you find yourself getting close to this length of pushing you have 3 options:

1. keep pushing
2. you may require instrumental assistance with delivery including episiotomy, vacuum or forceps.
3. C-section.

It is important to discuss the pros and cons of each of these options with your physio or care providers BEFORE you are in labor. Have information in order to make an informed choice during birth is IMPORTANT.



Rocking



Squatting with partner



Squatting



Leaning forward



Kneeling with birthing ball



On hands and knees



Semi-sitting with partner



Lying on your side

LABOR AND DELIVERY POSITIONING

During labor, it's best if your body can move. Gravity is a great helper at getting your little one to descend down into the birth canal and allow your cervix to dilate. Also, during a labor and birth, your tailbone needs to be able to move. First one way, then the opposite way. This cannot happen if you're laying on your back in a bed.

Some favourite labouring positions are kneeling and leaning over something like a ball or bed. Or standing/walking/swaying.

If you end up having a long labor or you just need to rest (having a baby is kinda tiring), feel free to lay ON YOUR SIDE. This is also a beautiful position to birth in.

With these things in mind, do what feels good.

As best as you can, stay SOFT throughout the rest of your body. This requires lots of mental effort, but when you're able to NOT respond to the pain by tensing, your baby can move down and out more easily.

Avoid:

- laying on your back for the duration of labor and delivery
- deep squatting for delivery (this creates so much perineal pressure and increases the chance of perineal tearing)

Other considerations:

- The biggest potential risk for perineal and pelvic floor injury during birth is having a forceps or instrumental intervention during delivery. Think about what YOU would prefer if you end up in this situation. Is a C-section your preference, or episiotomy, or use of instruments. It's your choice.
- Another risk factor for potential pelvic floor or perineal injury is a long second stage (pushing length). Have a conversation with your provider about how long they will allow you to push and ensure you're on the same page.

EPIDURAL TIPS

If you are considering or desiring an epidural, it is recommended that you wait until ACTIVE labor is underway. This is typically at 6cms or later. Epidurals given prior to this stage often result in slowing down contractions, slowing progress which then can lead to augmenting labor with pitocin, which is just harder on mama and baby.

Some birthers are able to move around with an epidural, but some are not. If you cannot, try using a peanut ball between your knees in side lying. This position has been shown to decrease the second stage length and decrease perineal tearing.

Consider the epidural effect on sensation to push. It is harder to feel how and when to push when under analgesic. To help this, keep your hands on your belly to feel a contraction, then push WITH your body.