



LABOR REVIEW SHEET

I. EARLY LABOR – 0 to 3 centimeter dilation

What is happening:

Contractions are shortening and thickening the long muscles of the uterus, bringing about effacement or thinning of the cervix and dilatation or opening of the cervix.

SIGNS

WHAT TO DO

Possible leaking from or rupture of the membranes

Go to the hospital

Contractions:

Felt in low abdomen or in the lower back...thickening of abdomen at regular or irregular intervals

Continue normal, light activity. Time contractions when 5 min. apart and have timed for one hour, or as doctor has instructed.

Contractions become longer, stronger and closer together

Convey confidence, reassurance, calm.

Excitement, anticipation.

II. MIDDLE LABOR – Active Phase – 4 to 7 centimeter dilation approximately

What is happening:

Contractions are furthering the process of dilatation; may be 2 to 4 minutes apart and last 45 to 60 seconds. You may be admitted to the hospital.

SIGNS

Contractions:

Usually more intense following enema and/or rupture of membranes.

Longer, stronger, closer together

Restlessness

Dependent on companionship

Support
More serious, less talkative
Physical contact

Possible low backache

Discomfort in lower abdomen

Chills, cold feet

Dryness of mouth

WHAT TO DO

Effleurage when desired. Increased concentration necessary (especially if coach not yet present).

When coach admitted to labor room:

Check and assist with comfort; pillows, position of bed, etc.

Observe breathing for rate, rhythm, shallowness, focal point.

Verbal timing of contractions
“15-30-45 seconds” “contraction almost over”.

Observe and assist relaxation.

Light touch – effleurage
Verbal reminder
Suggest change of position
Remind to urinate

Try not to leave after 4 to 5 centimeters

Offer encouragement, praise, verbally time contractions, report progress, touch to arm, shoulder, abdomen.

Counter pressure, change of position.

Effleurage

Warm blanket, socks

Ice chips, sour sucker, washcloth for sucking and cooling as allowed

III. TRANSITION – Approximately 7 to 10 centimeters dilatation

What is happening:

The cervix is completing dilatation. Contractions are approximately 1 minute apart and lasting 60 to 90 seconds. Baby’s head moves further down into the pelvis causing rectal pressure or urge to push, usually at peak of contraction. May be moved to delivery room if this is not your first baby.

SIGNS

WHAT TO DO

Contractions:

Longer, strong, closer together, seems to come on top of another

Notify nurse, report symptoms

Suggest using HE-blow breathing, vary numbers if necessary, slow chest breathing between contractions

Increased bloody show

Be FIRM, give positive encouragement such as “almost over, baby here soon, one at a time, doing great”

Restlessness

Remind to release. Check comfort.

Forgetfulness, inability to concentrate, drawn into self

Keep focal point – watch breathing keep shallow, breathe along if necessary, slow and rhythmic

Confusion “What am I suppose to do?”

Give simple but firm directions

Discouragement “I’ve had it”

Remind her – this is hard but shortest part

Feel out of control – like you are failing

Remind of baby

Inability to communicate

Rely on her facial expressions and gestures of communication

Irritability, bothered by everyone

May or may not want physical contact

Indigestion, nausea, vomiting, trembling especially of legs

Hold breath and release to count of 5 at end of contractions

Perspiring, especially of upper body

Cool washcloth to forehead, neck

Strong rectal pressure, low back ache

Reassure that it is pressure of baby's head, bring KNEES UP while on side, gently PINCH top of buttock, her hand on lower abdomen

URGE TO PUSH

DO NOT PUSH UNTIL TOLD, help her to 'HE' blow, 'HAH' blow, or straight blow to control urge

IV. BACK LABOR

What to do:

Firm counter pressure to precise area of discomfort during contraction (if she is on her side, "pull back" on hip while applying pressure). Use palm of hand.

Massage to low back between contractions.

Encourage change of position every 10 minutes so weight of uterus is off her back side lying.

Slow, steady pelvic rock (on all fours) between contractions.

V. HYPERVENTILATION

Indications:

1. Lightheadedness, plus feeling of dizziness.
2. Numbness or tingling of fingers, toes, and around mouth.

What to do:

1. SLOW down breathing.
2. BE SURE to notify nurse.
3. Breathe into her hands: cupped over mouth to nose.

VI. GIVING BIRTH – EXPULSIVE STATE

What is happening:

The cervix is completely effaced and dilated. Baby is moving down birth canal, vaginal muscles are being stretched. You will be instructed to push in labor room if this is your first baby, otherwise you will probably begin pushing in the delivery room. If an episiotomy is needed, it will be done just prior to birth.

SIGNS

Rectal pressure and a strong urge to push may be present during entire contraction

Total involvement with pushing may be very satisfying

May take 2-3 contractions to coordinate pushing

Encourage total release between contractions, one or two deep cleansing breaths

May experience stretching sensation perineal area as baby emerges

WHAT TO DO

Get permission from doctor or nurse before beginning to push

Elevate bed to approximately a 35 degree angle if in labor room

Encourage the push

Offer praise and encouragement

PUSHING TECHNIQUES

1. Inhale – Exhale May forget commands so talk her through
2. Inhale – Hold
3. Position Remind her to relax Kegel and to tilt pelvis into bed

Support the bottom of her feet while she is pushing to help with positioning her knees
4. Push Listen for and repeat instructions from nurses and doctors
5. Exhale – Inhale
Push again Help her to lie back and blow with her if necessary