INFORMATION FOR PREGNANT WOMEN

FIT
for
Birth

Essential exercises and helpful advice to help you cope with your labour



fit for birth

Fit for Birth

This booklet is designed to help you cope with your labour. It is recommended that you attend an antenatal class in your area if there is one available, in order to gain maximum information and advice.

It is highly recommended that you begin regular pelvic floor muscle exercises early in your pregnancy. This will help the muscles cope with the changes during the pregnancy such as the increasing load and the hormonal changes affecting your body throughout pregnancy and the post-natal period.

See the booklets: 'Fit for Pregnancy' and 'Fit and Safe' for guidance regarding pelvic floor exercises, postural care and further exercise advice.

The process of labour is described in different stages.

first stage

During this stage, your contractions will be dilating (opening) your cervix (neck of womb) to allow your baby to be born; it is quite normal for this to feel uncomfortable or painful.

Early first stage

You can help yourself during the first stage in the following ways:

Midwives encourage movement in early labour. When you are resting, you lean forward so that gravity will encourage labour to progress. To help you cope with contractions, or when you are resting, you may want to adopt one of the positions

illustrated. This applies whether you are at home or in hospital:

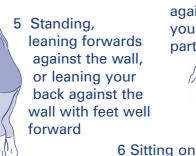
1 Sitting against a



2 Kneeling against a chair piled with pillows, or a beanbag or gym ball*, relaxing forward



* Please ensure the gym ball you are using is of 'anti-burst/burst resistant' quality and kite marked for safety









8 Sitting, using your partner for support

a step or

If you feel the pain of labour in your back, rocking or circling your hips and pelvis rhythmically in one of these forward positions may help.

Your birthing partner can help by:

- encouraging you to relax and breathe calmly
- · massaging your back
- suggesting a change of position, encouraging you to stay as upright and forward as possible
- of John Market Control of the Contro
- · cooling your face with a wet flannel
- · offering sips of water
- giving you emotional support and encouragement

Fluid intake should be maintained throughout labour. You may find that isotonic drinks are more helpful than water in maintaining energy levels as well as hydration. A light diet should be maintained as guided by your midwife.

A TENS (transcutaneous electrical nerve stimulation) machine may be help with pain relief at this stage of labour. Your midwife or specialist physiotherapist will have shown you and your partner how to use the device before labour began.

Some women may have the choice to labour in water (a bath or birthing pool) to help with the discomfort/pain.

You may be able to conserve energy and rest more effectively by learning relaxation techniques - see The Mitchell Method of Simple Relaxation booklet - details on page 8.

Your midwife will guide you about other forms of pain relief such as Entonox, Pethidine and epidurals. Where possible, you are encouraged to discuss all pain relief options with your midwife in advance.

If you choose to have an epidural, tell your midwife if, in pregnancy, you have had any discomfort or problems with your pelvis, back, hips or knees, so that she can help you into the best position for your delivery. See Pregnancy-related Pelvic Girdle Pain booklet - details on page 8.

Late first stage

Choose a comfortable position and try to relax to help you keep calm and conserve your energy. The contractions will now be much stronger and more painful. Think of them as 'hills' or 'waves' which you have to ride over on your journey towards the birth of your baby.

When the contraction starts, give a long, sighing breath out and keep relaxed with normal and easy breathing throughout the contraction. As the contraction builds up, breathing alters, becoming faster and shallower. If you feel you are about to tense up, especially at the peak of your contraction, switch to 'SOS' ('sighing out slowly') breathing - your partner can encourage you with this. Concentrate on ending each contraction with a long sighing breath out. Immediately check through your body with the help of your partner and get rid of any tension so that you can start the next contraction completely relaxed. If your labour is long and difficult, you might want to accept further pain relief, in consultation with your midwife.

As you progress from late first stage to second stage, your mood may alter; you may feel emotional, weepy, angry or tired. This is quite normal – your birth partner may be able to support and encourage you through this stage.

Second stage

Your cervix has now dilated fully

and you can actively help to push your baby out into the world. When you feel the normal desire to push, you should work with this feeling, adopting a position which is both practical and comfortable for you. Your midwife will guide you in pushing

with your contractions and will usually be happy for you to adopt the position

of your choice. 'Listen' to your body and be ready to change position if you feel the need.

Sometimes the urge to push is felt before the cervix has become fully dilated; your

midwife may ask you to pant or change position in order to relieve this.

The illustrations on this page show some positions for the second stage.

Breathe gently in and out as the contraction starts and when the urge overwhelms you, tuck your chin in and bear down towards your bottom, keeping your pelvic floor relaxed. Try to keep your mouth and face slack and if possible don't hold your breath; instead, as you push, let your breath escape

through your lips – sometimes a groan or grunt helps! There will be several pushes in one contraction.

As your baby's head is about to emerge, work with your midwife to control the speed of delivery; you will do this by alternately pushing and panting or doing your 'SOS' breathing as she directs you.

NB If you have had any pelvic joint pain during pregnancy or in labour, tell your midwife who is delivering your baby. Pelvic pain may be experienced at the front and/or back of the pelvis. Your obstetric physiotherapist would recommend that, if at all possible, you avoid sitting in bed leaning against the backrest with your legs wide apart to push. This position could make pelvic pain worse after your baby is born.

See Pregnancy-related Pelvic Girdle Pain booklet - details on page 8.

Third stage

 During the third stage, the placenta (afterbirth) has to be delivered, and you may be asked to help by pushing.

After your baby is born....... Pelvic floor exercises

Your pelvic floor muscles will have been weakened by pregnancy and childbirth. To help strengthen them, you should perform pelvic floor exercises several times a day. Remember you can practise them in any position of comfort (eg while resting, or feeding your baby). They may also help to relieve any soreness. Whether or not you have stitches, remember to start pelvic floor exercises as soon as you like after

your baby is born. If you have a catheter, wait until this is removed before starting these exercises.

Contact your obstetric physiotherapist as soon as possible after your delivery if:

- you are unable to perform a pelvic floor contraction, or are unsure if you are doing it correctly
- you leak urine or faeces, or cannot control wind
- your tummy muscles are gapping up the middle or are very weak
- you experience significant pelvic joint or back pain
- you experience discomfort during sexual intercourse once you have felt comfortable enough to resume sexual activity

finding a specialist physiotherapist

To find your nearest specialist women's health physiotherapist ask your local physiotherapy department or contact:

ACPWH Secretariat, c/o Fitwise Management Ltd, Blackburn House, Redhouse Road, Seafield, Bathgate, West Lothian EH47 7AQ

T: 01506 811077 E: info@fitwise.co.uk or visit the ACPWH website at www.acpwh.csp.org.uk

The ACPWH also produces other booklets, details of which are available on the website.

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