

# BIRTH

*There is hardly a people, ancient or modern, that do not in some way resort to massage and expression in labor, even if it be a natural and easy one.*

GEORGE ENGELMANN, 1884





# SUPPORTING WOMEN DURING LABOR AND BIRTH

## LEARNING OBJECTIVES

After reading this chapter, you should be able to:

- Describe the role of the massage therapist when working with women in labor.
- The physiological and emotional benefits of touch for women in labor.
- Describe bodywork techniques that can facilitate an easier birth.
- Identify the ways in which a massage therapist must have skills of flexibility and creativity to adequately work with women in labor.
- Identify the ways subtle energies or emotions can affect labor progress.
- Explain the relationship between stress and impeded labor progress and describe ways for the massage therapist to help women decrease stress during labor.
- Give an elementary explanation of the Gate Control Theory of pain and how it applies to touch during birth.

We call giving birth “labor,” meaning work, travail—the monumental effort involved in bearing new life. In Spanish, to give birth is *dar a luz* or, literally, “to give to light,” reminding us that birth is a unique and powerful journey during which women are deeply transformed as they bring this new life and new light into the world.

After 9 months of harboring and nurturing a human being within her body, a woman undergoes

this rite of passage in physical and emotional dimensions, as well as for many, a deeply spiritual one. One new mother relayed to her massage therapist that, “The moment my child was born was the most intensely spiritual moment of my entire life!” In many cultures, this spiritual quality of birth is honored as the laboring woman is considered to be in the closest contact possible with a divine energy. Massage therapists touching a woman during her birth may feel this contact themselves as they witness her transformation into the mother of a new child.

As the mother-to-be enters this pulsing dimension of birth potential, she must be able to open herself to an intensity of energy, pain, bliss, and surrender. For this to happen easily, she must be in a safe environment and must *feel* and trust in that safety. For many women, surrendering into this trust involves being strongly supported in the dimensions in which birth occurs, and being reminded of her innate wisdom, which can guide her on this path.

A massage therapist may be at a birth primarily as a physical supporter, but more often than not, she or he will be drawn into the role of emotional supporter as well. Whether or not the mother and the massage therapist have gone through birth themselves or have witnessed another’s birth before this one, they may both be inspired knowing that millions of women have journeyed down this well-traveled path. There are ages of birth wisdom to draw on—either resting in the collective unconscious or still practiced in many cultures. Each woman’s mother, grandmother, and great-grandmother gave birth in a direct line to

## Traditional Birth Practices:

### Massage for Birth Across Cultures

Around the world, for generations, touch has been the time-tested practice used to improve a woman's experience of labor (Figure 8.1). Imagine these scenarios of touch around the world. In India, elder women or experienced mothers may surround a woman in labor, anointing and massaging her body, pressing into potent energetic pressure points (*marma chikitsa*) and massaging her perineal area to help promote birth and relieve pain.<sup>2,3</sup>

In Jamaica, midwives would incorporate touch and massage frequently during birth, massaging the woman's belly to encourage the baby to move into an optimum birthing position and using warm cloths to pull and rub behind the back and create a soothing friction.<sup>4</sup>

Efe midwives of the Congo might support a laboring woman with the touch of breath, song, and hands, encouraging her to be like the river as she pushes her baby into the world.<sup>5</sup>

At a homebirth in the United States, a woman breathes deeply as her friend sits with her, massaging her hand and encouraging her with quiet songs. The baby's father rubs her forehead and softens her jaw with his touch. Candles flicker in the dawn light; the midwives sit in a corner, watching and waiting.



**FIGURE 8.1** Friends and partners have been supporting women through birth for thousands of years with touch, verbal reassurance, and encouragement.

herself, and their presence, subconsciously or in person, may provide this woman with support as *she* now becomes mother.

A well-known traditional midwife, Ina Mae Gaskin, has said, “Motherwit, or mother wisdom, includes knowing that every woman has the knowledge within her about how to give birth, and that for her to have access to this knowledge, she must be protected from fear, distraction, and abusive treatment.”<sup>1</sup> A massage therapist can join in supporting a woman to discover this motherwit and help create the optimum safe environment for birthing.

Meaningful touch and attentive encouragement are often a significant part of creating this safe and precious birth environment. Massage has been repeatedly demonstrated to help a mother have a safer, more relaxing birth, as touch stimulates the parasympathetic nervous system, helping a woman to relax while simultaneously increasing attentiveness. In this chapter, we will explore the role of the massage therapist in supporting a woman during birth, and the benefits of massage during this time.

## THE MASSAGE THERAPIST SUPPORTING BIRTH

Intuition, trust, and deep relaxation — these qualities, cultivated throughout a pregnancy and labor, promote a healthy environment for a baby to develop in and be birthed into. A massage therapist can help to nurture these qualities through touch. However, isolated massage techniques will not ease a woman's labor. They must be combined with grounding emotional support and applied in an ever-changing situation.

Massaging during labor is unlike any other massage. Rarely is the client lying still, as on a massage table. The type of touch that is helpful may change with every contraction, demanding that the one touching rely constantly on intuition and creativity and be willing at any moment to stop touching all together if it has become an undesirable mode of support. Those who support the laboring woman are embarking together with her on perhaps the most intense experience of her life, journeying into deeply personal and intimate spaces.

Touch therapists must be grounded in an appreciation for and understanding of this transformative energy of birth. Touch that is disconnected from the unique needs of the woman in labor can cause irritation or distraction rather than ease or relaxation. The most effective touch for a woman in labor is touch that offers not only physical nurturing, but emotional as well. To provide optimum bodywork services, one must attune not only to where tension may be developing in a woman's muscles, but also to subtler influential forces, such as how her energy may be blocked

due to fears or unexpressed emotions. Often, through the use of nurturing touch, these emotions are freed, allowing labor to progress more fluently. With subtle influences in mind, pay attention to your own thoughts and energy as you enter a woman's birthing domain. Attempt to become fully present to each moment and to leave behind your personal daily concerns. If you have underlying tension, this may impact how well a woman will relax during labor.

Understanding the importance of creating a safe environment during birth, recognizing how fear affects labor, and learning ways to offer nurturing touch during birth will help you become an ideal support person. The following chapters will give you tools and ideas that can be implemented during labor. The words and pictures in the chapters will help you cognitively understand how to support a laboring woman, but the true instruction will be the actual practice of opening your heart to each individual birth as a woman "brings to the light" a new life.

## BENEFITS OF MASSAGE DURING LABOR

Touch can affect how a woman experiences labor and influence the progression of labor. The benefits of sensitive and nurturing touch during labor are numerous. These are discussed below:

- *Improves Physiological Functioning:* Nurturing touch and emotional support increases oxytocin levels; oxytocin helps decrease anxiety, blood pressure, and cortisol levels, and can have a sedative effect, helping women manage contractions more easily.<sup>6-9</sup>
- *Speeds Labor:* Nurturing touch helps speed labor and decreases the need for augmentation of contractions with synthetic oxytocin,<sup>10-12</sup> and possibly, when using effective stimulating abdominal massage, may increase the strength and/or frequency of contractions.
- *Relieves Muscular Discomfort:* Massage is commonly used to reduce muscular aching and cramps. During labor this is especially helpful with common leg cramps or low back aches.
- *Decreases Use of Pain Medications:* Touch can increase a woman's pain perception and threshold therefore decreasing the use of pain medications.<sup>6,11-15</sup>
- *Relieves Muscular Discomfort:* Massage is commonly used to reduce muscular aching and cramps. During labor this is especially helpful with common leg cramps or low back pain.
- *Improves Back Pain:* Touch techniques to the low back can relieve "back labor" and general low back pain.<sup>16,17</sup>
- *Increases Dilation:* Many midwives and massage therapists find that massage to the jaw, or the "upper mouth" can help to relax the "lower mouth," or the vagina and cervix, promoting dilation and birth.
- *Helps the Baby Reposition Appropriately:* Belly rubs, used in conjunction with other techniques and supervised by the client's PCP, might be helpful for encouraging babies to move from posterior positioning to anterior, optimizing delivery.
- *Renews Energy:* During a long labor, the use of invigorating strokes or acupressure can help increase energy.
- *Increases Satisfaction:* Quality support, as well as nurturing touch, improves a woman's ability to cope with contractions and increases her level of satisfaction with her birth.<sup>11,13,18</sup>
- *Offers Birth Companions Effective Support Tools:* Gives the labor support team specific ways to feel useful and improve a woman's experience.
- *Decreases Anxiety:* Touch provides emotional support and reassurance and decreases anxiety and fear, helping a woman to relax and have increased confidence in herself and her process, thereby improving the progression of birth.<sup>12,14,18,19</sup>
- *Reduces Medical Interventions:* Continuous emotional and touch support during labor reduces the incidence of medical interventions such as cesarean birth, forceps, and the use of synthetic oxytocin hormone—pitocin.<sup>10,11</sup>
- *Reduces Depression:* Touch during birth has been shown to decrease the incidence of postpartum depression.<sup>9,12</sup>
- *Increases Maternal Attention Toward Infant:* Studies have shown that women who receive loving support and nurturing touch during labor, touch and interact with their infants more than those who do not receive that support.<sup>20-22</sup>

## EFFECTS OF STRESS ON LABOR

Paramount to a satisfying birth experience for many women is having the support of a massage therapist or **doula**—a caregiver specialized in offering laboring women emotional encouragement and physical touch. More than the relief of pain, it is the emotional support and safety that develops between these types of birth companions and the laboring woman that

helps her to feel empowered to cope with her contractions and which leads her to a sense of satisfaction about her birth.<sup>18, 23</sup> If women have an unsafe environment with no solid emotional support during birth, fear and accompanying stress increase. When people experience stress, hormones called **catecholamines**, such as adrenaline, are released into the bloodstream.<sup>24,25</sup> Catecholamines cause an increase in heart rate, blood pressure, and respirations and divert blood away from digestion.<sup>24,25</sup> They also relax smooth muscle. Fearful thoughts during labor, such as the fear of pain, fear of the unknown, fear of the coming contraction—are stressful, causing an increase in circulating catecholamines which can relax the uterine smooth muscle and result in slowed or stalled contractions. Fear is also often accompanied by shallow breathing, muscular tension, and vasoconstriction,<sup>24,25</sup> responses which further diminish effective uterine contractility. Essentially, if the laboring woman subconsciously or consciously suspects her environment is not safe for any reason, labor will often stop, and for good reason—who wants to birth a baby into a dangerous situation? Inadequate support or distracting touch can add to a woman's disease and fear.

One way to create a safe birthing environment and reduce the mother's stress is to have a support team or individual with her during birth. Over the past two decades, studies representing over 12,700 women have demonstrated that positive support and nurturing touch creates more personally satisfactory birth experiences for women, decreases medical interventions, and speeds labor.<sup>11,26-29</sup> The compiled results of some of these studies can be seen in Table 8.1.

Because of the obvious benefits of this assistance during labor, more professional massage therapists specialized in the perinatal cycle are finding a niche in supporting women during labor, and hospitals are beginning to recognize a need for their services. Oregon Health Sciences University Hospital in

Portland has collaborated at times with local massage schools, allowing student therapists to offer massage to women in the labor and postpartum units. Mid-Columbia Medical Center in The Dalles, Oregon, has hired massage therapists to provide services to all patients, including women in labor and postpartum. In recognition of the benefits of emotional and nurturing touch support, the Hearts and Hands Volunteer Doula Program was started at San Diego University Hospital in 1999. It offers doula training and free doula services to all women in labor. Part of their training includes hands-on touch, massage, and acupressure support.

## TOUCH INCREASES PAIN THRESHOLD

Simply the *presence* of a supportive person has been found to help ease labor, but by adding the element of *touch*, the body's natural ability to relax is increased dramatically. Touch has been shown to stimulate the production of oxytocin—the hormone commonly associated with stimulating contractions. Current research on oxytocin indicates that the hormone also increases pain thresholds, has anti-anxiety effects, and increases social and emotional connectivity and compatibility in mammals, including humans.<sup>6-8</sup>

In evidence of this, women who participated in studies in Turkey, Taiwan, England, and the United States in which they received massage or acupressure during labor described their experience of labor pain as significantly less than those who received none.<sup>6,13-15, 29</sup> Those who received touch daily for 2 weeks prior to labor and then during labor were found to have an increased pain threshold, so that the same level of stimulation felt less painful than it did prior to massage, even though cortisol, a hormone produced in stressful situations, remained the same for those who received the touch as for those who did not.<sup>6,15</sup>

**Table 8.1 Laboring With and Without Continuous Nurturing Support**

Birth Experience	Without Support	With Support
Duration of labor	9.4–19 hours	7.4–9 hours
% of labors resulting in natural birth	12%	55%
% of labors resulting in cesarean sections	18%	8%
% of labors resulting in use of epidurals	55%	8%
% of labors resulting in use of pitocin	13%–44%	2%–17%
% of labors resulting in use of forceps	26%	8%

Statistics for table gathered from analysis of studies described in Klaus MH, Kennell JH, Klaus, PH. *Mothering the Mother*. Reading, MA: Addison-Wesley, 1993.

As women labor, just as for those who run a marathon, the body will naturally release **endorphins** due to physical exertion and regular breathing.<sup>31,32</sup> Endorphins are hormones that decrease pain and give us sensations of relaxation, ease, relief, ecstasy, and pleasure. These molecules of sedating, pain-relieving hormones link to opiate receptor sites in the brain, the same receptor sites that cause pain medications such as morphine to be effective.

The presence of endorphins does not mean birth will not be painful or difficult, but a woman may find herself entering what some consider an altered, trance-like state and lose focused awareness of her surroundings. For some women, their experience may be somewhat euphoric, despite what may appear to onlookers as suffering. She may at times sound and look as though she is in agony, yet many women, when asked later, will say their contractions were a “bearable” pain or that they were in another dimension, without awareness of how they appeared to others. For many of these women, the element of *touch* helped them relax enough to enter this altered, endorphin-flowing state of mind.

Along with being a source of comfort and helping increase pain thresholds, touch also reduces transmission of painful sensations by affecting the amount and type of nerve impulse transmission to the central nervous system. The gate control theory explains how this happens.

## APPLICATIONS OF THE GATE CONTROL THEORY FOR MASSAGE DURING BIRTH

In the 1960s, Dr. Ronald Melzack and Patrick Wall at McGill University developed theories about people’s perceptions and experiences of pain, based on emotional as well as physical considerations. The essence of these theories is still widely accepted. One aspect of the Gate Control Theory, explained here very simply, is that there is only a certain amount of stimuli that the central nervous system (CNS) can handle at once. If too much stimulus tries to enter the CNS, its sensors will essentially short circuit—blocking or inhibiting some nerve transmissions. This is known as the “gate control” theory and may explain why victims of serious accidents initially feel less pain than one would expect.

Melzack and Wall also found that different nerve pathways were stimulated by different types of sensations and that the nerve stimuli moved at different speeds toward the CNS. Testing different stimuli, they found that sharp and sudden pain signals traveled on narrow and slower moving nerve fibers. Dull, lingering, and aching sensations traveled on larger and

faster pathways. These faster moving nerve fibers could also be stimulated tactilely with vibration, scratching, and cold, as well as pressure. These sensations seemed to inhibit or bypass the painful sensations moving along the slower fibers. Because the faster moving impulses arrive more quickly to the gateway, they overwhelm and fill it, preventing or reducing the access of the slower moving painful stimulation. These fast-moving nerve pathways are stimulated by special tactile receptors, called **corpuses**, found in different layers of the skin. Different types of corpuses are sensitive to specific types of touch.

Meissner’s corpuses, which respond to pressure, are located in the superficial skin layers in hairless areas of the body—especially in the face, lips, fingertips, palms of hands, and soles of feet. They can be stimulated by squeezing hands or by acupressure or massage of the feet, rubbing the lips, kissing, or touching soft things with one’s fingertips. Pacinian corpuses are in the subcutaneous tissue and respond to deep pressure and vibration. Tension, pressure, or continuous deep touch, such as cuddling or being held firmly, stimulate the Merkel’s disks, located in the superficial layers of skin, in both hairy and hairless areas of the body.

Melzack and Wall also studied the emotional and psychological elements of pain and found that pain increases with attention: the more one fights against or gives attention to pain, the stronger it becomes. *Thoughts* of pain breed fear and tension, raising blood pressure and increasing pain perception. The pain perception increases fear about the pain, and thus the cycle becomes self-perpetuating. Meanwhile, positive thinking and visualization has the effect of decreasing pain, thereby decreasing stress.<sup>33</sup>

A study comparing American and Dutch women with regard to their expectations of birth pain found that American women expected labor to be very painful and that they would need medications.<sup>34</sup> Few Dutch women expected this much pain. The results of their thoughts were manifested in the following results: 5 in 6 of the American women were medicated for pain in birth, whereas only 1 in 3 of the Dutch women used pain medications.

With these understandings in mind, the massage therapist can offer touch during labor that, at times, focuses on stimulation of the touch receptors that speed pleasurable sensations to the central nervous system, and can also include positive verbal encouragement to help diminish a woman’s stress-producing thoughts.

## PAIN DURING LABOR

While some women may experience birth as a highly sensually pleasurable experience,<sup>35,36</sup> many women

**MESSAGE  
THERAPIST  
TIP**

### Labor Without Touch

While comforting touch soothes and relieves discomforts for many women during labor, there are also women who find that any sort of touch is a distraction. Their ability to tune inward and focus on contractions and the energies of birth is optimized by support from a distance, or with touch in-between contractions. Be prepared to moderate your assumptions about how to support or touch your client in labor, if you find that she does

not want touch-contact for much of the labor. As labor progresses, her needs and desires may change, and touch may at some point again become desirable. Perhaps only one specific *area* will feel good to be touched, or only one *type* of touch will be comfortable. Explore, try different techniques, and respect the desire of your client as you find what works and what doesn't work for her in each moment.

describe it as painful. Pain is a subjective experience, but it is not uncommon for women to claim that birth was the most painful experience they have ever endured. Carol Burnett is often quoted for her description of childbirth: "Having a baby is like taking your bottom lip and pulling it up over your head."

Many women have developed fear about the sensations of giving birth and, in the United States, make plans well-ahead of labor, to have epidural anesthesia in hopes of numbing all birthing sensations. However, epidurals and pain medication are not always available when a woman wishes for it. A woman who hoped for an epidural may learn that she still must labor for some time before it can be initiated. Most women must experience the sensations of birth for a certain period of time, whether they choose pain medications or not. This is an important reason to provide your client with reassurance, respect, and grounding tactile stimulation. The use of complementary nonpharmacological modalities such as touch, warm water, and emotional encouragement can become vital tools for many women through at least part of their labor.

In American culture, pain is generally associated with something "wrong" that needs to be "fixed." But pain does not always indicate a problem, nor does it have to indicate suffering. Imagine pain as existing in three categories: functional, emotional, or dysfunctional. Dysfunctional pain indicates something *is* "wrong." For instance, in labor, the baby's position may be creating relentless painful pressure on a woman's sacrum or ribs. Or pain may be due to more serious problems or be representing danger, such as with a complicated or high-risk situation. An extreme example would be a woman with abdominal pain due to a uterine rupture or placental abruption—a life-threatening situation. In general, dysfunctional pain may need to be managed medically to minimize its sensations and/or dangers. Massage often cannot offer primary relief for this type of pain, and anxiety will frequently be a normal component of it.

Functional pain is a "normal" sensation during birth due to the normal processes of cervical dilation and opening. Each woman will relate to and interpret these sensations differently. With a history of stress

### Traditional Birth Practices:

#### Traditional Cultures and Pain

Here is an Ainu birthing chant: "Wherever you may be, my little grandmothers, please help today a suffering woman!"<sup>4(p88)</sup>

For some traditional cultures, pain is considered a normal part of labor and therefore not something special to talk about. As compared with many industrialized cultures, these societies sometimes have a higher tolerance for and/or greater stoicism toward and less expression of pain. One source states that the Yucatan Mayans have seen pain as "the very hallmark of labor progress rather than as a symptom to be treated or an evil to escape."<sup>38</sup> Since pain is often related to fear, these cultures focus more on *alleviating that fear* than on the actual pain itself. Emotional support, encouragement, and reassurance, as well as reminding a laboring woman that this process is normal, that the pain is normal, and that there is nothing "wrong" with her body, are all part of relieving the tension that can surround a painful experience.

In Malaysian and Indonesian homebirths, midwives use massage throughout pregnancy and then rely on that touch as the primary tool to alleviate pain during labor.<sup>39</sup> In old Hawaiian culture, the healers or priests had ways of helping women relieve their discomfort by transferring the painful sensations to others in the community who might have been more "deserving of the pain" and who would suffer during the labor, while the woman experienced an easier birth.<sup>40</sup>



**MESSAGE  
THERAPIST  
TIP**
**Reminders About Birth**

- A nurturing, protective environment is critical to healthy birthing. If a woman feels stress, fear, or anxiety, the catecholamine release will interfere with labor. Use massage as well as verbal and emotional support to help cultivate a safe environment.
- Recognize that for some women, birth can be an experience of empowerment, a sexual experience, or a spiritual experience. For some, it may be an experience of unbearable pain and uncertainty. Your role is to support each woman and accept what is her experience; to listen, watch and feel how she meets her labor; and to offer nurturing touch to help her ground and focus on creating a calm and trusting relaxation response to contractions.
- Remember to touch the hands and feet, which are especially responsive to pressure and vibration. This touch can decrease experiences of pain in labor. Simple holding and pressing techniques for the hands and feet can be taught to willing labor companions who want to share effective touch as part of their support.

**Case Study 8.1**
**SUPPORTIVE TOUCH TO ENCOURAGE  
CONTRACTIONS**

Katie's bag of waters broke at first light on Sunday, but contractions were few and far between, despite hours of brisk walking, herbal concoctions, and emotional processing. By Monday morning, her cervix was 5 cm dilated. She was exhausted, and the midwives were questioning whether the potentially large size of this baby was the cause of the slow progress. While the midwives conferred, they requested that the massage therapist rub her belly and help motivate contractions with the use of touch.

The massage therapist entered the bedroom where Katie labored with her husband Aaron. Katie was curled on her left side on the bed, breathing and trying to relax with contractions. Aaron sat at her feet, holding and rubbing them. Sitting behind Katie's back, the massage therapist warmed oil in her hands, and began to rub Katie's sacrum and belly simultaneously. She massaged in large circles around the belly, around the back, and down the thighs and buttocks. Understanding that the emotional, spiritual, and physical realms are intertwined and influential on one another, the therapist offered verbal encouragement for Katie and her husband.

Aaron continued holding and rubbing Katie's feet, stimulating reflexology areas and acupressure points that he had been shown, while the therapist continued a rhythmic touch, imagining energy moving through her hands to help Katie's cervix relax and open and applying finger pressure on the sacral foramen to stimulate opening and releasing in the pelvic area. She made long, firm strokes down Katie's back, drawing the

energy down from her shoulders to her sacrum, uniting the strokes with full circles with her flat palm around Katie's belly and back.

During the massage, with Katie and Aaron's agreement, she encouraged them to visualize energy flowing through Katie's body like a river. Within 10 minutes of rubbing, Katie said she was feeling strong pressure, like she wanted to push. As she spoke, she began to grunt, uncontrollably pushing with the urge that moved through her body. "It hurts, it feels different . . ." she said.

The midwives were called up to the room to check Katie's cervix. It was completely dilated. Katie pushed for an hour to deliver her baby boy, who was much smaller than anticipated. The reason why became evident within the hour, when, as another contraction arrived, the head of an unexpected twin emerged!

Later, when asked about the effect of massage on her labor, Katie verbalized that because she trusted the massage therapist implicitly, she relaxed completely whenever she laid her hands on her body. She found herself able to attune to whatever part of the body the therapist touched, focusing there and letting go of tension in that particular area. She felt as if the therapist was pulling, pushing, or drawing energy through her body, clearing out tense areas, regenerating tired areas, and opening a movement of energy in areas of resistance. Under the hands of the therapist, Katie felt utterly supported, safe, and cared for, and felt that it significantly increased her endurance and fortitude for such a long labor.

and anxiety related to psychological trauma or unpleasant memories, the functional pain can become more intense and more difficult to manage, as it becomes complicated by *emotional* pain. Unprocessed emotions tend to intensify a woman's relation to pain and decrease her pain threshold.<sup>37</sup> Nurturing touch can be a potent form of support to help mediate both functional and emotional pain.

Women who do not think of labor as painful may describe contractions as “squeezes” or “sensations.” Contractions, they say, feel like a tightening that can *become* painful, although they note that it was generally their *fear* that increased the sensations of pain. They also describe that with massage, emotional support, and the maintenance of a safe and nurturing environment, their birth was a moment-to-moment journey—each moment unique, each moment a chance to breathe, to feel the waves of power moving through them, to open again and again into the energy spiraling through their body.

However a woman experiences her birth, touch can often be integral to improving her response to it. Even if you are not invited to your client's birth, you can have an influence on the ease with which she meets her labor, by sharing with her partner or support companions, if they desire, simple touch techniques that they can use during labor. Having a nurturing touch-supporter through labor can help the mother-to-be create the type of birth she would most like to have.

## CHAPTER SUMMARY

For many women, the essential ingredients for a safe and satisfying birth include a sense of empowerment and success in coping with or transcending the experience, in addition to having solid, positive encouragement from a support companion. The massage practitioner can enhance these ingredients by adding knowledgeable, caring touch which can decrease pain, increase relaxation, speed labor, and reduce medical interventions. Serving women in labor, witnessing a baby's birth, and positively influencing a mother's responsiveness to her infant are unique and powerful opportunities. Being invited to serve in this capacity indicates that you have skill in helping a woman feel at ease. Keep in mind that your presence and loving touch may have a deeper impact on your client than you even realize, as your presence will forever be a part of her and her child's birth story.

## CHAPTER REVIEW QUESTIONS

1. Explore and discuss how a massage therapist might offer her or his services to women in labor

and options for charging for your services. Some choose to do an hourly rate with a limit to the number of hours. Others choose a flat rate for an entire birth, and others work for free. What might be appropriate for you within your community?

2. Name three effects of oxytocin on a woman during labor.
3. Name five benefits of touch during labor.
4. Describe three ways that touch can influence the progress of labor.
5. Explain how nurturing touch might decrease the need for pain medications or pitocin induction or augmentation.
6. Describe how the birth and environment, as well as thoughts, have the power to affect the progress of labor.
7. Describe why a woman who feels unsafe and unsupported in her birth environment may have difficulties or lack progress in her labor.
8. Discuss three measures you might take to help relax a woman who is developing tension in response to contraction sensations and expresses fear about “making it” through labor.
9. Describe the roles of oxytocin, endorphins, and cortisol in the birth process and their relation to touch.
10. Explain the relevance of the Gate Control Theory to labor. How can the massage therapist use this information?

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# MASSAGE FOR THE STAGES OF LABOR

## LEARNING OBJECTIVES

After reading this chapter, you should be able to:

- Identify the different stages and phases of labor, the mother's experience, and general bodywork techniques and comfort measures appropriate for each stage and phase.
- List topics that should be clarified with a client before joining her as a support person in labor, and explain why this is important.
- Describe specific ways to help establish a comfortable and nurturing birth environment.
- Describe methods of incorporating breathing and visualizations into a birth.
- Describe 5 different positions that may be comfortable for a client during labor. Describe the types of bodywork techniques that can be helpful in those positions.
- Identify ways the massage therapist can care for her or his body and reduce the risk of injury during a woman's labor.

If you are invited to support and massage a woman through her labor, it will be useful to understand what you might expect regarding the physical and emotional changes occurring during the actual process of birth. This chapter will review the basics of what occurs at the end of pregnancy and the beginning of labor, the various stages of birth, and comfort measures to help you support your client.

## OVERVIEW OF LABOR

Labor is a nonlinear journey that is unique to each woman and child who undergoes it. It is a mix of hormones that physically induce uterine contractions in labor, but also suppress the rational mind, inviting the mother into altered levels of consciousness where a natural process of opening and releasing can occur. As discussed in the previous chapter, this usually occurs best when a mother is well supported in a safe, nurturing environment. Oxytocin, prolactin, endorphins, and catecholamines all play a role in the labor dance. Below is a simplified overview of labor, including its beginnings and its three primary phases.

### Length of Pregnancy

A normal gestation is between 38 and 42 weeks. At this point a fetus' lungs have fully matured and the baby will be strong enough to breathe well at birth. If born before 37 weeks, a baby is considered premature, and depending on its gestational age, could have difficulty adapting to life outside the womb. After 42 weeks' gestation, the baby in utero will be very mature and growing larger. The placenta begins to degrade, and gradually the amniotic fluid decreases, but the baby is usually born before serious problems develop.

### Due Date

Your client may tell you her **due date**, also known as the EDC, or "expected date of confinement." This date

is an *average* based on a woman's last known menstrual period. The name is a relic of days when women were kept separated from family or community during birth. Only 10% of women actually deliver on this date, with a majority delivering within 2 weeks on either side of the EDC.<sup>1</sup> However, many women become attached to the actual *day* they are told, and when the due date is passed, anxiety may develop about whether labor is ever going to begin. This anxiety and anticipation could actually delay the onset of labor. Massage can alleviate some of this anxiety and remind a mother of the need for patience and trust.

## When Labor Begins

For a baby to be born, the maternal uterine **cervix**—or bottom neck of the uterus—must **dilate**, opening to its maximum capacity, measured as 10 centimeters (cm). The cervix must also **efface**—thinning or shortening—from its normal 3 to 5 cm length to being as thin as a flannel sheet. The rhythmic uterine contractions of labor have the express purpose of opening the cervix and pushing the baby out. It is not clear what initiates labor, but current theories indicate that chemicals from the baby's adrenal glands stimulate a release of maternal birth-inducing hormones.<sup>2,3</sup>

As the uterus contracts, the upper fibers of the **uterine fundus** (the top of the uterus) pull up the lower fibers, shortening the uterus. In general, when uterine contractions are lasting 60 to 90 seconds from the start to the end of one contraction, have been occurring consistently every 2 to 3 minutes for at least 2 hours (contraction frequency is measured from the beginning of one contraction to the beginning of the next), and are also causing cervical changes, a woman is considered to be in active **labor**. In the process of labor, the uterus gradually contracts into itself, while pushing down so that the baby's head is pressing against the cervix, helping it to dilate.

If you put a hand on top of a woman's belly during a strong contraction, you may feel it getting hard and then softening again as the contraction subsides. The woman may feel the contraction as pressure in her cervix, a tightening in her lower belly, or as a pain in her low back, sacrum, or legs. Sometimes it will radiate around from her belly to her back or settle into her hips.

## Length of Labor

How long labor lasts is variable. The child influences the progress and outcome of the birth by its position in utero. The mother can influence it due to her emotional and physical states, as well as her birth history. Typically, first-time mothers or those with many years

between children have longer labors (12 to 30 hours), whereas those having their third or more child often have relatively fast labors (2 to 8 hours). Yet one mother having her third child could struggle with immense discomfort and exhaustion for 16 hours, while another has a first birth that lasts for 2 hours, with little pain. No two women have the same experience, and no two births are the same even for the same woman!

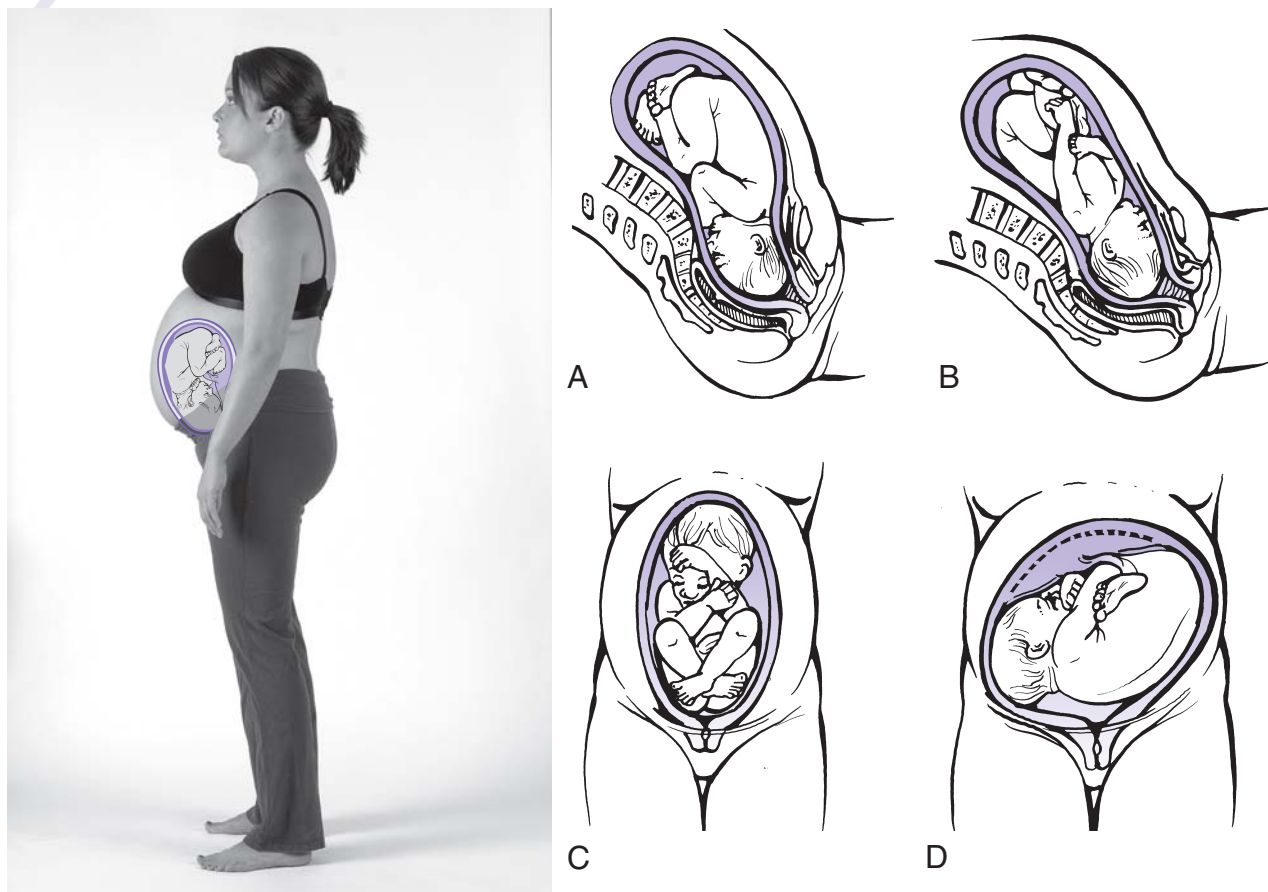
## Descent and Position of the Baby

Usually, before birth, the baby descends from higher in the mother's abdomen into the pelvis. At some point before or during labor, its head will normally become **engaged**, with the widest diameter of its head settling down behind the mother's pubic bone, readying for birth. When this occurs the mother will feel a sense of relief as the pressure against her diaphragm is decreased and she can breathe more easily. This is known as **lightening**. You might notice a distinct change in how she is carrying the baby if you see her several times at the end of pregnancy.

To help facilitate the baby's passage, not only do the maternal pelvic joints loosen so as to open wider, but the baby's skull bones are movable so that they can mold together to fit better through the pelvis. Vaginally-born babies often have a somewhat cock-eyed or conical shaped head from this molding. This will resolve over the first few days after birth. Craniosacral bodywork is quite beneficial in realigning the skull bones of a newborn.

By the time labor begins, the majority of babies will be in the vertex or head-down presentation. Optimally, they will also be facing toward the mother's sacrum with the occiput at the mother's anterior side (Figure 9.1A). A vertex baby is sometimes positioned **posterior**, with its occiput aimed toward its mother's sacrum and its face looking toward the mother's abdomen (Figure 9.1B). This posterior position is often associated with unrelenting pain in the low back and sacrum for some women, known as **back labor**. There are a number of bodywork techniques that can significantly improve back labor discomfort or eradicate it all together, at least temporarily. Other techniques might help the baby to rotate anteriorly, allowing for an easier delivery and less painful labor.

Babies sometimes position themselves in other ways. Breech presentation, with the head up and bottom down, is one of the most common malpresentation (Figure 9.1C). Attempts may be made with manual external manipulations to make the baby move to vertex, as there are increased risks with breech position during a vaginal birth. Some babies, on rare occasions, are positioned sideways, or in a



**FIGURE 9.1 Presentations of the baby.**

(A) *Vertex (Anterior):* the most common position for the baby to be in and the easiest for a vaginal delivery. The baby's head is down, with the occiput facing the mother's anterior. (B) *Vertex (Posterior):* the baby will be head down, but with the occiput toward the mother's sacrum or posterior torso. This can lead to slower, more difficult, and more painful births. (C) *Breech:* the most common malpresentation, with the buttocks down instead of the head down. (D) *Transverse lie:* the baby is sometimes positioned with its spine sideways to the mother's spine. This type of presentation does not allow for a vaginal birth.

**transverse lie**, to the pelvic opening (Figure 9.1D). These babies, if not able to be moved to vertex, must be born via cesarean section.

### Signs of Impending Labor

Some clues indicating that labor is impending may include the baby dropping into the pelvis, and increasing frequency or awareness of Braxton-Hicks—or “practice” contractions. These tightenings of the uterine muscle do not cause cervical dilation, but are considered to be a warm-up for labor. Sometime before labor commences (or sometimes in the midst of labor), a woman may notice the loss of her **mucous plug**—thick mucous, sometimes streaked with old blood, that has prevented bacteria from entering the uterus. There may also be some **bloody**

**show**—a brownish, reddish discharge as the cervix begins to dilate. These signs could happen anytime in the weeks prior to labor as well as up to the day of labor.

### Amniotic Fluid

Also called the bag of waters, the **amniotic sac** is a membranous container inside the uterus that holds the baby and amniotic fluid safely intact. The membranes must rupture at some point for the baby to be delivered, though on rare occasions, a baby is born still inside the sac. Normally, the sac breaks spontaneously during, or sometimes before, labor. Often a doctor will intentionally break it during labor, thinking it may speed labor and also to be able to assess the quality of the amniotic fluid.

## Traditional Birth Practices:

### Recognizing Labor

Every culture has its clues for recognizing impending labor. We pay attention to the due date, lightening, or the loss of the mucous plug. Malaysians recognize labor as commencing when the feet or big toe is cold. They claim that the heat of the body is moving away from the extremities and being directed toward the womb.<sup>4</sup>

Ancient Hawaiians determined the time of impending labor by observing the *linea negra*, or “*alawela*,” developing on the midabdomen. Labor was known to be imminent when a line commencing from the top of the belly met the one commencing from the pubic area.<sup>5</sup>

If the bag of water should spontaneously break before labor, contractions are usually not far behind. Normally the amniotic fluid is clear with either a slightly sweet odor or none perceptible. Sometimes the baby has had a bowel movement, known as **mecconium**, inside the uterus, making the fluid a greenish color. If this has occurred, it is assumed the baby was or may be stressed in some way in utero, and the baby’s heart rate will be watched more closely through labor.

### Phases of Labor

The journey of birth can take anywhere from 1 hour to days, depending on how many babies a mother has had previously, how big this fetus is, how psychologically and physically ready a mother is for the birthing, and how effective the contractions are. If you are to attend a birth and expect to be present from beginning to end and into early postpartum period, make time to be available for several hours to several days.

Labor is often described as having several phases and stages. The **first stage of labor** involves the dilation of the cervix and includes several phases. **Pre-labor** is the very earliest phase in the first stage of labor. In this phase, a mother may be having contractions, but they are gentle, irregular, and having little effect on dilating her cervix.

When the cervix does finally begin to dilate, it is considered to be the phase of **early labor**. As the contractions grow closer together and more intensive, **active labor** is said to be underway. The final phase of

the first stage is **transition**, when the last of cervical dilation is occurring and the mother is preparing for the **second stage of labor**: pushing. After birth, the delivery of the placenta is considered the **third stage of labor**. These phases and stages are discussed in more detail later in this chapter.

## ROLE OF THE MESSAGE THERAPIST DURING BIRTH

When giving birth, a woman may look into the face of both life and of death. Nothing is more real than each moment that she feels the force of life bearing down through her pelvis and reaching its way through her body. She may wonder at times if she can survive such a force, which seemingly pushes her with its own will, beyond what she has known before. She herself is being born in a new way, to a new self as she births her child.

As a massage therapist participating in birth, your role is to be supportive, to offer methods for a woman (or her birth companions) to relax and feel refreshed, and to help her remember, in the toughest moments, why she is laboring. Sometimes your role is to simply watch and wait for a time when your services are desired or appropriate.



**CAUTION:** You should not perform any techniques for inducing or speeding up labor unless you have clearance for this from the doctor (if in a clinical setting), the midwife, or the doula responsible.

There is no special massage routine for labor, since every birth is different. If you understand the stages of labor and possibilities of what you might encounter and have some experience with comfort measures that may help her through the particular stages, you will be better prepared to meet the needs of women in varying situations. You must be flexible—willing to follow the laboring woman from place to place if she is walking, from one position to another as her needs change, and through all emotions, from outbursts of frustration to inward spaces of peace and meditative calm. You will become embedded in the story of her birth, and in some ways, the journey will change who you are, as it is rare to share in the experience of birth and not be profoundly affected by its power.

There are many methods to deal with the intensities of labor. Epidurals, medications, TENS (transcutaneous electrical nerve stimulator) units, and sometimes baths and showers are tools used in hospitals.

### Case Study 9.1:

#### A CASE OF RUPTURED AMNIOTIC SAC DURING MASSAGE

Jenna was 39 weeks pregnant with her first baby when she came to Carol for a massage. She had been coming each month during her low-risk pregnancy, enjoying how massage helped relieve her backaches. Her pregnancy was still progressing normally, but as she moved to change positions from one side to the other, she felt a sudden gush of water running down her legs. Carol noticed the immediate pooling of water over the massage table and down to the floor, and both of them were surprised and nervous. Obviously, Jenna's bag of water had just broken. Carol collected towels to soak up the fluids, while Jenna called her PCP. The clinic nurse asked her several questions: Is there any sign of an umbilical cord? (no) Is the fluid clear? (yes) Have contractions started? (no) Has she felt the baby moving? (yes). The nurse told Jenna to go to the hospital where she planned to labor to confirm that the baby was fine and to assess for contractions. She said that Jenna did not need emergency transport.

Carol later discussed the situation with another skilled pregnancy massage therapist and decided on several new protocols for working with her pregnant clients:

1. Carol decided to put a waterproof protective cover on her massage table under her sheets. While she realized it is a rare occurrence for a client's bag of waters to break during a massage, it is an unpredictable one, and since she regularly saw pregnant clients, she felt better

having extra table protection just in case it should happen again. Additionally, she ensured that she had a few emergency menstrual pads stocked in the office bathroom, recognizing that in a situation such as this, as well as during the postpartum period, women may be leaking fluids vaginally and may be in need of an absorbent pad.

2. The situation made her aware that at any time during pregnancy and postpartum, linens and covers may get wet from leaking body fluids, such as amniotic fluid, breast milk, or vaginal secretions. She ensured that she had rubber gloves available in case they were needed for changing soiled sheets, as a universal precaution against skin contact with clients' body fluids.
3. She learned from the client's nurse more about amniotic fluid: A client should always call her prenatal care provider when her bag of water breaks. As long as the fluid is clear and she is not having an urge to push, it is not an emergency situation, unless she is less than 37 weeks' gestation. Other concerning situations are the appearance of green meconium-stained fluid, which would indicate that baby had a bowel movement and could be stressed. Immediate emergency transport is necessary for red or port wine-colored fluid or if part of the umbilical cord appears with the leaking amniotic fluid.

Breathing, relaxation, and visualization are tools taught by childbirth educators. Different types of massage and touch, including acupressure, reflexology, hydrotherapy, Reiki, and aromatherapy may be used by bodyworkers. Each situation demands accessing something slightly different to help each woman find her strength and focus to make it through labor. You will not know ahead of time which method will work for which woman, though you may have some ideas.

Your ability to support a woman in labor can be strengthened by understanding some of the issues that may be entertaining her psyche as she approaches birth. Before you join a woman at the time of birth, meet with her and the other supporters if possible, to establish a common understanding about expectations. Clarifications *before* labor begins will help

alleviate confusion and uncertainty during the birth, when she may be too distracted to talk about details.

To help create the environment she envisions for her labor, explore her ideas about birth, her desires regarding emotional and physical support, and clarify your specific role. The questions that follow may help you with this discussion:

- What is the mother's ideal vision of her birth?
- What type of touch, words, or actions make her feel supported?
- Who does she want as her primary caregivers and supporters?
- Does she want the massage therapist there for just a few hours or for the entire labor and for the actual birth?



**MESSAGE  
THERAPIST  
TIP**
**Respecting the Role of  
the Client's Partner**

**A**void interfering with the natural bonding that can occur between partners during this important episode in their lives. It is a rite of passage for the partner or father as well as for the mother and child. Teach and encourage the partner, if necessary, to also touch the woman, unless she has specified desires for the massage therapist to be the primary touch support. See Case Study 9.2 regarding this issue. Note that although the story in this case study is about a woman's two friends who attend the birth, the same role and boundary issues need to be addressed with a professional massage therapist.

- What arrangement for payment (if any) will be made if the therapist is to be there for the entire birth of an unknown duration?
- If during the labor, the mother wants the therapist or another person to leave, how and with whom will it be easy for her to share that request?
- What is the best way for the massage therapist to support the mother and her partner or team, during labor? For example, the client may want the massage therapist to support and teach the partner while the partner mostly massages the mother.

### Reminders for Supporting Birth

Keep in mind some essential tips that establish a comforting, nurturing environment for all involved in the birth.

- *Share with the Support Team:* In addition to doing massage at a birth, take the time to offer to teach the support team touch techniques that are useful during labor. Share basics of touch that will not overwhelm a lay person. For instance, open palms and smoothing strokes, moving consistently in one direction, are more effective and soothing than erratic strokes. Pick some tools that you have found to be the most consistently helpful during births and share a few of the best with the support team.
- *Birth Environment:* As a massage therapist, your role is to support whatever environment the mother desires for her birth. While it is

generally found that low lighting and relative quiet will help women relax more easily, some personalities may choose environments with bright lights and a variety of friends or family to be present. If you are noticing that your client is having a difficult time relaxing in the environment that has developed around her, you might ask whether she would like you to do some focused bodywork in a quiet space to help her relax. During this time, she may become aware of changes she can ask for to make her environment more supportive for relaxation. As discussed in Chapter 8, a woman who cannot relax in her environment will labor less efficiently and effectively; hence, cultivating and maintaining a relaxing “womb room,” space is critical.

- *Visualization:* Remember to encourage the client to visualize images she finds empowering if this method is effective in helping her relax or stay grounded.
- *Things Change:* Even if you have practiced various massage techniques before labor, during labor, a woman may not want to be touched at all or may need an entirely different type of touch than you have used during pregnancy. Be open and creative. Do not take it personally if she does not want to be touched. For some women, touch may become too distracting.
- *Consistent Strokes and Pressure:* When massaging, move the energy all the way to the end of each extremity, working with gravity and the direction of baby's descent with long, slow, firm and consistent strokes. Help her stay focused with your touch by using deliberate strokes. Energy often collects in the abdominal-pelvic region, the jaw, shoulders, and inner thighs. Help this energy to move down and out of the body; keep it flowing like a river. Maintain skin contact as much as possible, rather than picking up your hands at the end of every stroke.
- *Practice Ahead:* If you have not worked with this client before, offer to massage her a couple weeks before labor is expected, if possible. This will accustom you and your client to working together so that during labor there is already a familiarity between you and she knows that she can trust you with your touch. She may also develop an automatic relaxation response when you are near, if she is comfortable with how you have touched her before.
- *Remember Calm:* A woman in labor absorbs subtle energies like a sponge. Each individual

### Case Study 9.2:

#### A LACK OF PRE-BIRTH COMMUNICATION

Meredith planned to birth her twins at home. Her friends, Sue and Erin, planned to arrive at Meredith's home across the country two weeks ahead of the due date to connect with Meredith and clarify her needs during their stay. Erin was a massage therapist and new labor and delivery nurse who had been to a number of births. This was the first birth for Meredith and Sue, but not for Meredith's husband, Roy, who had two other children. Erin and Sue did not know Roy well nor feel connected with him, but they hoped relations would become more comfortable once they had a chance to visit and talk before labor.

That chance never came; Meredith's labor began earlier than expected. Sue and Erin arrived just after Meredith had been transferred to the hospital due to some unexpected complications with the twins. When the women arrived, Sue set herself up at Meredith's bedside, breathing with, massaging, and encouraging her. Erin assumed what she believed to be "her position" at the other side of the bed and began to massage Meredith's hand and shoulder. Variations of this support continued for 20 hours while Roy sat quietly in a corner. It was the three friends who talked, made decisions, and finally agreed to a cesarean section after it was clear labor was not progressing.

Throughout the labor, Sue and Erin felt annoyed with Roy, who seemed nervous and was not getting involved as a coach, as they thought he should. Yet they also did not encourage or invite him to join in, ask if he wanted time alone with Meredith, or offer to show him ways they thought he could be supportive. Instead, they judged him for his lack of participation, while increasing their

own supportive efforts. They never knew if perhaps this was the role Meredith had asked of him—to be present, but not in Meredith's face—yet still they felt it was his duty to offer her more obvious support.

When the four of them reviewed the birth together later, Erin and Sue came to understand that, while Meredith had indeed *wanted* Roy to be more of a support, he had felt overwhelmed by the friends who had easily stepped into the role of doula and massage therapist for Meredith. They had not made space for Roy, and he was intimidated and uneasy about his role in the midst of women who acted as though they "knew exactly what they were doing."

Erin later became a doula specialized in massage during labor. Upon reflection of this earlier labor, she realized her opinions and judgments had interfered with Meredith and Roy's ability to connect during the birth of their first children. She determined to make it a priority as a doula to establish the following protocol: If she could not meet together with a client and her labor supporters one month or so prior to the due date (and a bit earlier than that for twins, who often come early), she would set up a phone conference. During that conference, she would clarify needs and boundaries, and would explore the hopes and expectations of both the mother and partner with regards to Erin as the massage therapist/doula, as well as expectations for the partner or other birth companions who might be present. She found this to be a very helpful practice that ensured she was the kind of support team member her clients hoped for.

energy in her environment can benefit or impede the progress of her birthing. If you, as a support person, have fears or anxiety during a birth, it could have a negative impact on the laboring woman. Enter the birth room with clarity and grounding, and if, during the birth, you notice that you are having difficulty staying present, leave the room, take a break, practice your own methods of relaxation, and return when clear.

- *Remember Reassurance:* Regular positive, convincing, verbal encouragement can help a woman relax with each contraction. When

possible, maintain eye contact with your client while touching during active labor contractions. Focus on what is working and how well she is doing.

- *Remember Breath:* Pay attention to your breath and to your client's breathing patterns. Help her to maintain relaxed or focused breathing throughout labor. Breath-holding increases anxiety and tension.
- *Remember Self-Renewal:* Nurture yourself regularly. Hours spent bending over a bed or applying counterpressure to a sacrum can leave you with a strained back and make you ineffectual

as a continuing support. Check in with yourself every hour. Do you need food or drink? Do you need to raise the bed up so you are not hunched over?

- *Remember Relaxation:* Note where your client may be holding tension. Where is she clenching, resisting, or feeling pain? Touch those specific areas, as well as the areas that mirror this original tension at the opposite side of the body. For instance, when the cervical area is tight, massage to the feet or sacrum may help relax the neck. When the jaw or throat is tight, the pelvic area or abdomen may also be constricted and need attention. Massage to the hands can help relax the shoulders.
- *Remember Intuition:* If images or thoughts arise in your mind about techniques, or activities that might offer safety, relaxation, and pain relief for the mother, explore them. Birth is an intuitive experience and supporting birth is a creative, variable, and fluid job. If a situation arises where you simply have no idea how to help, consider the options listed in Box 9.1.

## PRECAUTIONS AND CONTRAINDICATIONS FOR MASSAGE DURING LABOR

For the safety and comfort of your client during labor and birth, it is important to remember a few precautions and contraindications, discussed below.

### Precautions

Here are two primary precautions for the massage therapist to keep in mind during labor. These are addressed below.

#### *Watch the Client, Not the Monitor*

In the hospital, the condition of the baby and the frequency of a mother's contractions are monitored electronically. Watching the fetal heart rate and uterine contraction monitor can become a focal point for a woman and those supporting her. There have been instances when a support person has begun to encourage the woman to breathe and relax because she or he saw a contraction being recorded by the

### BOX 9.1 | Support Tools for Labor

Below is a reminder list of general actions you can take to support a laboring client when you are not sure what else to do.

- Encourage slow abdominal breathing into the abdomen
- Apply cold or warm packs to the sacrum or neck
- Help her change positions
- Take a break
- Change the music in the room
- Hold her hand
- Remind her of why she is doing this
- Offer her a cool drink
- Knead her buttocks or apply pressure to her sacrum
- Stroke down her thighs to her feet
- Massage her hands and feet
- Apply warm cloths to her perineum
- Hold onto her toes
- Make long, firm strokes down her whole body
- Give other supporters a shoulder rub

*The birthing toolbox:* Be prepared for a birth with special massage tools and self-care items. Put these in your car a

few weeks before the expected birth so that you do not forget them! Support tools might include the following:

- Massage tools: rollers, rocks, tennis balls, or a rolling pin (for rolling over fleshy areas to give your hands a break).
- Hairbrush: brushing hair can be an easy distracting sensate experience for a mother. You can also use the brush against her skin if that feels good to her.
- Acupressure and reflexology charts, if needed for reminders.
- Massage lotion/oil.
- Hydrotherapy tools: ice packs, hot water bottle, bags for ice, small towel.
- Essential oils and an aromatherapy diffuser.
- Music and a CD player.
- Snacks.
- Visualization ideas to help the mother focus during contractions.
- Self-care items such as toothbrush, snacks, and water and other hydration, hair ties, medications, glasses, clean clothes.

monitor, and yet it was not something that the woman was actually feeling. On the other hand, a woman may be feeling a great deal that is not recorded by the monitor, and supporters have nearly ignored her because they could not see on the monitor what she was reacting to. Watch and listen to the birthing woman. Let her be your focus and avoid the seduction of constant monitor watching!

### Epidurals

**Epidural anesthesia**—the use of numbing medication placed in the epidural space of the lower spine—is often chosen in American hospitals to numb the sensation of contractions. Massage does not have to stop just because a woman has an epidural. Now is a good time to massage the neck, shoulders, jaw, back, arms, and hands.

### Contraindications

There are no reasons why absolutely all touch would be contraindicated in labor. At the very minimum,

there is always room for holding a hand or for energy work such as indicated under Type II bodywork in Chapter 4. Even this simple contact can have a major impact on the well-being of a birthing woman by significantly reducing anxiety. There are a few times when certain *types* of touch or massage to certain *areas* may be contraindicated. In addition to these listed below, the standard massage precautions listed in Table 4.1 also apply during labor.

1. *Abdominal massage is contraindicated for the following:*
  - If there is a known dangerous condition or strong potential for one with the baby or placenta and the PCP determines that abdominal massage is inappropriate
  - If the mother refuses it or if it makes her more uncomfortable
  - If it interferes with external fetal monitoring that is particularly critical at that time

*Note:* If there are known problems with the placenta or baby, nonstimulating, relaxing massage to *other* parts of the body may be very helpful to ease a mother's anxiety. If there are any concerns for the safety of the mother or baby, obtain permission from the prenatal care provider before continuing with massage.

2. *General Type I massage is contraindicated for the following:*
  - If the mother refuses it
  - If the PCP determines it could endanger the health of the mother or baby or would otherwise be inappropriate



## DISPELLING MYTHS:

### Epidurals Alleviate the Need for Nurturing Touch

Many women choose to receive an epidural as a means of managing their discomfort. Once it has become effective and the woman is comfortable, it is not uncommon for everyone in the room to breathe a sigh of relief, and step back into a more relaxed posture. The continuous and focused support that may have been offered while the woman was feeling her contractions, no longer seems necessary. This distancing from the demands of contractions can lead to what some midwives call, "epidural abandonment." Suddenly leaving a laboring woman without the close emotional and physical contact she had just moments ago can lead to an emotional let-down that may not be recognized immediately, but which may later lead to feelings of disappointment. She is still in labor, but only the electronic monitors and the baby can tell. The adrenaline and endorphins that powered her experience earlier, diminish. While a woman is numb from the waist down with an epidural, there is no reason that massage cannot or should not continue on other parts of her body. In fact, at this point, it may still be quite valuable for helping the mother recover from the stresses she has just endured with the first part of her labor. Focus on her head, face, shoulders, arms and upper back.

## BODYWORK MODALITIES HELPFUL DURING LABOR

Numerous complementary bodywork modalities are especially valuable during labor. These are sometimes more appropriate or easier to use than massage. This section addresses tools such as breathing, visualization, and hydrotherapy. It also covers some useful reflexology zones and some acupressure points specifically helpful during labor. These latter techniques are intended for therapists who have experience and training in their use. If you do not, it is recommended that you seek such training before performing the techniques with clients.

### Breathing

Stress during labor causes women to hold their breath, which increases tension and slows labor. During labor, a woman's breath can be a comforting

and stable focal point to reduce anxiety, improve her coping abilities, and increase her ability to relax with contractions. On a physiological level, conscious breathing can reduce lactic acid buildup and increase oxygen flow to the mother and baby, improving outcomes for both. Breathing also helps a woman stay present in each moment, rather than focus on concerns about what the next contraction will bring. On a spiritual level, breath is the most fundamental connection with life energy, a continuous reminder that we are alive. When we make breathing conscious, this innate connection to a life force becomes more potent.

### Using Breathing

There are innumerable ways to use breath during birth. Incorporating attention to breathing during prenatal massage sessions can increase a woman's potential for utilizing this tool during labor. Generally, inhaling through the nose and exhaling through the mouth helps to circulate a flow of renewing energy through the body. Some women find certain patterns of breathing useful for relaxation and concentration, whereas others find that normal, slow, but conscious breathing throughout labor is helpful for them. Some women, often along with their partners, will want to use specific breathing exercises learned in childbirth education classes. Work with the approach she has learned and that is working for her, while suggesting additional techniques that may complement it.

Here are some general suggestions for working with breath.

- *Cleansing breaths:* Encourage a relaxed jaw and a full refreshing breath at the start and end of each contraction to cleanse away tension.
- *Intuitive breath patterns:* A woman who is listening to and trusting the inner and intuitive needs of her body will often be guided in the type of breathing most appropriate for each moment.
- *Ineffective breathing patterns:* Breathing too quickly often leads to hyperventilation, dizziness, and exhaustion, while breathing too shallowly or slowly may not bring enough oxygen to nourish her cells and baby.
- *Sipping breaths:* A woman who becomes frightened and anxious will commonly hyperventilate. Encourage her to take short sips of air, gradually allowing the breath to become deeper and fuller. Often it is helpful to maintain eye contact, guide her breath with yours, and hold firmly to her feet, hands, or shoulders to help ground her and diminish fear.
- *Observing breath:* Counting each breath helps some women focus, while just observing the

natural breath coming in and out without shifting it helps others.

### Specific Breathing Practices

The following breathing practices can be encouraged and taught to a mother while she is being massaged. Practice these techniques yourself to ensure that you can teach them adequately and can utilize them yourself to help you stay calm and centered during a woman's labor.

**Abdominal Breathing** To help relax and surrender, use abdominal breathing. Inhale through the nose, allowing the breath to slowly fill the belly and be released in a gentle slow exhalation through an open mouth or pursed lips. The in-breath and out-breath should have the same duration.

**Whale Breathing** To help release frustrated energy, inhale fully through the nose and exhale with a puff through the mouth, like a whale or dolphin blowing as it comes to the ocean's surface to clear its blowhole.

**Ujjayi Victorious Breathing** This is a yogic breath that, when done for at least 3 minutes, can strengthen the nervous system and energy movement through the spine, while also expanding consciousness. It calls on one's inner strength, the victorious one who can withstand hardship and stay calm and centered during difficulty. It is useful anytime there is pain or discomfort.

Instruct the woman to breathe in through the nose, but to feel the breath in the back of the throat. There may almost be a sense of strain with the breath, and there will be a louder sound than is present with normal, slow nostril breathing. Bringing the chin forward and down very slightly will increase the ease and effectiveness of the breath. The breath massages the back of the throat. Imagine breathing on glasses to fog them before cleaning them; this breath has a similar guttural action, though the mouth is closed or only slightly parted and the breath comes through the nose. Imagine the sound of ocean waves in the distance; that is how the breath will sound. Let the breath begin in the abdomen, filling up the chest from there with full, deep breaths. Pause for as long as comfortable at the top of the inhalation before doing a controlled exhalation.

### Visualizations and Affirmations

Positive imagery and words are often used during pregnancy to help establish a woman's readiness for

labor and prepare her body and mind for what is to come. During labor, their use may continue to be beneficial for recalling her inner strength and funding more energy, relaxation, and trust throughout the process. Combining breath with affirmations such as “I am safe,” “I can do this,” “All is well,” “Everything is flowing smoothly. My body knows how to do this,” will increase the power of each breath. Incorporating specific relaxing or empowering imagery with affirmations and breath increases the effectiveness of both.

Use inventive but simple imagery that your client relates to and finds easy to envision in conjunction with your touch. For instance, when needing to increase energy or trust, she might visualize generations of women in a direct line to herself, giving birth successfully, standing and cheering her along, passing along their wisdom to her. Or she may imagine as a contraction begins, a warmth building up like a fire to heat her belly. She can watch the heat spread through her whole body, melting and relaxing all it touches. As it subsides, the firelight lessens, the flames die down to coals. The following is a more detailed example of dilation imagery. If your client relates to this type of imagery, you can share this with her between contractions, guiding her into a sensory scene that she can continue to envision during a contraction.

### Contraction/Dilation Imagery

Imagine a still pool of water in a peaceful forest glade. The pool is lined with pink, yellow, and purple water lilies floating on its surface. Imagine soft, gentle clouds above dropping small raindrops into this still pool. See each raindrop land on the water, merge with it, and radiate out perfect, small circular waves from the center where it made contact, spreading across the entire pool. Feel the movement of that circular wave, expanding, opening simply and smoothly across the pool, growing ever wider. Sense your perineum and cervix relaxing and opening just like these water rings, as they soften and stretch. Roll your tongue around in your mouth and feel the softness of the cheek walls. This is how soft your cervix is. Let your mouth relax; let the mouth open from pursed lips to an ever growing circle. Open your mouth and breathe out, imagining your cervix opening in the same way, with the same ease.

### Contraction–Relaxation

During labor, tension often develops in the jaw or shoulders, possibly causing simultaneous restriction in the pelvis or cervix. Muscle resistance work, combined with visualizations and breath, can be beneficial

to help relieve this type of tension. Below is an example of this:

1. Notice where the client is holding muscular tension during contractions; it may be in her shoulders, in her solar plexus, in her pelvis and inner thighs, or in her hands.
2. Between contractions, have her exaggerate that tension. For instance, if her shoulders are tense, have her shrug her shoulders up even tighter toward her ears, as far as she can while inhaling and holding her breath.
3. On an exhalation, instruct her to completely relax her shoulders, allowing them to fall into their natural resting position.
4. Place your hands flat on the top of her relaxed shoulders and push down to stretch them slightly. Ask her to shrug her shoulders up while exhaling, pushing against your resistance, increasing her tension. Give resistance, but let her “win” so that her shoulders end in a shrug. Then have her inhale and relax the shoulders entirely again.
5. Ask her to relax completely as she feels the warmth of your hands on her shoulders.
6. As the next contraction begins, notice the tension developing again in her shoulders, and immediately place your hands on them, reminding her of that sensation of relaxing under your hands that she just felt moments ago. She can practice relaxing again now, while envisioning the warmth of your hands spreading down to her belly, back, pelvis, and legs.
7. During this resistance work, encourage the mother to visualize softening, opening, releasing, and letting go.

### Hydrotherapy: Hot and Cold Applications

The use of water during pregnancy can amplify healing for many women. As a woman enters water during labor, she enters another dimension unlike her life on land (Figure 9.2). She is weightless and floating, just as her baby has been. Many of her aches and pains are relieved with this immersion and so some women choose to labor in and birth their babies into water. Many women who immerse in water during active labor find it easier to relax with contractions. They often have shorter, easier labors, a reduced use of medications, and they report a less painful and more satisfying birth experience.<sup>6-9</sup> Massage can often be continued when the client is immersed in water. Hands, head, feet, shoulders and back can still be touched if the client is in a birthing tub.



**FIGURE 9.2** Immersion in water can be very soothing for some women, and has the capacity to slow or speed labor.

Hydrotherapy can also be effective when applied as moist hot and cold compresses or water sprays from a shower. For any applications of hot or cold water, always test the temperature on your own skin before applying to the client. Place 1 to 2 layers of protective cloth between her skin and the warm or cold pack.



**CAUTION:** Avoid heat or ice applications to numbed areas on women with epidurals.

There are numerous methods of using water in labor. See Box 9.2 for a few examples.

## Reflexology

Massage to the feet is grounding and comforting for many women during labor. Reflexology, however, is

much more exacting in its approach than massage, applying direct pressure into areas that reflexively relate to specific parts of the body. Reflexology studies done with laboring women in England and Denmark have shown it to be effective for relief of contraction pain and for shortening labors.<sup>10,11</sup>

See Figure 9.3 for a diagram of reflexology zones located on the soles and tops of the feet. Reflexology on the uterus, ovary, pituitary, hip, spine, and sacral areas of the feet can help ease labor discomforts, encourage contractions, and renew the body. If you have studied reflexology techniques, work on the following areas during labor.

- The solar plexus/diaphragm area can influence breathing and increase relaxation.
- The hips and pelvic area can help reduce low back pain.
- The breast and pituitary area can influence hormonal releases that support labor.
- The head area can influence the mind, relaxation, anxiety, and shoulder tension.

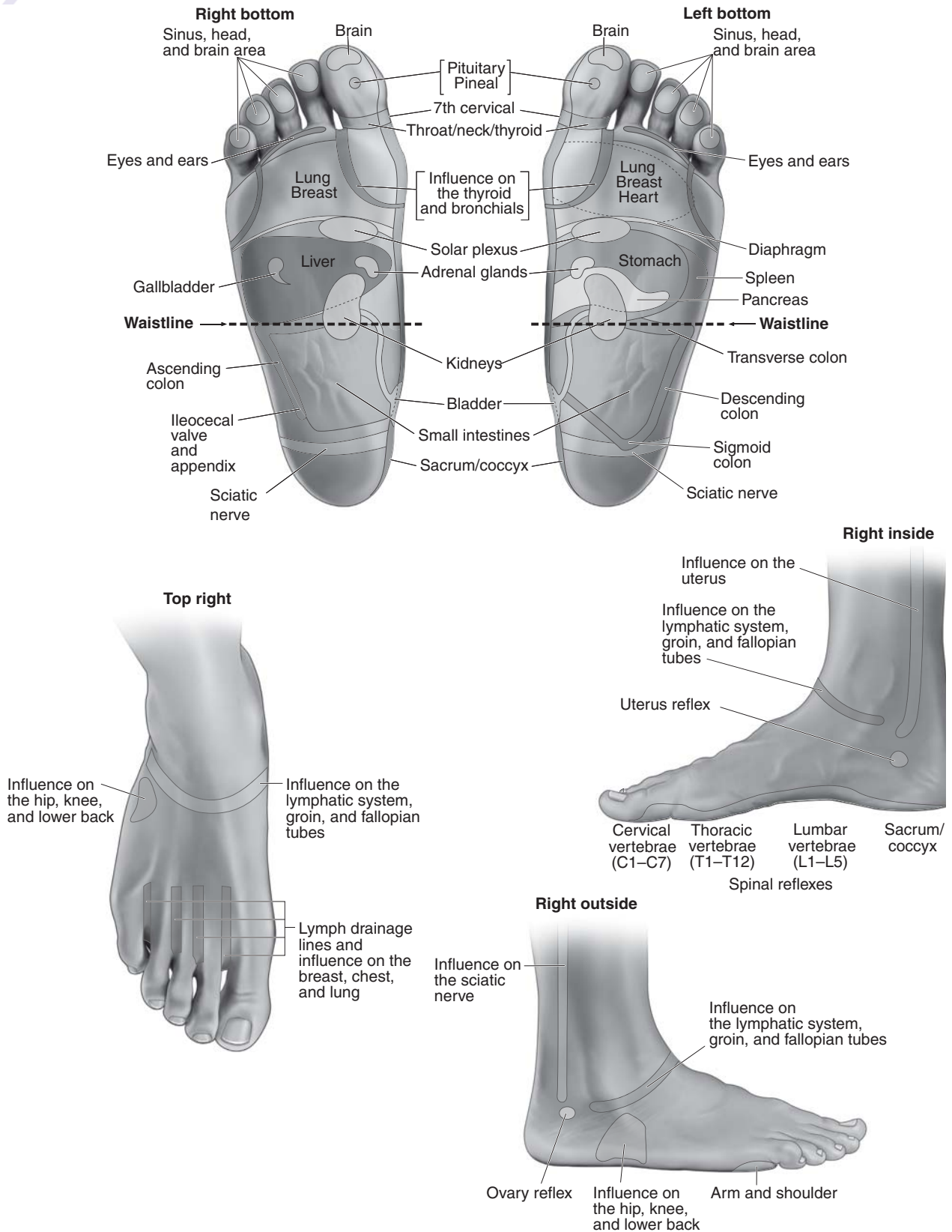
## Acupressure

Acupressure is practical and valuable during labor, as sometimes it is easier to hold 1 or 2 acupoints than to start and stop massaging every time the woman moves or changes position. If you are familiar with and trained in the use of acupressure, you can use these simple techniques of holding points as well as instruct interested birth companions in their use as well.

The acupressure points discussed in Chapter 4 that were contraindicated during pregnancy are now important points used to relieve pain, stimulate contractions, and help the baby to move downward.

## BOX 9.2 | Hydrotherapy Tools for Labor

- Rub ice on acupressure point Large Intestine 4 to relieve pain. (See Chapter 10.)
- Apply cool cloths to the forehead, back of the neck, wrists, and low back.
- Apply friction massage using cold moist washcloths wrapped around your hands.
- Use frozen juice cans or a frozen rolling pin to roll over soft tissue of the body.
- Stimulate energy and lagging contractions with short cold bath immersions.
- Spray water on the back or belly with a hand-held shower.
- Support immersion in a warm tub or birthing pool.
- Offer water massage or Watsu® during early labor.
- Apply warm, moist compresses to the low back, across the belly, in the groin, just above the pubic bone, or on the perineum.
- In early labor, if she is comfortable in a sitting position, she can immerse her feet in cool or warm water followed by foot massage.
- Massage the jaw, head, and neck while she sits in a warm hip bath, with water only up to groin to help relax the perineum.



**FIGURE 9.3 Reflexology chart.**

The entire body is reflected in the feet, as illustrated in this chart. Reflexology has been shown to be very useful during pregnancy and labor for relieving pain and encouraging the birth process. (Adapted from Williams A. *Spa Bodywork: A Guide for Massage Therapists*. Philadelphia: Lippincott Williams & Wilkins, 2007.)



There are other points used by advanced practitioners, but we will look only at the common points, which are easy to locate. Numerous studies have investigated the benefits of acupressure for labor and found particular points to be especially effective in reducing pain, starting or speeding labor, and reducing cesarean section rates.<sup>12-15</sup> The points most commonly researched in these studies were Large Intestine 4 and Spleen 6—the two most strongly prohibited points during pregnancy.

### Using Acupressure During Labor

Acupressure points can be used throughout labor. Press in slowly to a point, compressing with a light or firm pressure, depending on how it feels for the mother. During contractions, pressure may be fairly firm on points. They should not feel *painful* to the mother, though some points are quite sensitive.

In early labor, stimulate the points for 5 to 10 minutes at least every 2 hours. As labor progresses, these points can be held either during every contraction or in between contractions. If that is not possible, stimulate the points at least every 30 minutes in the following manner: press and hold the points for 10 to 15 seconds, then release for one to two long breaths. Repeat 3 to 5 times.

If neither the mother nor you are noticing any difference within 10 minutes using a pressure point, try a different one. There are times when a woman may not be noticing a difference with a point, but her supporters may notice that her coping abilities have increased significantly. The pain is not gone, but her ability to relax with it may have improved. In this case, continue using the point if she agrees.

Intersperse massage techniques with the holding of acupressure points to help the client relax even more.

### Common Points

The following points (shown in Figure 4.3) are the most commonly used:

- Large Intestine 4: This point helps release stuck energy, stimulate stronger contractions, relieve pain, and open gateways of energy in the upper body. It is especially useful when the bag of water has already broken but contractions have not yet begun or are weak. Spleen 6: Helps increase contractions, dilate the cervix, regulate hormones, and is excellent for pain relief. Studies have also documented reduced cesarean rates in labors where this point is used.<sup>12</sup>

- Gall Bladder 21: Moves energy downward, helping to bring the baby down into the pelvis. Relieves pain and eases difficult labors.
- Bladder 60: Draws energy down the body and the baby into the pelvis. It clears excess energy, especially from the head, supports contractions, helps reduce pain, and alleviates pain. It is also useful for difficult labor.
- Bladder 31 and 32: These sacral points are helpful for stimulating contractions, relieving back pain, and encouraging dilation of the cervix.
- Kidney 3: Helpful especially for back and contraction pain and increasing stamina. Hold together with Bladder 60.

## GENERAL MESSAGE FOR BIRTH

Some massage techniques are useful at any stage of labor and are simple enough to learn and use throughout labor. They can be quite effective for pain relief and for emotional support. Long strokes, petrissage, and work on the hands and feet are nearly always effective. The use of a long piece of fabric (rebozo) to provide friction and hip movement, the use of a “birthing” ball as a means for a client to rock the hips while contracting and being massaged, and the inclusion of other massage tools such as handheld or electronic massagers may prove advantageous in some situations.

Techniques from other chapters that are useful at any time during birth include “Sacral Compression and Unwinding” in Chapter 5 and all techniques in Chapter 7 for labor preparation.

### Petrissage

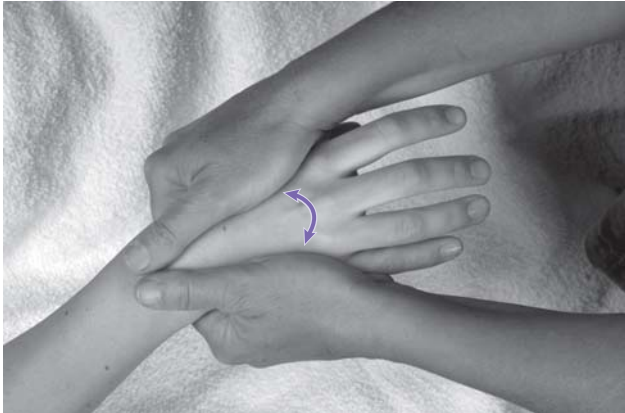
Use slow, relaxing petrissage to any areas of obvious tension.

### Hand and Foot Massage

Massage to the hands and feet has a greater benefit for women in labor than simply alleviating muscular tension in the extremity itself. It influences the entire body at once—decreasing sensations of pain by affecting the transmission of nerve impulses to the central nervous system, and stimulating reflexology areas and acupressure meridians.

The following work to the hands can be repeated on the feet.

1. Hold the client’s hand (or foot) with her palm (or sole) resting on the upward turned fingertips of both your hands, and your palms



**FIGURE 9.4** Hand massage.

*Massage of the hands offers a mother a relaxing and beneficial experience. Press your palms and the fleshy base of your thumbs into the tops of her hands as you press up into her palm with your fingertips.*

wrapped around the dorsal side of the extremity.

2. Press your palms and the fleshy base of your thumbs into the top of her hand (foot) as you press up into her palm (sole) with your fingertips.
3. Squeeze out to the side, sliding your palms off her hands. Repeat, working your fingertips into the palms of her hands (Figure 9.4).

4. Work from the tip of each finger down to its base, pushing excess fluid back into her circulation, spiraling down the finger.
5. Rotate each finger in small movements to help loosen and relax.
6. Turn her hand over, so the back of her hand rests in your palms. Work with your thumbs into the fleshy parts of her palms, making circles and fanning out from the base up toward the fingers and sides of the hand.
7. Make long strokes down her arms and all the way out her hands and fingertips, imagining drawing all excess energy from her upper body down and out.

### Long Strokes

No matter what position the mother is in, you can always make long, slow, firm-pressured strokes with the palms of your hands, moving down her body from head to toe, on the front or back, or just fully down the arms or legs. Two people can work together do this with a full-body grounding stroke as follows.

### Two-Person Grounding Stroke

With the mother standing, leaning forward onto a bed or table with pillows, two people can stand on either side of her and make long strokes down her back to her feet (Figure 9.5A). Work together with firm, slow



**FIGURE 9.5** Two-person grounding stroke.

*(A) To help ground a laboring woman, move energy downward, open the cervix, and relieve back discomfort, two people can stand on either side of her and make long strokes down her back to her feet. Work together with firm slow strokes. (B) Squeeze into either side of the ankle or Achilles tendon or into the arch of the foot at the end of each long stroke to help ground and stimulate acupuncture points.*

strokes. Squeeze into either side of the ankle or Achilles tendon or into the arch of the foot at the end of each stroke to help ground and stimulate acupuncture points (Figure 9.5B).

### Sacral Counterpressure

With the client on hands and knees, leaning over a bed or table or straddling a chair, or in any position where you can access her sacrum, place your open palm with fingers pointing toward her feet on the center of her sacrum. Apply pressure directly on her sacrum during contractions. Use as much force as you can that is comfortable for her, pushing in and down caudally toward the coccyx (Figure 9.6). Gently release when the contraction is over. She can increase the pressure by pushing her hips toward your hand. Often you will need to use a significant level of pressure, especially if the mother is experiencing back labor; ensure that you are using proper body mechanics to avoid causing yourself strain.

#### Case Study 9.3:

##### DRAWING ENERGY DOWN

Rosa was having a difficult time sitting still during her labor, and chose to walk around her birth room at the hospital as much as possible. When the nurse, Sally came in, she found Rosa leaning over the raised hospital bed during contractions. Her husband stood by her, uncertain what to do. This was their second child.

Sally had checked Rosa's cervix 30 minutes earlier when she had been 6 cm dilated. Sally suggested that Rosa's husband, Jorge, and she work together to do some long grounding strokes down Rosa's back and legs. They both placed their hands at her shoulders, and stroked down Rosa's back, squeezing her thighs as they stroked down to her feet. There, they squeezed on either side of the ankles and the soles of the feet. They repeated this with each contraction for about 15 minutes, as Rosa said it felt good; she could feel her perineum relaxing with each stroke. Rosa would squat or sink down into her knees slightly with each stroke down her back until the contraction passed. After this period of time, Rosa's legs began to tremble, and Sally found suddenly with the next contraction, the baby's head hanging between Rosa's legs. Rosa had relaxed and opened so fully that the baby had just slipped out without effort. The doctor happened to be close at hand and helped catch the baby just as the rest of his body emerged.



**CAUTION:** Always be sure that pressure is centered on the sacrum and not on the lumbar spine or to one side of the sacrum, which can move the sacrum out of alignment.

### Rebozo Massage

Throughout pregnancy and labor, many Mexican and Central American midwives use a long shawl or "rebozo" to massage the mother, to help the baby move, to provide comfort, and to relieve pain. Numerous methods can be implemented at any time during labor, using a sheet, long scarf, or other cloth. Two methods, rebozo friction and rebozo hip jiggle, are presented below.

#### Rebozo Friction

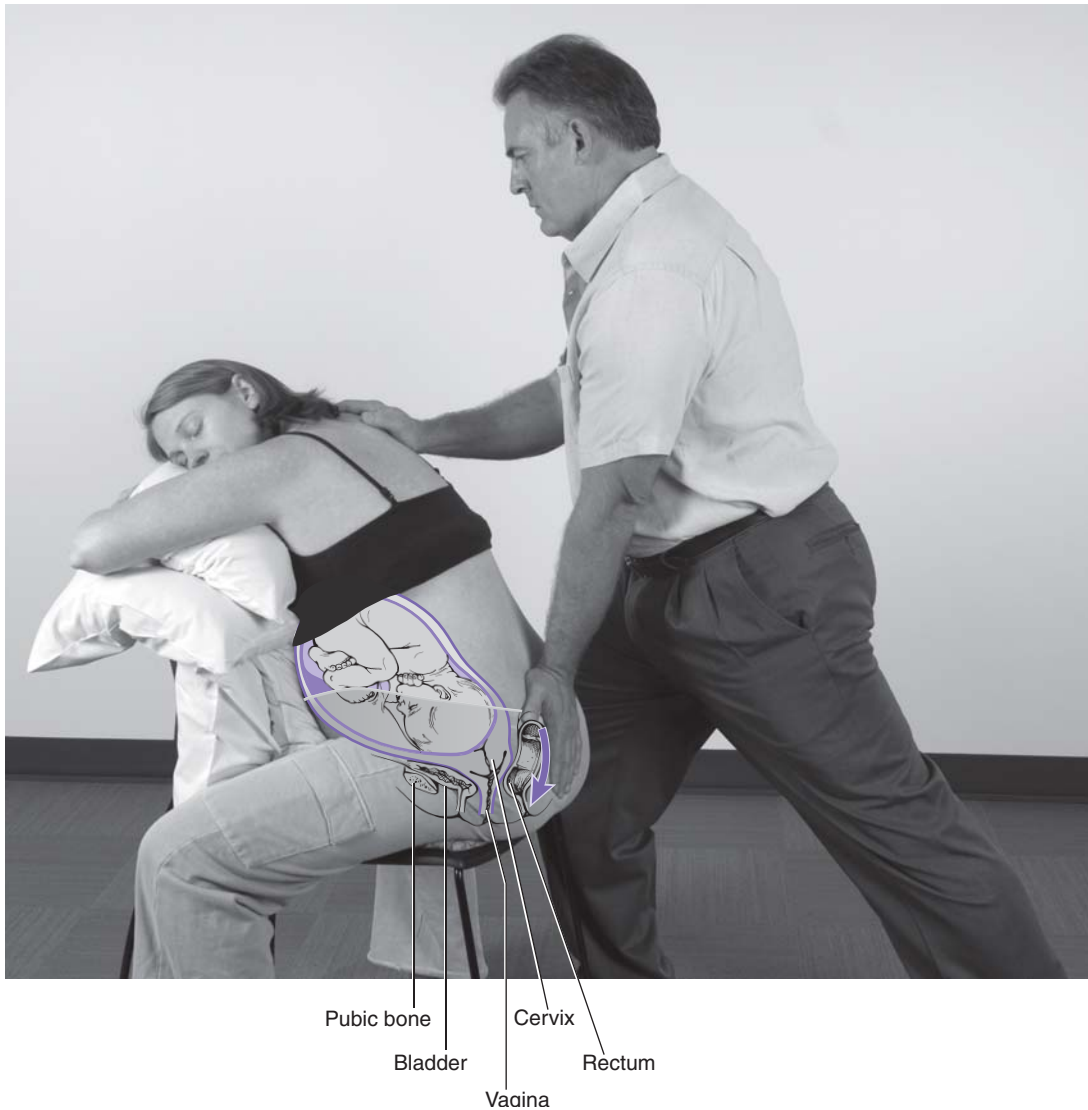
1. Have the client relax in a chair.
2. Place a long, smooth cotton or silk shawl or cloth behind the small of the back.
3. Stand or kneel in front of her, holding the cloth on either end and sliding it back and forth across her low back, creating a warming friction against her low back. (Figure 9.7A). This can also be done with oil lubricating the back, sometimes allowing the cloth to slip across the skin more easily.

#### Rebozo Hip Jiggle

1. The mother has her knees on a blanket or other padding as she rests forward onto her forearms with her buttocks in the air.
2. Place the rebozo around her buttocks, with your hands holding the scarf close to each hip. Jiggle and rotate the hips (Figure 9.7B). The rebozo does not slide across the skin, but stays put on the buttocks and hips. The therapist's movements help to rock and jiggle the hips.
3. For some women this can help relieve back ache, bring energy to the pelvis, and help the baby move from posterior to anterior.

## FIRST STAGE OF LABOR: CONTRACTIONS AND CERVICAL CHANGES

Labor has been described as having three stages. In the first stage, the contractions normally become regular and strong, causing the cervix to dilate from 0 to



**FIGURE 9.6 Sacral counterpressure.**

The client can be in any position that gives access to the sacrum. Direct pressure toward the coccyx. The mother can push up into the hand to increase force of pressure if desired and able.

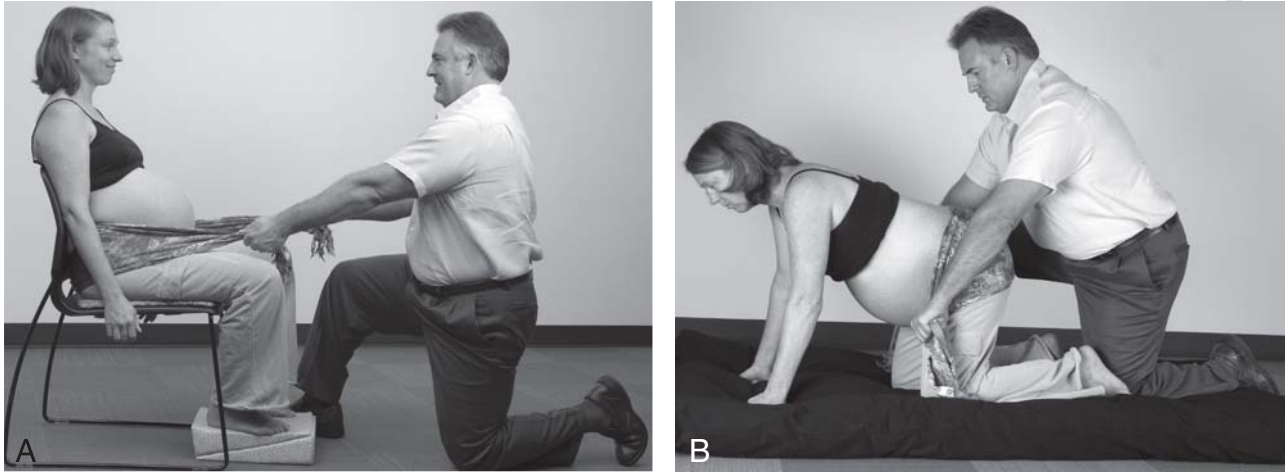
10 cm. This section examines each phase of this stage of labor, how the woman may experience it, and what types of support measures may be most appropriate.

### Pre-Labor

At the start of the labor journey, a woman might have ongoing, mild contractions for days and yet have no cervical dilation. This occurs more frequently with a first pregnancy. If your client is seen by her PCP during this time, she will probably be told she is not in labor yet. Discouragement and disappointment are common along with questions about whether she is doing something “wrong” to cause

her to suffer these seemingly useless contractions. By the time she begins active cervical dilation, she could be thoroughly exhausted from days of little sleep or rest.

This **pre-labor**, also called *prodromal* or *latent* labor, is not useless; the body is readying itself for labor. The cervix may be softening and effacing, or thinning out and the baby’s head may be starting to settle into the pelvis. Frequently, there is an emotional component to pre-labor. Be aware that your client may be experiencing some type of ambivalence or emotional discomfort about beginning labor, or entering into motherhood, and she may verbalize some of this during a massage.



**FIGURE 9.7** Types of rebozo massage.

(A) *Rebozo friction:* Hold the cloth on either end, sliding it back and forth across her skin, creating a warming friction against her low back. (B) *Rebozo hip jiggle:* With the client on her hands and knees, wrap a rebozo over her buttocks, holding the cloth close to the hip, and jiggle the hips, rotating and wiggling, to help relieve back ache and move the baby, if necessary.

In ancient Hawaiian culture, pre-labor contractions were viewed as “sympathetic pains” for other women in labor. A woman with ineffective contractions was made to rest and eat nourishing warm food as a means to reduce or relieve her of her discomfort.<sup>5</sup>

Characteristics of the pre-labor phase are the following: \*\*\*

- Contraction frequency: irregular. The uterus is warming up with mild contractions.
- Dilation: The cervix may be thinning and softening, but not dilating. The baby may be moving into the pelvis more securely.
- Duration: Hours to days.
- Mother’s Experience: A woman may experience some, all, or none of the following:
  - Contractions are usually mild, but some women experience them as strong, until they begin to compare them with more active contractions.
  - Frustration, anxiety, discouragement, excitement, and jubilation are common feelings.
  - A “nesting” urge is felt, and the mother is preoccupied with final preparations for the baby’s arrival.

### General Supportive Measures

Laboring and birthing in water is becoming popular around the world. In early labor it can slow down labor. This may be helpful for a prolonged pre-labor when the woman just needs to sleep. Encourage her to take a bath and relax.

A mother can walk, exercise, and continue life as usual to avoid focusing on these early contractions.

### Massage for Pre-Labor

A full body massage can promote relaxation and possibly sleep, perhaps allowing the body to have time to gather its resources to set in motion a more active labor. Techniques from Chapter 7 are appropriate if stimulation rather than relaxation is important.

### Early Labor

Eventually, contractions begin to come more regularly. The woman pays attention to them, but usually she can talk and continue with other activities without having to stop or give all her attention to them.

Characteristics of the early labor phase are the following:

- Contraction frequency: 15 to 20 minutes apart, increasing gradually to 5 to 10 minutes apart; lasting 40 to 60 seconds.
- Dilation: 0 to 4 cm.
- Duration: 3 to 20 hours or more.
- Mother’s Experience: A woman may experience some, all, or none of the following:
  - Mild to moderate contractions.
  - Possible bloody show.
  - Contractions gradually becoming longer, stronger, and closer.
  - Possible backache, exhaustion, exhilaration, and excitement.

## *How the Partner Can Help*

### Belly Rubs for Contractions

During labor some women do not want their bellies touched at all, while others find it relieving to be massaged between or during contractions. Learn more belly rub techniques in Chapter 5. The following is a useful technique to teach a willing partner if the client is enjoying her belly touched. It can provide some pain relief for the mother as well as offer an intimate touching time between them both.

Have the client sit and recline against the partner who is in a comfortable chair or bed with the head up. Alternatively, have the client stand in front of the standing partner. To lift away the pain during or between contractions, the partner can begin with hands resting low on the mother's belly, fingertips pointing toward the pubic bone. Draw the hands up along the groin and out toward the hips and repeat, hand over hand (Figure 9.8). Stroke up from the pubic bone to the umbilicus area as well. Make all strokes move in one direction, up and out. Create a steady, smooth rhythm from the beginning to the end of the contraction.



**FIGURE 9.8** Belly Rubs for Contractions.

Client can be semi-reclining or standing while you lift away pain during or between contractions. Begin with the hands resting low on the belly, fingertips pointing toward the pubic bone. Draw the hands up along the groin and out toward the hips and repeat, hand over hand. Stroke up from the pubic bone to the umbilicus area.

- Contractions that are felt in the abdomen generally are felt higher in the uterus initially, rather than lower in cervix.
- Bag of water may break.

## Complementary Modalities:

### Using Essential Oils for Belly Rubs

For labor, certain essential oils can have an influence on stimulating contractions or helping a mother relax. You might choose to make ahead of time the following safe oil to use on the belly during labor. If you want to use different oils than those described here, refer to a prenatal aromatherapy text as listed in Appendix B. To 2 ounces of warmed castor oil add 8 drops of clary sage (*Salvia Sclarea*), 5 drops of rose (*Rosa damascena*; *Rosa centifolia*), and 4 drops of jasmine (*Jasminum grandiflorum*). Shake it well before using. Massage with the intent to relax, renew, and help the mother connect gracefully to her contracting belly.



**CAUTION:** Jasmine and clary sage have strong scents that some might find offensive during labor. Always get approval from the mother before using a scent.

- Frustration if it is going on for a long time or if she is told labor is not progressing.

### General Supportive Measures

- It is usually more helpful for a woman to stay busy for as long as possible with normal activities until the contractions begin to *demand* attention; otherwise, she may grow weary before the hardest work has begun. At the same time, relaxation is the key to allowing labor to flow and keeping a reserve of energy; alternating activity and rest will preserve a mother's energy for more active labor.

A bath or shower can help to relax or sometimes stimulate contractions.

- Once the client is no longer able to talk through contractions, slow, focused breathing may be appropriate.

When resting, help her practice relaxing visualizations, such as imagining being in a peaceful setting where she feels totally safe. She may wish to play music that she associates with relaxation or good feelings.

### Massage for Early Labor

- All techniques in Chapter 7 are beneficial in early labor.

- All techniques under the sections “Bodywork Modalities Helpful During Labor” and “General Massage for Birth,” above.
- Full-body massage.

### Active Labor

As labor progresses, the contractions grow closer and stronger, effacing and dilating the cervix. The woman gradually becomes less interested in outside distractions and more focused on her inner process. If she has had children before, this phase is likely to be shorter than the first time she labored. Her bag of water may rupture, causing her to leak fluids continuously or with each contraction. Linear thinking is gone; the woman is entering a watery dimension where she is responding bodily, psychically, and emotionally to all the energies around her; any type of provocations can influence her and her labor.

Characteristics of active labor are the following:

- Contraction Frequency: 2 to 5 minutes apart; lasting 60 to 90 seconds
- Dilation: 4 to 7 cm
- Duration: 1 to 8 hours, or more
- Mother’s Experience: A woman may experience some, all, or none of the following:
  - Contractions feel moderate to strong.
  - She may be more uncomfortable and introspective.
  - She may be very tired, sleeping in the moments between contractions.
  - She may be leaking fluids and having bloody show.
  - She may have backache, groin pressure, or back labor.

### General Supportive Measures

- Help her remember to drink plenty of fluids.
- Help her remember to urinate every hour (a full bladder can diminish the effectiveness of contractions).
- Labor tends to flow more effectively if the mother changes positions regularly.
- If she is becoming anxious, remind her of why she is doing this and use visualization that help her meet one contraction at a time, without thinking ahead to the next one.
- Encourage opening, surrendering, and focusing.
- Immersion in warm water now can be a helpful way for her to relax and promote the progress of birth.
- If she has back pain, she may need to change positions, especially using positions that let the belly fall forward, such as on her hands and knees with pillows supporting the belly.

### Massage for Active Labor

- All techniques under the sections “Bodywork Modalities Helpful During Labor” and “General Massage for Birth,” above.
- With the client standing or in sidelying position, stroke up the inner leg with one hand and simultaneously stroke down the outer leg. This stimulates the yin and yang meridians of energy and brings balance to the body.
- Effleurage the abdomen and upper legs. Petrissage and knead the buttocks.
- Long strokes down the inner legs help to relieve shaky legs and groin tension and relax the cervix and perineum.
- Two-person grounding stroke as described above.
- Knead the buttocks and apply pressure to the sacrum.
- Walk down the sacrum with the palm of your hand, thrusting in slightly to stimulate nerves that help release the pelvis for delivery.

### Varying Positions

Most women feel more comfortable and are able to tolerate the sensations of contractions if they can move regularly. Sometimes, in hospitals, this can be difficult to do if the woman is continuously electronically monitored. However, if there are no risks to the mother or baby, she should be allowed or encouraged to walk frequently, to use the shower, or to change positions. Frequent and regular changes of position during labor assist cervical dilation, rotation of the baby, enhancement of contractions, circulation of blood, relief of aches and pains, and improvement of a fatigued mind. Sometimes a woman will not feel like moving at all, but despite her resistance, she may find relief when she moves into another position. If you are massaging a woman who has just moved into a new position, suggest she try this position for several contractions before she decides that it is not beneficial. Standing or walking is often more comfortable than lying down. The massage therapist must be prepared to work in a variety of positions that the mother finds comfortable. The following section describes common positions and some techniques to use in each. See Table 9.1 for a summary of positions and their benefits during labor.

**Straddling a Chair** This position affords access for massage to the back, head, jaw, shoulders, hips, and hands and is usually quite comfortable. The woman

Table 9.1 Labor Positions and Benefits

Position	Helpful for back labor	Easy access for long strokes and sacral pressure	Restful for support companion	Restful for mother	Good for pushing	May encourage contractions	Widens pelvic outlet	May help baby descend in pelvis
Semi-reclining With hips flexed			✓	✓	✓		✓	✓
Straddling chair leaning forward	✓	✓		✓			✓	
Supported squatting with companion in chair			✓	✓	✓	✓	✓	✓
Kneeling leaning forward	✓	✓*	✓**		✓			✓
Standing leaning forward	✓	✓			✓	✓		✓
Hands and knees	✓	✓			✓	✓		✓
Walking					✓	✓		✓
Sidelying	✓	✓		✓	✓	✓***		
Water immersion				✓	✓			

\* Companion standing behind woman.

\*\* Companion seated in chair before woman.

\*\*\* Only in active labor.



sits straddling a chair (or toilet) facing backwards and leaning into pillows.

- Make thumb circles or press points down either side of the spine from the neck to the sacrum.
- Press into the sacrum, and rub in the sacral foramen.
- Make long strokes down the back from the neck and squeeze into the hips from both sides.
- Stand in front of her and lean into her shoulders with your forearms (Figure 9.9).
- Make long strokes from her head down to her sacrum or all the way down to her feet.
- Place the palm of one of your hands on your client's forehead and the other supporting her head from behind. Squeeze gently, holding, supporting, and being still for a moment—as if your hands are a container for her mind.

**Supported Squatting in Front of a Chair** In this position, you get a little break by being seated in the chair,



**FIGURE 9.9** Straddling the chair position.

*This position offers good access into the shoulders. Save your hands by using the forearms to lean into the shoulders.*

while the mother squats in front between your knees. This gives you access to her shoulders, head, and jaw (Figure 9.10).

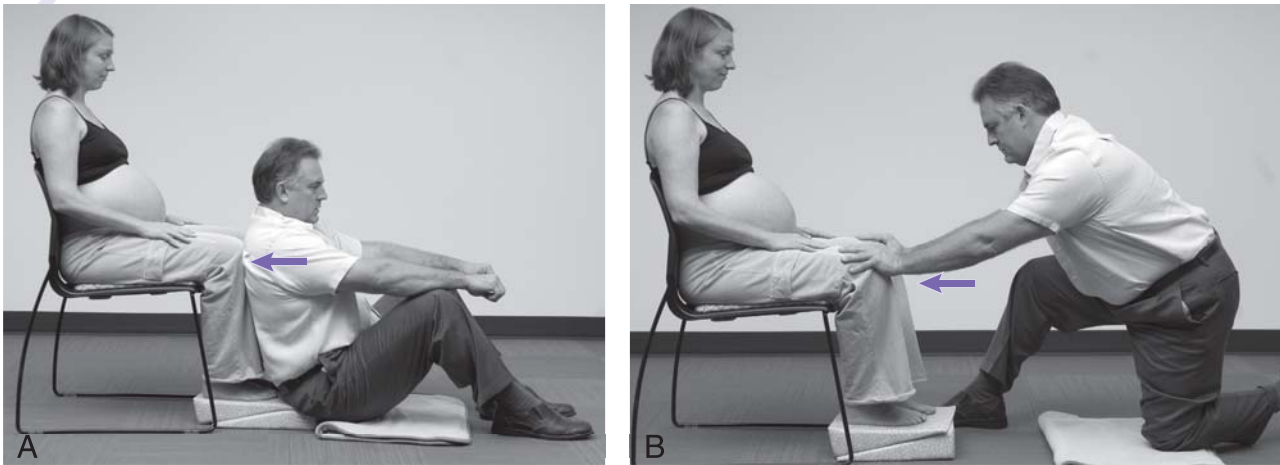
- Massage, tap on, and stroke her shoulders, head, neck, and jaw.
- Apply traction to her neck.

**Sitting in a Chair** The laboring mother is not often sitting in this position, but a technique can be used to alleviate some pressure in her pelvis and low back, help open the sacroiliac joint, and sometimes realign the pelvis. With the woman sitting normally in a chair, push against her knees, moving her femur back into



**FIGURE 9.10** Supported squatting in front of a chair.

*A good position to share with support companions or partners who can get a little break seated in the chair, while the mother squats in front, between the knees. This allows access to the shoulders, head, and jaw.*



**FIGURE 9.11** **Sitting in a chair.**

*This allows two ways to push against her knees. This pushes the femur toward her sacrum, alleviating some pressure in the pelvis and low back, opening the sacro-iliac joint, and sometimes realigning the pelvis. (A) Sit on the floor and lean back into her knees. (B) Or simply face the woman and push with your hands into her knees.*

her hips, toward her sacrum. You can accomplish this in a variety of ways:

- Sit on the floor and lean back into her knees (Figure 9.11A).
- Lie on your back at the mother's feet and push into her knees with your feet.
- Face the woman and push with your hands into her knees (Figure 9.11B).

**Hands and Knees, Kneeling Leaning Forward, or Leaning Over a Counter or Chair** Leaning forward helps relieve pressure on the low back and can be a nice change from other upright positions. This position affords you access to the client's back and sacrum and ease with making long strokes down her body.

The client can be on her hands and knees or leaning forward over a table or counter, or against a wall.

She can also kneel and face you, resting her arms and head in your lap, as you rub her head and shoulders. A second person can rub or press into her back in this position.

- Long strokes and the two-person grounding stroke can be used in this position.
- Apply pressure against her sacrum as she pushes back into your hand.
- Forearms and elbows can be used on the gluteal and sacral areas.
- Sacroiliac relief: see Chapter 10.

**Birth Ball** Some women find sitting and swaying their hips and pelvis on a large ball very relaxing. Kneeling and leaning forward over the ball while rocking forward and back can also open the hips and pelvis.

**Sidelying, Supine, or Semi-Reclining** A woman will not be able to lie supine for long, as the weight of the baby and uterine contents can compress the large blood vessels of the mother's back, decreasing oxygen flow. However, she may choose this position briefly to have the rebozo work done, as described previously.

She may also choose to use the sidelying position, which can be very restful and which gives the massage therapist good access to the whole body for all types of massage.

The semi-reclining position is another reclining choice that opens the pelvis if the hips are flexed. This position also gives the therapist access to the head, neck, shoulders, arms, hands, belly, and legs.

## Transition

Transition can be like walking across the coals of a fire; it can require intense focus. If fear is going to arise in a labor, this is the most likely time it will appear. If the woman is going to state that she absolutely cannot go on longer, proclaiming that this is the last time she will ever get pregnant, this is the likely time for that to occur! If she is going to be

nauseated, vomit, or have uncontrollable shaking, it normally happens now. All physical energy is preparing for completion of dilation of the cervix. Once this occurs, the energy shifts and the mother can focus on pushing the baby out.

Your support is critical at this time. For many, this is usually the shortest phase of labor, but may be the most challenging time for a woman to stay present. Transition is a good sign; it is heralding the second stage and the end of labor. Remind her of this and that the baby will soon be in her arms.

Characteristics of the transition phase are the following:

- Contraction Frequency: Usually 2 to 4 minutes apart; lasting 60 to 90 seconds
- Dilation: 8 to 10 cm
- Duration: Anywhere from several contractions to several hours, or more
- Mother's Experience: A woman may experience some, all, or none of the following:
  - Moderate to strong contractions
  - Possible spontaneous rupture of the bag of waters
  - Pressure in the vagina, pubic bone, and rectum
  - Nausea, vomiting
  - Leg cramps
  - Uncontrollable shaking of the legs, arms, and jaw
  - Sensitivity to touch
  - Drowsiness
  - Cold feet and a flushed face
  - Restlessness, fear, irritability, sense of being overwhelmed, as if she cannot go on
  - Desire to escape
  - Desire to push before fully dilated

### General Supportive Measures

- Support her in maintaining focused breathing and relaxation.
- Support her in position changes as needed.
- Encourage her and reassure her that this is the shortest stage. This is the beginning of the end. Stay with her and maintain eye contact if that helps her stay grounded.

### Massage for Transition

- For some women touch will feel uncomfortable during transition and hands-off support may be more appropriate.
- Apply long, grounding massage strokes, using firm pressure or holding of the hands, feet, or

sacrum, as in the two-person grounding stroke, discussed above.

- Petrissage to the buttocks will help them relax as tension develops with increasing perineal pressure.
- With the client on hands and knees or in the sidelying position, hold warm compresses to the inner legs and perineum. The woman's partner can place a gloved hand and warm cloth over the woman's tailbone and anus, fingers pointing up toward her sacrum. This firm pressure can help her relax her perineum, ease pressure sensations, and prevent her from pushing until the cervix is fully dilated.
- Apply light strokes down inner legs with warm oil.
- Hold her great toe and next two toes on both feet with both hands to help relieve pain and relax the perineum.

### The Lull

Sometimes between transition and pushing there can be a lull in contractions. This is normal and need not be hurried. It is the body and nature's way of giving the woman a break and letting her collect her resources for the pushing effort. The uterus, too, is gathering its energies, revitalizing itself so that it can most effectively do the next work. The uterus is a muscle (the strongest muscle in a woman's body), which tires and may need a break before it can work efficiently again.

Characteristics of the lull are the following:

- Contraction Frequency: None
- Dilation: 10 cm
- Duration: 10 minutes to 1 hour
- Mother's Experience: A woman may experience some, all, or none of the following:
  - Cessation of contractions
  - Rest

### General Supportive Measures

- Offer fluids to drink.
- This is an appropriate time for the mother as well as support people to sleep briefly, rest, and recover.
- Focus on relaxing areas of tension.

### Massage for the Lull

- Perform general relaxation massage.

- Hold and compress the occiput and forehead between two hands, to rest her mind.
- Massage neck, jaw, and shoulder.
- Apply slow fingertip circles on the temples.
- Perform hand and foot massage as described in the section, “General Massage for Birth,” above.

## SECOND STAGE OF LABOR: PUSHING AND BIRTH

After the dilation of the cervix is complete and transition is over, the second stage of labor begins: pushing the baby. Birth is imminent, and often the mother and support companions may feel some renewed energy.

### Pushing

When the cervix is completely dilated to 10 cm and contractions are continuing or have resumed, the mother will begin pushing. Normally the woman will have an urge to bear down that occurs spontaneously and involuntarily. For some, there can be what Michel Odent describes as the fetal ejection reflex,<sup>16,17</sup> where, if left undisturbed, the mother will have a quick and natural delivery of the baby without having to actually work at the pushing. Since most women in the United States deliver in hospitals, it is rare for this undisturbed ejection reflex of the baby to occur. Instead, their experience may be that pushing is a relief, relative to the rest of labor. Finally, she has a chance to do something active, rather than just face the challenge of surrendering to contractions over and over. For other women, pushing may feel overwhelming, exhausting, or more painful than active labor. Pushing can last from just one push to 3 hours or more depending on the size of the baby relative to a woman’s pelvis, the number of previous deliveries, the position of the mother and baby, and the effectiveness of the contractions and of the woman’s efforts.

The mother must move into an appropriate position that opens the pelvis. In a home birth, this might include squatting, being on hands and knees, or in a sidelying position with the top leg flexed to the side) to push effectively. In the hospital, the most likely position, used for doctor convenience, is the semi-reclining position, with the woman pulling her knees up to her sides or resting them in stirrups, while the support team assists by pushing against her feet and flexing her hips, opening her pelvis further.

As the baby descends through the pelvis and onto the perineum, the perineal musculature will begin to stretch, thin, and expand. Soon, the baby’s head fills the vaginal opening—this is known as **crowning**. The

mother may feel sensations of burning or tearing—this is often called the **ring of fire**. You can imagine a little how this might feel, by sticking a finger in either side of your mouth and pulling out to the side until you feel a burning. If you did this very suddenly and very forcefully, the pain sensations would be much stronger and more difficult to tolerate than if you did it gradually and slowly with some control. Either way, it will not be a comfortable feeling.

This is similar to perineal stretching. If the tissues are allowed to stretch gradually, often with the woman placing her hand on her perineum and the baby’s head to facilitate control, she can adapt to the sensations, greatly reducing the chance of tearing or cutting. Teaching and encouraging the practice of perineal massage in the last 4 to 6 weeks of pregnancy will aid in this birth process, and skin tears that sometimes occur at birth can be avoided.

It is possible that a doctor or midwife will cut the tissue to help the baby be born faster — this is called an **episiotomy**. This procedure is generally a practitioner preference and is rarely necessary unless there is an emergency situation requiring rapid delivery.

Characteristics of the pushing phase are the following:

- **Contraction Frequency:** Usually 2 to 4 minutes apart; lasting 60 seconds
- **Dilation:** 10 cm to birth
- **Duration:** 1 push to 5 hours, or more.
- **Mother’s Experience:** A woman may experience some, all, or none of the following:
  - Moderate to strong contractions.
  - Grunting deep and low or holding the breath with contractions.
  - Urge to push becomes stronger as the baby descends.
  - Pressure on the stretching perineum and widening hips.
  - May feel pressure in the rectum and the need for bowel movement.
  - Crowning “ring of fire.”
  - Amazement, relief, and a sense of satisfaction.
  - Exhaustion, feeling like it is too much work or more pain.
  - Leg cramps due to positioning and the strain of pushing.
  - Shakiness between contractions — the whole body may shake uncontrollably or just the legs.
  - Whole body tension after each contraction.

### General Supportive Measures

- Provide verbal encouragement to support her pushing.

- Applying continuous warm moist cloths to the perineum is very effective to reduce ring of fire pain.
- Apply a cold cloth as needed to the head and neck.
- Remind her of how she relaxed with prenatal perineal massage sessions.
- Offer her sips of water between pushes.

### Massage for Pushing

- Reflexology and acupressure techniques as discussed in the section, “Bodywork Modalities Helpful During Labor,” above.
- Touch to her feet, shoulders, jaw, or hands, reminding her to relax completely until the next urge to push.
- Extend and stretch the legs, arms, and hands and massage between contractions. Perform calf massage between contractions to prevent leg cramps. To address cramps further, see the section “Leg Cramps” in Chapter 6.
- Hand-holding: Acupressure point Large Intestine 4 increases the effectiveness of pushing and movement toward releasing the baby and, especially if the mother is getting tired. Hold during contractions if the mother is not using her hands; otherwise, squeeze between contractions along with performing hand massage.
- Foot massage: Pressing into the bottom of the foot can help the perineum to relax and open.
- Pressing into the top of the shoulders on acupressure point Gall Bladder 21 (Figure 4.3) can help the baby to descend and move the birth energy downward.
- If the mother is in the sidelying or hands and knees position, place your palms on her upper back and walk them, hand over hand, down either side of the spine.
- Stroke down the inner thighs over and over with long strokes to help relax the perineum between contractions.
- Massage the jaw muscles to reflexively release the perineum (see “Jaw Release” in Chapter 7).

### Birth—Emergence

A final push, and the baby’s whole head finally emerges from the vagina. As soon as the baby’s head is out and before the first breath, many doctors and midwives will suction the mouth and nose to remove fluids, particularly if the baby had meconium in the fluid. Each shoulder and the rest of the body then comes slipping out, and the baby is on her or his own. Soon the lungs begin inflating with air for the first

### Traditional Birth Practices:

#### Softening the Perineum

Many women know the benefits of applying lubrication, warmth, and water to the perineum to help it relax during labor. In Uganda, Bugandan women use herbal sitz baths. Women in Sudan may squat over a pot of steaming infusions. Moroccan women use hot salt water and steam to keep the perineum soft, clean, and healthy during pregnancy and labor.<sup>18</sup>

There is record of a 17th century English midwife using a special mixture of olive, linseed, and hollyhock oils and bird fat to soften the perineum and “Sople the privie place.”<sup>19</sup> Midwives today may use vitamin E oil to do perineal massage before and during labor to help the mother feel more at ease with the sensations of stretching to the area and to attempt to help the tissues stretch further.

### Traditional Birth Practices:

#### Power of the Placenta

Around the world, people have tended to the placenta carefully. The Jicarilla Apache Indians put the placenta in the top of a spruce tree, connecting the child’s health to that of the long-living tree. The mother would keep a part of the baby’s dried umbilical cord; without this protection, it was thought that the child would die. When the mother died, the cord, which may have been kept for years, would then be placed on a spruce tree, as had the placenta.<sup>20</sup>

The umbilical cord was also dried in some African cultures and in Haiti and Japan and often saved for a lifetime to ensure the owner’s safety. It was sometimes boiled in hot water as a tea when needed for special healing. Some people were known to keep the cord of their dead mother for a lifetime or for generations. In Haiti, to prevent evil spirits from taking a placenta and using it in curses against the child, a hole might be dug in the birth room and the placenta buried there.<sup>21</sup>

Each island in ancient Hawaii once had a specially designated site for placing the umbilical cord.<sup>5</sup>

In the United States, many hospitals freeze the placenta after delivery to be sold to cosmetic companies for use in their products, as it is believed to have beneficial components for skin.

The ancient Egyptian pharaoh’s placenta was especially important, exhibited for others to see in temples and in processions.<sup>4</sup>

time. Once the baby is born, what happens next varies depending on whether one is in a hospital, home, or birthing center. Eventually the umbilical cord, attaching the baby to the placenta, will be clamped off and the cord cut.

## THIRD STAGE OF LABOR: BIRTH OF THE PLACENTA

The final stage of labor involves the delivery of the placenta, after which the real labor begins: the next hours, weeks, and years may be the most challenging work of a woman's life—being a parent!

### Case Study 9.4:

#### MESSAGE CLIENT UNKNOWINGLY IN ACTIVE LABOR

Martha was 40 and having her first child. She was 39 weeks pregnant and came for her weekly massage. When she arrived at the therapist's office, she told Sara, the therapist, that she had been having contractions all day, but that they were mild. She said she believed that this was still very early labor.

Martha situated herself on the massage table for her session, but quickly found that she was uncomfortable lying on her side; she felt better standing. The therapist continued with the massage, with Martha leaning forward over the massage table, rocking her hips and saying that she was worried that if things were this intense during early labor, she couldn't imagine what active labor would be like.

Sara was a labor and delivery nurse, as well as massage therapist, and had worked with hundreds of women in labor. She could see that Martha was acting more like a woman in active labor, but Martha was so convinced that she was going to have a long labor that she initially convinced Sara as well that this was so. Soon, however, Martha began to feel nauseated and vomited into the nearest waste basket. At that point, Sara expressed her concerns more strongly that this was active labor and asked Martha when she had had her last exam with her PCP. Martha then admitted that yesterday at her prenatal appointment she had already been 3 cm dilated! Sara insisted that Martha call her husband for a ride and leave now for the hospital where she planned to deliver her baby. Martha left with her husband soon after that and delivered her baby 1-1/2 hours later, 30 minutes after arriving at the hospital.

## Placental Delivery

After the baby is born, the placenta—the organ that nourished the baby in utero—must also be delivered. This is the third stage of labor, which normally occurs within 5 to 30 minutes after the baby's birth. Usually, the woman will feel a strong cramping as the placenta detaches itself from the uterine wall and emerges at the vaginal opening. The side that was attached to the uterine wall is raw and meaty looking, while the other side is smooth with large blood vessels on its surface like tree branches spreading out across it; some call this the Tree of Life.

The placenta tells us many stories about the health and intrauterine life of the baby. The doctor or

The cardinal signs of active labor and transition that Sara recognized during Martha's massage were the following:

- Inability to lie still comfortably
- Focused breathing and difficulty talking as she was having contractions
- Contractions every 3 to 5 minutes
- Nausea and vomiting (a common symptom at transition)

If Martha had been in early labor, it would have been an excellent time to get a massage. In active labor, Martha also appreciated the massage; however, her birthing center was a 1-hour drive from the therapist's office. With no previous birth history, there was no way to gauge her proclivity toward a long or very short labor. It is not possible to predict the course of labor, but if she had had previous births that were very fast, or had had even one birth before, chances were good that she could have a relatively quick labor this time. Since she had been having contractions all day and because she was 3 cm dilated the day before *without* having had many contractions, and was having difficulty relaxing with them, there was clear indication that she was in active labor and likely progressing. When Martha said she was having contractions, Sara should have asked right away when her last cervical exam was and how far dilated she had been; the information, in this case, may have given her quicker clue to what was happening in her massage office on this day.

midwife examines the placenta after birth to be certain that it is intact and to look for any abnormalities that might indicate problems for the baby.

Once the placenta is delivered, many women experience a profound state of bliss or excitement. The endorphins are circulating through her body, she has just finished what could be likened to a marathon with regard to her physical and psychic workout, and she may have a great sense of accomplishment as well as overwhelming emotion at meeting her baby for the first time. Some women may also feel ambivalence, exhaustion, or distance from the newborn and herself.

If the woman had any perineal tears or cutting at delivery, she will need to have stitches, which will be done now.

Characteristics of the placental delivery are the following:

- **Contraction Frequency:** Usually one big contraction to release the placenta
- **Duration:** Normally occurs 5 to 30 minutes after delivery of the baby and takes 1 to 2 contractions to deliver
- **Mother's Experience:** a woman will experience any or all of the following:
  - Moderate to strong cramping
  - Mixture of feelings of pride, exhaustion, exhilaration, hunger, and thirst
  - Sometimes heavy bleeding or cramping during or after delivery of the placenta

### *Massage for Placental Delivery*

- The mother is usually, at this point, engaged with the baby and not paying much attention to the placental delivery. Avoid touch that is distracting to her at this time.
- There are many complementary bodywork modalities that are beyond the scope of this book but that are useful for helping the placenta to detach if it is stuck or to help stop bleeding.
- Massage of the uterus is used by the doctor or midwife after placental delivery to stimulate the uterus to contract, expel clots, and stop bleeding.
- Gentle touch to the mother's head may be appropriate.
- Perform a neck and shoulder rub if the mother is without the baby and feeling tense.

## CHAPTER SUMMARY

It is an exciting opportunity to share in the labor and birth journey of your client. Key elements for

providing optimum attention to your client during labor include using long, slow strokes that flow out from the center of the body to the extremities. Focus on areas that can relieve muscular stress, and when appropriate, encourage relaxation through breathing, visualization, and affirmations incorporated with your touch. The simplest touch—holding a hand, squeezing the toes, pressing onto the sacrum—can profoundly and beneficially impact a woman's ability to relax. Stay focused and grounded and take regular breaks to refresh yourself and provide the most renewing and beneficial touch. If you are present throughout labor, your attentive energy will be rewarded by sharing in this most intimate and profound experience as a new life emerges into the world and takes her or his first breath.

## CHAPTER REVIEW QUESTIONS

1. Define the phases and stages of labor.
2. Describe three labor support tips that can enhance the cultivation of an environment of safety and relaxation. Explain why this is important.
3. A woman with an epidural will be monitored continuously and should not be feeling any or many sensations related to her contractions. What should the massage therapist pay attention to at this time? Explain why massage after epidural anesthesia may still be very valuable for a woman in labor. What contraindications apply to bodywork and epidurals?
4. Read the breathing and visualization practice. Try each one. How do they make you feel? Can you relate to the imagery? What would work better for you? Practice guiding someone through a visualization after identifying imagery that they specifically relate to.
5. Discuss the use of two different complementary modalities useful for supporting a woman during labor. Describe the benefits of each.
6. Describe a labor situation for which the following techniques may be especially beneficial:
  - a. Foot massage or reflexology
  - b. Drawing energy down the body
  - c. Abdominal massage
7. Describe general bodywork techniques you might use with a woman who is in transition and having fear and resistance to the experience.
8. A client has been laboring in her bed for 3 hours. Her cervix has been at 5 cm dilation without change for that time and the contractions seem to be less strong than before she got in bed. What might she try doing to stimulate labor? What type of bodywork might you suggest that could be helpful?

9. Explain why a massage therapist might be at increased risk for injury during labor massage. Name three ways you could avoid strain to your body when working with laboring women. Identify three tools you could use to preserve your hands when offering touch for hours on end during labor.
10. Consider and describe what bodywork techniques could easily be taught to the partner or labor companions if they wish to support the laboring woman with more touch.

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# COMMON COMPLAINTS DURING LABOR

## LEARNING OBJECTIVES

After reading this chapter, you should be able to:

- Describe six complaints or conditions of labor for which bodywork can be helpful.
- Describe bodywork techniques that can be applied in a variety of maternal positions.
- Explain reasons why labor may slow or stall and describe how touch can help improve the situation.
- Describe the use of visualization or verbalizing feelings to benefit a stalled or slowed labor.
- Explain one common reason for a woman to experience “back labor” and describe ways of using bodywork and positioning to address the discomfort associated with it.
- Describe four common reasons for experiencing back pain during labor.

One cannot predict exactly what a woman will encounter as she steps onto the path of labor. However, there are some common conditions that many women experience at some point in the process. This chapter examines a few of these conditions and describes bodywork techniques that may be helpful for each. These techniques or approaches may or may not work; offering touch during labor requires flexibility and creativity. If one type of touch is not working, try another approach. Even if it worked fabulously for the last contraction, it may not work for the next. The massage therapist must learn the

rhythm of each woman’s dance in labor and the energy that best matches it and then be prepared for it all to change with the next contraction.

## ANXIETY/FEAR

For a variety of reasons, anxiety and fear, sometimes progressing to panic, may arise during labor. A woman might begin to doubt that she has the strength or fortitude to make it through labor and begin to feel afraid, or the pain or sensations of her contractions may cause her anxiety. Sometimes memories of former sexual abuse are stimulated during labor by the sexual nature of birth, and suddenly a mother may have to confront feelings she has been keeping at bay. Sometimes there are concerns about the baby’s well-being during labor, or there may be questions about the need for a cesarean section or other medical interventions, any of which can stimulate anxious thoughts and a stress response in the body. Hyperventilation may occur if a woman is feeling panicked and/or using inappropriate breathing techniques, leading to dizziness and increased anxiety that something is wrong.

### General Treatment for Anxiety

Helping a woman to “ground” herself can allay anxious thoughts. “Grounding” is a term used to refer to making electrical wiring shockproof. In emotional grounding, the desired outcome is the same—we

want to ground the mind and emotions in a safe container that can help prevent a client from experiencing an overload of energy or emotional shock, and yet still allow the natural flow of energy to move through her. Sometimes having the client inhale the scent of fresh, crushed pungent herbs, such as rosemary, sage, motherwort, or any green aromatic plants, can help ground her by connecting her to the support of the Earth.

Stay grounded yourself. If you are getting scared, your fear can be transmitted to her. This may mean that you must leave the room, take a walk, lie down for some time, or speak with someone who understands what is happening to help reassure you.

If she is hyperventilating or using erratic breathing, use nurturing touch while reminding her to slow her breathing, which will not only decrease hyperventilation dizziness, but also decrease anxiety as well. Make eye contact and tell her to breathe *with* you if she is having difficulty focusing. Remind her to breathe slowly into her belly, into her feet, and into her perineum. Sometimes fears can be released simply by having the woman acknowledge the fears verbally. If she can name the fear, the naming may break its chains or diminish how big it feels in her mind and she may perceive more clearly how to let go of it.

Do your own grounding techniques first if necessary before working with your client.

## Specific Techniques for Anxiety

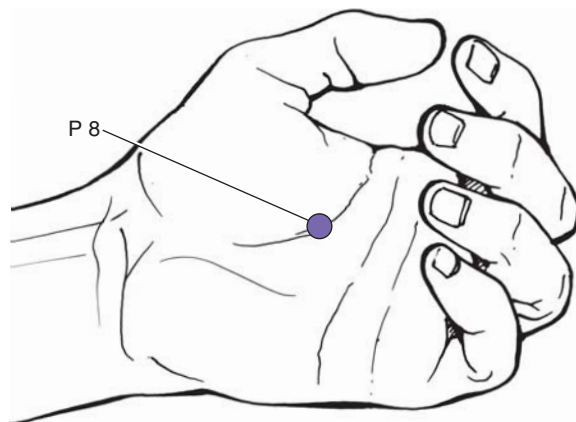
If you encounter a client who is struggling with anxiety during labor, try using the following touch techniques with her.

### Hand Pressure

Hold her hand and press into the center of the palm (Figure 10.1). Firm hand-holding is reassuring and an acupressure point in the center of the palm supports calming energy. Firm pressure to the hand also stimulates neuropathways that can transmit pleasurable sensations faster than pain transmissions, reducing pain and helping ease anxiety.

### Grounding the Feet

Hold onto her feet, pressing into the soles of her feet—the place of grounding earth energy—while making eye contact and speaking in reassuring tones and words to help soothe anxious thoughts (Figure 10.2). Squeeze and hold several of her toes together while encouraging her to breathe slowly into her belly.



**FIGURE 10.1** Hand pressure.

*Hold her hand and press into the center of the palm. Firm hand-holding is reassuring, and an acupressure point in the center of the palm (P 8) supports calming energy.*

### Drawing Energy Down

Press on either side of her spine, from the neck to the sacrum, with both hands, applying pressure into her back as she exhales, releasing pressure and moving down the spine 1 hand-width on the inhalation. Alternatively, use long strokes or the two-person grounding stroke, as described in Chapter 9. Any of these will help draw her energy down and out of her head.

### Circular Massage

Massage the temples, chest, and solar plexus with slow circles and gentle effleurage while encouraging her to breathe slowly. To enhance the work, massage with the following mixture of essential oils added to 2



**FIGURE 10.2** Grounding the feet.

*Hold onto her feet, pressing into the soles while making eye contact and speaking with reassuring words that soothe anxious thoughts.*

tablespoons of carrier oil: 2 drops of neroli and 4 drops of lavender.

### Chakra Massage

Emotional or spiritual issues, whether obvious or subtle, can cause anxiety and can be addressed with touch and attention to the centers of energy in the body—the **chakras**. A Chakra is a Sanskrit word referring to a spinning vortex of energy located in specific areas of the body. Seven primary chakras are spaced between the crown of the head and the base of the spine and deal particularly with emotional and spiritual energy. The chakras are open funnels of energy, on the front and the back of the body, with the top and bottom chakras open toward the sky and earth. Incorporating awareness of the emotional aspects of the chakras can deepen the quality and enhance the effectiveness of body-mind bodywork.

- *Solar plexus*: This is a place often associated with power and self-assurance. If she is holding her breath, hyperventilating, or seems tight in her solar plexus/diaphragmatic area, place your palms gently over the solar plexus. Breathe with her and remind her that she has all the resources she needs within her to move through this birth. Slide your hands down to her belly, helping to root energy in the center of her body.
- *Third eye*: If she seems to lack trust in the birth process, hold her head in your palms and touch on her “third eye,” between and slightly above the eyebrows on the forehead. Hold there while the two of you breathe together and envision awareness of and connection to the things that can give her emotional and spiritual strength.
- *Heart and womb*: If she seems concerned about her or the baby’s well-being or difficulties with her support team, place one hand on her heart and one on her womb or sacrum. Make a connection between the two energetically, having her imagine bringing love to her womb from her heart. Encourage her to slow her breathing, to feel your hands on her body, and to let her breath fill up the spaces beneath your hands.

### Breathing

Breathing is grounding. Intentional breathing reorients a woman’s focus to a calmer place inside.

- Encourage her to bring her breath into her abdomen, making low, guttural sounds. Help her to avoid breathing high in the chest or

making high-pitched throat sounds that lead to energy exiting through the head.

- Have her practice Ujjayi breathing (see Chapter 9).

### Revisoning

What is the fear? What images does she associate with her fear? How does she verbalize her anxiety? Explore ways of revisoning these images with words and visualizations that are more positively reinforcing. For instance, Penny Simkin, a renowned physical therapist, doula, and childbirth educator, describes a woman who fears her baby will not fit through her “tiny tight opening.” This imagery must be adjusted positively. Simkin suggests talking about the “little baby nuzzling its head down in that soft, stretchy place.”<sup>1</sup>

If the mother expresses the belief that she will not be able to continue any longer or that the contractions are getting too strong for her to cope with, encourage her by helping her to visualize the rising and falling of the ocean tides and waves, imagining how well she is able to relax and ride those waves into a shore over and over again.

### Positioning

The client might change positions if necessary, to ones that are more grounding and that help her feel the strength of her body:

- Walking brings attention to the feet.
- Squatting plants the feet on the floor.
- Sidelying is relaxing and may feel safe.
- Kneeling and resting forward on a partner’s lap can feel supportive.

## EXHAUSTION

In a long labor, energy reserves can become especially drained. Depending on each situation, a woman may need to either cultivate more energy in the moment (if it is time to push or there is no break in strong contractions) or find ways to relax and regenerate through rest. Below are suggestions for both relaxing and renewing energy and for stimulating energy.

### Relaxing and Renewing Energy

- Apply warm compresses to the low back, low belly, and perineum.
- Suggest that the client might wish to immerse herself in warm water immersion in a pool, tub, or shower.

- Perform relaxing full-body massage with slow, soothing strokes to help her nap in between contractions and renew her energy. Rub her temples and jaw in slow, small circles. Massage her feet and slowly rotate her ankles and toes in circles.
- Suggest restful positions including sidelying and draping over a ball, rocking back and forth, and sitting in a rocking chair.

## Stimulating Energy

- Press into the soles of the feet with your thumbs just below the ball of the foot in the center of the sole; this opens the doorway for her energetic grounding roots to draw in qi.
- Perform stimulating full-body massage.
- Perform friction rubbing to the sacrum and low back. This is enhanced by adding essential oils to the massage lotion: 3 drops each of clary sage and lavender, and 2 drops of peppermint to 2 tablespoons of carrier oil.
- Apply cool hydrotherapy cloths to the forehead, chest, wrists, and feet or have her take a cool shower.
- Suggest she practice whale or Ujjayi breathing (see Chapter 9).
- Use stimulating massage strokes to renew energy: tapotement to the shoulders and down either side of the spine.
- If she changes position, it may help change her view of the environment around her and shift her exhausted energy. Walking if she has been sitting for some time, or lying down or rocking on a ball if she has been walking may help her adjust her energy.

## STALLED OR SLOW LABOR

Sometimes labor slows or stops altogether for a while. This could be due to a dysfunctional problem with the pregnancy and labor or, more often, could reflect emotional or physical blocks. It could also be that the uterus, baby, and mother's body are simply regenerating energy for a new round of contractions. If so, it can be a perfect time to have the client rest, take a bath, or sleep if possible, and allow things to take their own time. Even without regular contractions, the cervix could still be softening and effacing and the baby could be moving into a better position. The mother and supporters may take this time to be in a space of "no time, no mind."

It is also possible, however, that the stalled labor is due to problems such as cephalic-pelvic

disproportion (the baby's head is larger than the pelvic outlet) or a malpresentation (such as a transverse lie or the head angled strangely transverse or another difficult position). In most of these conditions, waiting or doing bodywork techniques will not change the situation at hand and medical intervention may be needed.

In the hospital, when a labor slows, stalls, or has difficulty starting, Pitocin is used to help stimulate or augment contractions and encourage the labor along. Bodywork can help stimulate labor also, but for it to be really effective, one must additionally consider the multiple layers of a woman's personal life story. Many life issues affect birth. As you make choices about what type of bodywork to use in any particular situation, take a few moments to consider what may be transpiring on emotional or spiritual levels. Remember that the progress of labor often reflects the personality of the mother and/or her baby.

Many types of bodywork explore the mind-body connection; stay within your scope of practice while maintaining an awareness of the effect of emotions and psyche on birth. If the client's PCP determines that labor must be stimulated and approves of you using bodywork to assist in this effort, there are a number of techniques you can use.

### Traditional Birth Practices:

#### Touch for Labor

*A*round the world, touch is not only a natural response in an effort to help a woman in labor, but it is also used to stimulate contractions and to ease labor pains.<sup>2</sup> In Jaipur, India, a midwife kneels over a laboring woman, massaging her abdomen and thighs to encourage contractions, before having her get up and walk again.<sup>3</sup> During pushing, a traditional midwife may use her foot or toe to apply supportive pressure to the mother's perineum to prevent tearing. In Yemen, a mother's community of women support her with touch, hugs, kisses, and holding continuously throughout labor.<sup>4</sup> An anthropologist describes women assisting at a birth in Mexico as hugging and holding the mother who was "surrounded by intense urging in the touch, sound, and sight of those close to her."<sup>5</sup> In a Nepali Newar village, a midwife rubs and pushes on the laboring mother's abdomen to encourage the baby to drop down against the cervix.<sup>6</sup>

## General Treatment for Slow Labor

To help stimulate a slow or stalled labor, address important concerns in the following order, if appropriate:

1. Physical impediments to labor should be considered by the PCP and birth attendants, such as the baby's position, the mother's position, hydration/dehydration, a full bladder, or lack of movement.

To address these impediments, the client might try the following: changing position; changing the environment (music, activity); if appropriate and desired, she may want to get into or out of a shower or tub; you might help her and all the labor companions to monitor fluid intake and stay well hydrated. Offer bodywork that can encourage a woman to surrender to the natural process of birth by incorporating visualizations; breathing techniques; and long, slow strokes while also reminding her that her body knows exactly how to do this. Focus on methods to help release the sacrum, pelvis, jaw, and neck. The more relaxed these areas become, the more easily energy will flow. Soothing or familiar music can enhance the mother's and supporters' abilities to relax. Help her to verbalize her feelings about coming to the completion of her pregnancy, and remind her of the joy of seeing her newborn soon.

2. Consider emotional impediments: fear, thoughts about the partner, sexual abuse, unrealistic expectations.

To address these impediments, try the following: visualization and breath attention, grounding in the feet, and verbalizing fears.

We can also utilize traditional birth wisdom by investigating symbolic and metaphorical conditions of the birth: Look for anything that symbolically represents a freeing of energy and that may encourage the birth energy—untying knots, opening windows, loosening pulled-back hair, etc.

## Specific Techniques for Slow Labor

The specific techniques in this section may be useful for stimulating a stalled or slow labor. In addition to the ones discussed in detail below, a number of techniques presented in earlier chapters are also useful, including the following:

- All techniques from the section “Bodywork Modalities Helpful During Labor” in Chapter 9
- The techniques for labor preparation in Chapter 7
- Contraction–relaxation technique in Chapter 9
- Two-person grounding stroke in Chapter 9

### Full-Body Massage

Full-body massages allow a woman to relax and let her energy flow. Use long, slow, firm strokes. Effleurage and petrissage to the upper thighs, hips, and gluteals can enhance relaxation in this area.

Stimulating full-body massages help to shift and move “stuck” energy. Use brisk touch with tapotement, rocking, and jiggling.

### Hands and Feet

General massage to the hands and feet can open the energetic pathways of the upper and lower body. Acupressure point Large Intestine 4 (see Figure 4.3)

## *Self Care Tips* FOR MOTHERS:

### Two Important Reminders

**R**emind your client of the following key self-care tips.

#### Stay Well-Hydrated

Dehydration leads to ineffective contractions and slow labor. An increase in fluid intake is necessary to keep up with the demands of active labor. Two cups of noncaffeinated drinks should be taken every hour.

#### Change Positions

If contractions are not strong in one position, use that position for rests, but then reposition again to find one that seems to elicit stronger contractions. Try to change positions at least every hour. Being on hands and knees, leaning over a table, walking, and upright positions often help to strengthen contractions.

also helps promote contractions and ease a difficult labor.<sup>7</sup>

### Sacral Palming

With the client on hands and knees or in the sidelying position, place your palm on her sacrum, fingers facing toward feet if possible, and apply pressure. Move the palm incrementally down toward the coccyx with each of the client's inhalations, pressing in during her exhalation, releasing on the inhalation.

### Sacral Foramen Stimulation

Use your thumbs, knuckles, elbow (carefully), large round-end eraser, or other implement to push into and make circles on the sacral foramen as shown in Figure 7.3. Pressure to the second foramen is especially effective in helping stimulate contractions. The client can be in any position in which you have access to her back.

### Toe Hold

Hold the big toe pads on both feet and squeeze with a solid pressure, asking the client to imagine a stream of energy flowing from her head down through her toes.

### Visualization

Offer visualizations that help to clear the spiritual and emotional blocks that may be preventing labor from commencing. Envision surrendering to the flow of great rivers, to the rising and falling of waves and tides. Imagine floating gently down rivers, trusting that its flow will take her ultimately to the great ocean. Envision seeing the baby being born and in her arms.

### Jaw Release

A woman may develop frustration in labor when dilation is occurring more slowly than she had hoped.

The jaw is a common place to hold tension that develops from frustration and anger. Due to a "reflexive" relationship between the jaw and the perineum, tightness in the jaw might result in tightness in the cervix or affect the relaxation and dilation of the cervix. Helping to release the jaw tension can help release cervical tension and tension overall. See Figure 7.1 for one method of working with the jaw. The following tools are also helpful if the woman has a cervical "lip," where her cervix is nearly completely dilated, but a small stubborn bit of cervix has not released fully yet.

### Changing Positions

For a slow labor, position changes are one of the primary useful tools to stimulate contractions. See Chapter 9 for more details about positioning. Below are two other positioning ideas.

- **Hands and knees:** This is especially helpful if the woman is in a place where she can go outside. Encourage her to crawl on her hands and knees, moving around making contact with the earth (or imagining earth beneath the floor). Encourage her to feel the touch of earth under her hands and knees and the way it supports her if she lowers onto her forearms and places her forehead to the earth. Suggest that she breathe in the smell of earth, make belly sounds, and release her worries into the earth.
- **Squatting OM:** The woman might hold onto her partner, the back of a chair, or a rope hanging from above and squat down deeply. As she squats on an exhalation she may want to make low and deep sounds or the sound of OM, breathing in as she stands again. Others may want to join in, together making the OM sound to massage with a sound vibration that can powerfully support and encourage opening. OM is a sound that in India is said to be the sound of the creation of the universe.

## MASSAGE THERAPIST TIP

### Have the Partner Massage the Client

Sometimes it is the closeness of a dear friend or partner that helps a mother feel safe enough to surrender yet another layer of resistance, expectations, or fear. Teach the woman's partner, if she or he is willing, to massage with warmed massage oils all around the mother's

sacrum, low back, inner thighs, belly, and pelvic area. Encourage the use of soothing, sensual, circular, firm touch with repetitive movements to help release the area. Talking can also help release feelings and promote the flow of labor.

## BACK PAIN DUE TO A POSTERIOR BABY

“Back labor”—feeling contractions in the back, rather than in the abdomen—may be a normal way for some women to experience contractions. For many, however, it has a basis in the baby being in a “posterior” position, with the baby’s face toward the mother’s abdomen, instead of toward her back (see Figure 9.2B). This position forces the back of baby’s skull to push against the mother’s sacrum with each contraction, and this bone-to-bone contact can cause the woman severe pain. Babies are positioned posteriorly in early labor in up to 25% of all labors.<sup>8</sup> These labors are generally longer and more painful and create more difficulty when pushing. For a variety of reasons, for some women and babies, this may be the best position for their birth, however.

When in a posterior presentation, the baby’s spine is not always directly lined up with the mother’s. More often, the baby is slightly to one side or the other, which gives the care providers a better chance at helping the baby move around to a more anterior position with massage or maternal positioning.

### General Treatment for a Posterior Baby

It is possible that the position most commonly assumed by a pregnant woman will affect the baby’s position in utero.<sup>9</sup> Many women work at jobs that require sitting at a desk for 8 hours a day, often causing her to collapse in the midback, with shoulders hunched forward and the pelvis tilting posteriorly. This posture confines the baby much more than when the mother is upright, walking, squatting, or repositioning regularly. Posterior-facing may become the baby’s most comfortable position in this situation.

Specific maternal positions that can help expand the pelvic outlet or that make use of gravity can help the baby to rotate into a more comfortable or anterior position. Walking upstairs or flexing one hip by placing a foot onto a stepstool or chair can sometimes encourage repositioning. There are also massage techniques that can encourage the baby to move or help a mother cope with the discomfort of back labor. The mother, midwife, or attending care providers may be aware of positions that can be helpful for moving the baby. Techniques used for moving a posterior baby can be read about in midwifery journals and in many of the writings of Penny Simkin. (See Appendix B.)

One optimal position to help the baby move from posterior to anterior is with the mother on hands and knees or standing and leaning forward. This creates more space in the pelvis and allows gravity to help the baby to rotate. Other methods are recommended

below. To be successful at all, the baby must be awake and active; if the baby is sleeping, she or he will not move just because the woman has moved.

Unless you are trained as a doula or skilled in labor support, follow the lead of the woman and birth companions. Massage her in the positions she chooses as opposed to directing her into different positions you think she should be in. As much as possible, the mother needs to choose positions that allow movement and expansion of the pelvis. You can massage her as follows:

- *Straddling a chair leaning forward on cushions.* This position gives good access to the back as you can see in Figure 9.11.
  - While the client is in this position, apply pressure to the sacrum and press with thumbs or fingers into the sacral foramen. If you can comfortably work on her feet, as well, stimulate the ovarian and uterine reflexology areas just below and around the ankles. Squeeze the outside edge of the little toe (Figure 6.13) to stimulate the acupressure point Bladder 67 that helps the baby to move.
- *Knee raise/lunge: standing with one leg up on a chair or steps.* The lunge position creates different space in the pelvis by rotating the symphysis pubis and encouraging a posterior baby to reposition. The pelvis opens on the side that the leg is lifted to, so if the baby is more definitively on one side, lift the knee of or lunge to the side where the baby’s back is (Figure 10.3).
  - If the client is using this position, the therapist or partner can massage her low back or her shoulders, or apply pressure on acupressure point Gall Bladder 21 (Figure 4.3).
- *Sidelying:* If the PCP determines that the baby’s back and occiput are more to one side, have the client lie on that side. For instance, if the baby’s back is more to the mother’s left side, with feet kicking toward her right, the mother should lie on her left side. If the woman wants to lie on her other side, place a couple of pillows under her abdomen and upper leg and have her lie forward from that side as much as possible, rather than directly perpendicular to the bed. If she lies with her hips straight up to the side, the baby may have a tendency to fall more deeply into a posterior position.
  - During sidelying resting, full-body massage can be done to help the mother relax, as well as belly massage to encourage the baby to move to anterior. (This should be done with the guidance of the PCP as to which direction the baby needs to move.)



**FIGURE 10.3 Knee raise/lunge.**

The lunge position creates different space in the pelvis by rotating the symphysis pubis and encouraging a posterior baby to reposition. The pelvis opens on the side that the leg is lifted to, so lift the knee or lunge to the side where the baby's back is.

- *Hands and knees:* Allow gravity to help the baby rotate. Resting over a birth ball, hanging over the back of a hospital bed with the head raised, or being in the standard hands and knees position and rocking the hips back and forth and side to side, might dislodge the baby so she or he can move into an anterior position.
  - Massage to the back and sacral pressure can be used easily in this position.



**CAUTION:** If a woman has a separation of the symphysis pubis, use caution in the hands and knees position. Have her keep her knees closer together, avoid strain with movements, and

avoid rocking backward, increase the pubic separation. If she has carpal tunnel syndrome, the pressure on the wrists when in the hands and knees position could increase pain. Have her fold her fingers under and place pressure on fists rather than on open palms, or have her use alternate forward positions such as leaning forward onto her forearms.

- *Walking/standing/leaning forward:* Gravity and upright positioning along with frequent walking can help the baby to move as well as descend into the pelvis. It can also improve oxygen flow to the baby and make contractions stronger. The client may wish to stand with her arms over her partner, slow dancing and rocking back and forth. She can also stand and lean forward over a counter or against a wall. Consider using music that encourages hip swaying and undulating hula or belly dancing.
  - Long strokes down the back or rubbing on the low back can be used during contractions when the mother has paused in the upright position.
- *Moving in bed:* Sometimes midwives will encourage their clients to move every 15 minutes, or every 3 to 4 contractions, from left side-lying, to sitting up, to right side-lying, to hands and knees. This can be exhausting for an actively laboring woman, but may help the baby to move.
  - Use massage techniques that are appropriate for each short-term position. This may include foot massage and acupressure, hand massage, head and neck massage, and relaxing strokes to the inner thighs and belly.

### Other Techniques to Move a Posterior Baby

The following tools may help a baby to reposition from posterior to anterior.

#### Hot and Cold Therapy

Applying a cold pack on the client's abdomen, in the area of the baby's back, and a warm pack in the area you want the baby to move to may encourage the baby to move toward the warmth (Figure 10.4).

#### Belly Rubs

During labor, belly rubs sometimes help the baby to reposition. See the section "Belly Rubs" in Chapter 5. If the PCP has told you the baby's position and



**MASSAGE  
THERAPIST  
TIP**
**Identifying the Baby's Position**

How does one know which way the baby is positioned? An experienced birth attendant will normally feel externally through the abdomen or internally through a dilated cervix which way the baby is facing. For the less experienced, an easy way to determine which

position the baby is in is to feel where the most kicking is when the baby is awake. The back may be directly posterior or slightly to one side or another. The back is most likely opposite to where the activity is observed or felt. A mother usually can tell which way the baby is facing.



**FIGURE 10.4 Hot and cold therapy.**

Applying a cold pack on the client's abdomen in the area of the baby's back, and a warm pack in the area you want the baby to move to, may encourage the baby reposition toward the warmth.

direction of desired movement, and has approved abdominal massage, position the mother on the side that the baby is closer to, as explained above under sidelying. When the baby is awake, stand behind the sidelying woman's back, reach over her belly, toward the bed, and under the abdomen. Slide up and across her belly toward her upper side, thus encouraging the movement of baby's back toward the abdomen. Use gentle massage with firm touch to lightly "push" or "pull" her or him over. Do nothing forceful. Envision that the baby wants to move to a more comfortable position for the mother. With subtle touch encouragement, talk to the baby, asking it to rotate so that the back is toward the front of the woman's abdomen.



**CAUTION:** Encouraging the baby to move with abdominal massage is appropriate only if you know which way the baby should move and have PCP approval or guidance. Never *force* the baby to move to a new position. The technique

should always be comfortable for the mother and baby. Apply the touch between, not during, contractions.

## GENERAL BACK PAIN

At least 30% of women experience back pain at some point in labor.<sup>12</sup> But not all back pain is the continuous unrelenting pain associated with "back labor" and a posterior baby. There are several causes for back pain during labor. It may be due to the following:

- Posterior-positioned baby, as discussed above
- Functional contraction pain from labor that is just felt in the back rather than abdomen
- History of back injury
- Musculoskeletal strain or misalignment from pregnancy

### General Treatment for Back Pain During Labor

There are various ways to help decrease back pain sensations in labor:

- General petrissage to the buttocks and hips can ease back pain.
- If within your scope of practice, use any of the complementary modalities and massage techniques mentioned in Chapter 9, including acupressure, hydrotherapy, visualization, reflexology, and changing positions.
- If the mother has been in the same position for some time, she may find that a new position decreases back pain.
- Use deep and continuous pressure and vibration to the hands and feet to close the gateways to the central nervous system through which pain is transmitted (see the discussion of Gate Theory in Chapter 8).

## *Self Care Tips* FOR MOTHERS:

### Belly Lifts

**B**elly lifts can alleviate back pain with a posterior baby, as well as speed delivery. With PCP approval, you might teach a woman, or her partner to do this technique. You could do it to her as well.

With the mother in the standing position, she can place her hands under her abdomen, palms against her belly, just above the pubic bone. As a contraction begins, she gently begins to lift the abdomen, as if pulling the baby up and in closer to her spine. This is not a stroking, but a holding, lifting the baby off the pubic bone and directing her or his position more upright for better alignment with her pelvis. Hold for the duration of the contraction. While lifting, the woman may rock her pelvis forward during a contraction and relax it back between contractions, as if doing pelvic tilts with contractions.

The partner or therapist can do this by standing behind the woman, and reaching around and under her belly to lift (Figure 10.5). More can be learned about this technique in JM King's book, *Back Labor No More*.



**CAUTION:** Belly lifts are to be done only with birth attendant approval. At times this technique may speed a delivery. Be in a place where the mother is comfortable birthing the baby before attempting this maneuver!



**FIGURE 10.5** Belly lift.

*Standing behind the client, place your hands below the belly near the pubic bone and lift the baby up and in to align the baby better with the mother's spine. While being done, it may relieve back pain and help a posteriorly positioned baby move down into the pelvis for an easier delivery.*

- Distract the client's mind away from the fear of current pain or the expectation of future pain with visualizations and breathing techniques.
- Reduce stress by relaxing the client's body and mind, decreasing catecholamine release and increasing circulating oxytocin and serotonin.
- Encourage the client to focus on the sensations in the body, noticing them come and go, without reacting to them or labeling them as "pain."

In addition, if the baby moves, its position change may decrease back pain.

### Specific Techniques for Back Pain During Labor

The specific techniques in this section are useful for back pain. In addition to the ones discussed in detail below, a number of techniques presented in earlier chapters are also useful, including the following:

- Sacral compression and unwinding (Chapter 5)
- Techniques for low back pain (Chapter 6)
- Rebozo massage, Ujjayi breathing, sacral counterpressure, straddling a chair and leaning forward position (Chapter 9)

**Complementary Modalities:****Turning a Baby With Acupressure**

**B**ladder 67 (seen in Figure 6.13) is a very specific acupuncture point that is often stimulated by acupuncturists with needles or burning moxa (the burning of mugwort plant on the point) to encourage a baby to move from one position to another.<sup>710,11</sup> Bladder 67 is the most common point for moving a baby, whether posterior, breech, or acynclitic (when the baby's head is not perfectly lined up with the birth canal). Acupuncture techniques are used after 34 weeks' gestation until a baby moves, though it should be stopped if the baby becomes overly active or has already moved to vertex.

The point can also be stimulated with acupressure by those trained in the modality. Generally it is more effective to use acupuncture or moxa. The use of moxa is not within the realm of massage therapy practice, but many lay people use moxa on this point with instruction from an acupuncturist. Under this supervision, moxa is usually applied to the point for 15 to 20 minutes, two times per day.<sup>710</sup> Some women use fingernails, a clothespin, the point of a paperclip, or a rounded stick to press into this point.

**Cold Therapy**

Cold compresses to the low back and sacral area can offer relief. An alternate way of combining

hydrotherapy and massage while preserving the wrists and fingers is to use a massage tool (Figure 10.6). Some people like to have rolling pins filled with ice rolled over the buttocks. Cover the skin with a towel first to soften the touch of the rolling pin and be sure to roll only over soft tissue areas and not directly onto bones. Frozen oranges, frozen juice cans, and frozen bags of peas or corn have also been used if no other cold pack is available.

**Heat Therapy**

Showers can “wash away” the pain, stimulating touch receptors that can override the pain messages. Spray warm water over the back, thighs, and belly. Warm packs can be made by putting damp towels or flax seed bags into a microwave for 1 minute at a time until warm. Apply to the low back as desired. \*\*\*



**CAUTION:** If you use the microwave method of heating, test your item carefully to avoid starting a fire! Warm for 30 seconds at a time until you determine the appropriate length of time to heat that particular flax pack or towel. Do not apply *hot* packs to the abdomen; use gentle warmth that feels comforting to the touch with the hand or wrist.

**Sacral Foramen Stimulation**

Apply pressure with your palm to the mother's sacral foramen as in Figure 7.4. She can push back into your



**FIGURE 10.6** Massage Tools can be used to save tired hands.

(A) A rolling pin is a great tool to relieve the hands while still helping relieve muscular tension. (B) A variety of tools, such as heat and ice packs, aromatherapy, and deep tissue stones can be used as an alternative to providing touch with tired hands and fingers.



**FIGURE 10.7** Ankle squeeze.

Two people can hold onto either side of the foot directly posterior to the medial and lateral malleoli while simultaneously squeezing firmly around the edge of the heel. Encourage the client to breathe deeply, imagining her breath flowing down the length of her back and into her feet and relaxing with each exhalation.

pressure to help increase it and lessen your own efforts. Reposition if she experiences sharp pain when you do this. It should feel relieving, not painful. Sometimes you may find a “sweet spot,” a pressure point in the sacrum that can totally relieve all the discomfort, without needing full palm pressure.



**CAUTION:** Be aware of your own body positioning while giving sacral pressure — if it helps her, you may find yourself doing it for hours with every contraction. If you forget to attend to your own posture, you could end up with your own low back pain!

### Ankle Squeeze

Two of you can work together to hold directly posterior to the mother’s medial and lateral malleoli while simultaneously squeezing firmly around the edge of the heel (Figure 10.7). Envision grounding while you encourage the client to breathe deeply, imagining her breath flowing down the length of her back and into her feet and relaxing with each exhalation. Acupressure and reflexology are also helpful for releasing the whole back and low back pain.

### Sacroiliac Relief

1. With the client on hands and knees, stand behind her and press into her sacrum with both hands or forearms, sliding across the buttocks toward the belly using firm pressure, as though you are spreading open the sacroiliac joint (Figure 10.8A).
2. Continue sliding all the way around the ilium with the hands, pressing in as though closing the symphysis pubis, until coming to the center of the belly just above the pubic bone (Figure 10.8B).
3. Slide gently back to the starting point and begin again.



**FIGURE 10.8** Sacroiliac relief.

(A) Press into her sacrum with both hands or forearms, sliding across the buttocks toward the belly using firm pressure, as though you are spreading open the sacroiliac joint. (B) Continue sliding all the way around the ilium with the hands, pressing in as though closing the symphysis pubis, until coming to the center of the belly just above the pubic bone.



**FIGURE 10.9 Hip pull.**

Place your palms on the top of her iliac crest, wrapping your fingers around anteriorly. Pull back on her hips. This can help to open the front of the pelvis and relieve some hip and sacral pain.

- Alternatively, begin at the center of the belly just above the pubic bone, and slide up and around to the sides, squeezing into the buttocks toward the sacrum, as if opening up the symphysis pubis area. This can help open the symphysis pubis joint as well as relieve sacral pain. Depending on the alignment of the pelvis and hips, one direction may feel much better than the other.

If one of these moves is uncomfortable for her, try the opposite one.



**CAUTION:** If she has a separation of the symphysis pubis already, the second technique may

### Complementary Modalities:

#### Acupressure on Large Intestine 4

Large Intestine 4 (Figure 4.3) is a point commonly used for labor pain. There are numerous ways to stimulate the point in labor. Commonly, the point is stimulated with finger pressure, but in one study, Large Intestine 4 was massaged with ice for 30 minutes in the beginning of active labor. The results were impressive: 86% of the twenty women studied had a significant decrease in pain intensity. More than half the women continued with the ice massage after the first 30 minutes because it helped so much.<sup>13</sup>

In the active phase of labor, put an ice cube in a bag or wrap in a cloth. Use the ice to massage Large Intestine 4 on one of the client's hands. Use strong pressure during each contraction over a period of at least 20 to 30 minutes. Repeat on the opposite hand.

not be appropriate, as it can pull on the pubic area. Stop either technique if it increases pubic pain.

#### Hip Pull

If the woman is in the hands and knees position, stand behind her and place your palms on the top of her iliac crest, wrapping your fingers around anteriorly. Pull back on her hips. This can help to open the front of the pelvis and relieve some hip and sacral pain (Figure 10.9).

### MESSAGE THERAPIST TIP

#### Supporting Your Hands During Labor

Hands and fingers can become very tired if they are in service for hours. Remember the following tips to help save your fingers when doing thumb pressure or friction.

- Hold one thumb by wrapping the fingers of the other hand around the thumb to support it. Place one thumb pad on top of the nail of the other thumb to help press. Lean into the thumb with the center of your body, as opposed to pressing solely with the thumbs.
- Instead of using thumbs to work a specific spot, use a knuckle and roll the hand slightly downward to apply pressure into the spot.
- Remember to initiate work from your belly and your whole body rather than from the hands only.
- Shake your hands out between contractions and run cold water over your hands if they are getting sore. Watch the stress flow down the drain.
- Use elbows, forearms, a rolling pin, a tennis ball, or special massage tools as in Figure 10.6 to help soothe the woman in labor.

## GENERAL LABOR PAIN

The pain of contractions can occur with or without back pain. It may be felt as intense energy; sharp squeezing; or unrelenting, overall, nonspecific pain. All tools described in Chapters 9 and 10, which relieve tension, free emotions, and offer support, are the techniques of choice. In addition, see “Complementary Modalities: Acupressure on Large Intestine 4.”

## CHAPTER SUMMARY

Support during labor typically requires that a variety of tools be used in conjunction with nurturing touch. Remember to explore and implement, when appropriate, tools and techniques from other modalities if you are trained in them. Hydrotherapy, acupressure, visualization, emotional processing, position changes, and positive encouragement all offer additional means of helping a woman relax and flow with the birthing energy. Remember that some women will not find any bodywork techniques helpful during labor. Some will choose to be alone and focus in their own way on contractions, while others will prefer to have medically initiated pain relief, such as narcotics or an epidural, instead of, or in addition to, touch. Engage willing birth companions in the process of touching whenever possible and appropriate, giving yourself a break and time for renewal.

## CHAPTER REVIEW QUESTIONS

- Discuss reasons why a woman may develop anxiety during labor and name four tools and techniques for addressing it: Describe two physical-body methods, one energy-body method, and one method of helping a client use her mind to calm anxiety.
- Describe two ways massage can stimulate energy, and two ways it can be relaxing or sedating. Explain how each can be of benefit to a woman in labor.
- Consider how long women have been giving birth, and describe how learning about traditional birth practices and the history of touch traditions could possibly help or influence your work with pregnant and laboring women.
- Describe in what ways massage to the jaw might influence a slow labor.
- Describe techniques/steps/actions that a laboring mother might take to stimulate contractions.

How could a massage therapist be of assistance with these?

- In what ways might a woman’s partner be especially effective in helping a woman alleviate fear or stimulate labor progress?
- Explain how changing a mother’s position could help a baby to reposition. Should a massage therapist help move a baby with massage?
- Name four common reasons for back pain during labor. Describe three general bodywork techniques to help decrease back pain that is not due to the baby’s position.
- What types of techniques or movements are inappropriate for a client with a symphysis pubis separation?
- Describe two hot/cold therapies that may help relieve pain during labor.

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