

Doula Support for Active Labor & Transition



The medical definition of “active labor” is labor that occurs after six centimeters of cervical dilation. For the doula’s purposes, it’s less about dilation and more about what the labor looks like. In more active labor (versus earlier labor), contractions are generally longer, stronger, closer together, and occurring in a predictable pattern. The laboring person may be fast approaching labor land, or may already be deeply within it; coping practices that were effective in earlier labor may no longer be working in the same way. The excitement of early labor may have waned, and the laboring person, as well as their companions, may be feeling exhausted or depleted.

“Transition,” which is part of active labor, generally refers to the last centimeter or two of cervical dilation. Transition is often spoken of as the most intense part of labor. This idea may not be helpful in the process, though, because every increase in intensity will mean that the labor is the most intense it has been so far. The most helpful thing to understand is that active labor can become very intense; as the doula, you need to be ready to witness and support this intensity and the emotional reactions that it may bring forth in both the birthing person and the partner.

Here is a list of ideas for active labor support. It is advantageous to teach some of these techniques to the birthing person and partner prenatally, in case labor is moving quickly or they are needing more hands on

support before you arrive. These techniques may be useful at various points in labor, and in the prenatal and postpartum periods as well.

- **Mindfulness practices**-You might prompt your client to notice what their mind is telling them about this moment; quiet their mind and focus on being in the moment, being at peace, being at one with the experience; notice the details in their body and of their surroundings.
- **Breath awareness** and other BfW pain-coping practices.
- **Occupy/distract the mind**- Count, recite a nursery rhyme, repeat a mantra/affirmation (more on that below), etc. This could potentially be done together with a support person.
- **Toning**- Invite your client to sound a note that vibrates low in their body, using a hum, an “om” sound, or other sound that the client seems to enjoy. Make the sound continually throughout the contraction; others in the room can join as well.
- **Guided imagery/visualization**- You might talk your client through images, or they may do it themselves. Some popular visualizations might be the cervix softening and opening like a flower, riding the contraction like a wave, the burning of the contraction as the glow of a candle flame, etc.
- **Progressive relaxation/releasing muscles** – Bring the attention to releasing/softening one muscle group at a time. Consider focusing on the pelvic floor muscles or bottom. This might occur during contractions or between them.
- **Focal point to look at during contractions**- A candle (battery operated if in hospital), an image, a precious object, a crack in the wall, eye contact with a support person, etc.
- **Aromatherapy**- Place a few drops of soothing/invigorating/etc essential oil (lavender, orange, peppermint, lemon, etc) on a tissue or cloth and put it somewhere in the room. Depending on the

environment, you could also diffuse it on a candle, a light bulb, in a container of boiling water, etc. Alternately, use scented wipes to wipe the surfaces of the room. Scents can not only affect the laboring person's mood, but also help to mark the room as a special/private place to anyone entering and leaving it, which is helpful in a hospital setting. Do not put oils directly on the client's skin. If there is any doubt as to the client's tolerance of essential oils, be sure to use it in a way that can be easily reversed. (By throwing the tissue away in a trash can outside of the room, for example.)

- **Music-** Soothing, energizing, meditative -- have a few different playlists/artists ready.
- **Affirmations/mantras-** Note that some popular birth affirmations contain seeds of disappointment, guilt, or trauma, so, if possible, support your client in developing statements that will remain helpful/applicable/true in a range of situations, and that will not be contradicted by an unexpected or unwished-for outcome. Consider using the heart's question in statement form, if you did that process with them. Affirmations/mantras can be written on a piece of paper that the laboring person can look at, repeated by the laboring person themselves, and/or said to them by a support person.
- **Sending/receiving loving energy-** The laboring person faces their partner/support person. As the contraction builds, they send more and more intense loving energy to their partner (or the baby, the universe, etc.). They may also remain open to receiving the love and being sent to them by their labor, their partner, their baby, the universe, etc.
- **Gripping-** The laboring person can squeeze the arms of a chair, the rails of the bed, a support person's forearms (don't let them squeeze hands, as the person being squeezed could get hurt), a textured object, a ball, or small combs during a contraction.
- **Water-** Shower or bath (check with the medical care provider if membranes are ruptured). Try multiple positions to find what is right.

Drinking water is also important; dehydration can negatively affect labor. Try for at least one sip of water after every contraction.

- **Vocalizing**- Encourage the laboring person to make sounds that respond to or match their sensations. Sometimes it can be helpful for a support person to match their vocalization.
- **Massage**- Rhythmic touch to various parts of the body (back, shoulders, hands, feet, calves, etc), to relax, ease tension, or invigorate. Consider using an oil or lotion scented with soothing/invigorating/etc essential oils. Be sure to check beforehand if the client has any sensitivities to oil/lotion ingredients. If there is any doubt as to the client's tolerance of scents, use an unscented oil/lotion.
- **Pressure**- Hip squeezes, sacral pressure, or other forms of firm physical pressure on the body. This can be done with the hands, with a length of cloth (as in, for example, traditional Mexican rebozo techniques -- for more information, seek guides from within that tradition), or by the laboring person leaning against a tennis ball/massage ball/etc.
- **Movement**- Walking, dancing, swaying, rocking or bouncing on a birth ball, etc.
- **Position changes**- Standing, sitting, squatting, bending over, etc. If there is a birth ball, it can be used in a variety of ways to create a lot of possibilities for positions.
- **Relaxation**- Remember, while it does happen sometimes, we have no particular expectation that a person in active labor will look/feel particularly relaxed *during* contractions. However, it is very important that they relax *between* contractions; otherwise, they will become exhausted right away. So, after each contraction, help the laboring person to a sip of water, take care of anything that needs taking care of (position change, answering a nurse's question, etc.), and then do what is necessary for their body and mind to be at rest as much as possible.

- **Pain medication-** The question of medical pain relief may arise during active labor, whether raised by the birthing person, the partner, or medical care providers. Support your clients in their previously-articulated preferences, while also being prepared to support them if their preferences shift over the course of the experience.