

Resource Document

Short & Long Labors



Unexpectedly long or short labors can present particular challenges to a birth doula's practice. This document provides some things to consider when navigating either scenario.

Short labors

Sometimes, a client experiences an unusually fast labor, where the baby is born far more quickly than expected. (A “precipitous labor” is usually defined as a labor that lasts for less than three hours, but labors that are up to twice that length or even a little longer can end up *feeling* extremely fast, particularly if active labor and the second stage move unexpectedly quickly after a more typical-seeming early labor.) The main issue here for the doula is that there might not be enough time for them to provide the amount of labor support that both they and their client had hoped for, and that they may miss the birth altogether.

- You can't predict which client will have a fast labor, but you do want to pay attention to some potential hints that the labor *could* end up being on the shorter side. If your client has one or more of these signs, you might consider being a little more inclined to join them earlier than you would otherwise.
 - It is not the client's first baby.

- It is not the client's first baby, and their previous labors were fast.
- The client has a significant family history of fast labors. (Multiple siblings/parents/grandparents having had fast labors.)
- The client has significant cervical dilation or effacement (let's say, for argument's sake, over 2 or 3 centimeters dilated or over 50% effaced) before going into labor.
- Labor seems to be hitting unusually hard, with contractions very intense and close together from the beginning.
- If it becomes clear that the baby is going to be born before the client can get to the place of birth, or before the homebirth midwife arrives, a call should be placed immediately to the OB or midwife for instructions. If they cannot be reached right away, call 911. Generally speaking, it is ideal for the OB or midwife to be guiding the process, rather than a 911 operator.
- Most doulas' routine policy for times when a baby is born before they can get there is to simply go to the client as quickly as possible and provide postpartum support. In such cases, doulas will often provide a longer period of postpartum support than they would if they had been present for the birth.
- Fast labor may look lucky and enviable from the outside – the baby is born quickly, often without significant medical interventions. However, the experience of a fast labor is often extremely intense, both physically and psychologically. Be aware of this as you work with the postpartum parents; be careful not to suggest that they “should” be feeling lucky/grateful, and be ready to validate any negative emotions they may express.

Long labors

The central challenge presented by unusually long labors is exhaustion, both physical and psychological.

- If the client is having extended prodromal or early labor, you might take a come-and-go approach. Drop in, provide a vibe

check/foot rub/pep talk/cup of tea/etc., and head out again until things get more active.

- Take breaks. It can be relatively easy to grab shorter breaks (under an hour or so). Take a walk outside, have a quick snooze in the waiting room, get a coffee from the cafeteria, etc. Sometimes, it is possible/necessary to take a longer break – go home, nap for a few hours, and come back.
- Whenever you are not directly with the client, be sure that you remain available for phone/text/etc. support, and remember to keep the on-call mindset: you need to be ready to get up and go at a moment's notice.
- If the client has a birth partner, make sure that you're alternating rest times with them so that they also have the opportunity to rest, and so that the client is not left alone. If the client does not have a birth partner, you will have to use your judgment. Certainly let the nursing staff know if you will not be present for a while and what time you plan to return. Does your client have a friend or family member who can stay with them while you are resting? This might also be a moment for your backup doula.
- In very long labors, you may need to make use of your backup doula. If you are completely exhausted and cannot go on, or if you need a significant break but the client doesn't have a birth partner and/or requires continuous doula support, you can call on your backup doula to either take your place altogether or to stay with the client for a few hours. Obviously, you will need to split your fee with them if this happens, so you should discuss this eventuality when you agree to work together. If you plan for your backup doula to relieve you for just a few hours, be prepared for your client to ask that they remain instead of you. Don't take it personally – at certain parts of labor, a birthing person may simply bond with the person who is present in the moment.
- If the client has pain medication and is relatively comfortable, it's time for *everyone* in the birth room to rest. Encourage both client and partner to do so, and definitely take the opportunity yourself. If birth still seems a long way off, this might be a good time to go home for a while.

- Some doulas specify that their fee includes a certain number of hours (often 12) of in-person labor support, after which additional fees are assessed. This is not a widespread practice, and is not necessarily one that Birthing from Within recommends per se, but you should be aware that it exists. If you think that this approach might work for you and your clients, do some research to learn more, particularly in relation to your local standards of practice.