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. However, many women date, with a majority delivering within 2 weeks on either side of the EDC. 

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!

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.

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, they 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 of experience and 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
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.
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 meconium, 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 Massage 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.
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?

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**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.
• 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 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.
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• Remember Calm: A woman in labor absorbs subtle energies like a sponge. Each individual
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 toolbag:_ 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

**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 slowly 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

- **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. 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.
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.10,11

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.

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

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**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. 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.

- **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 MASSAGE 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...
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 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-pressed 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
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 acupressure 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.

**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
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 9.6  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.
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 discomfort.5

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.
• 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.

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.

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.

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.
• 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

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Helpful for back labor</th>
<th>Easy access for long strokes and sacral pressure</th>
<th>Restful for support companion</th>
<th>Restful for mother</th>
<th>Good for pushing</th>
<th>May encourage contractions</th>
<th>Widens pelvic outlet</th>
<th>May help baby descend in pelvis</th>
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* 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, 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 9.9  Straddling the chair position. This position offers good access into the shoulders. Save your hands by using the forearms to lean into the shoulders.](image)

![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.](image)
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.
- Pettrissage 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.
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,16,17 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 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 time!
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!

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**Case Study 9.4:**
**MASSAGE 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.

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.

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**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
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.

REFERENCES