

Tips for Partners

- ★ If labor begins at night, suggest she drink a big glass of water and take a warm, relaxing bath, then help her go back to sleep with a massage.
- ★ If labor begins during the day, take her to a place you both love where you can get used to labor together. Alternate walking and napping throughout the day.
- ★ You both should sleep every chance you get – there may not be another opportunity to sleep for a long time. Play music that helps her relax or massage her scalp, shoulders or back
- ★ Help her to remember to drink plenty of water or juice and to eat as long as possible; prepare (or buy) her favorite foods.
- ★ Wear something she likes, and keep in close, relaxed physical contact with her.
- ★ Take responsibility for making arrangements (pet or child care, phone calls, etc.) so she has nothing to think about except being in labor.
- ★ Play cards or watch a movie or TV with her.
- ★ Run her a bath or shower. Light some candles. Pour water over her back or belly.
- ★ Remind her to relax and focus.
- ★ Make her tea or broth to drink and remind her to eat small meals or snacks, especially before leaving for the hospital.
- ★ As labor progresses, help her relax by encouraging her to let her body "go limp," and stroke her gently to reassure her.
- ★ Synchronize your breathing with hers if she starts to panic -- help her to slow her breathing.
- ★ Don't be embarrassed to use common endearments with your doula, caregiver or nursing staff around; she needs to hear them from you!
- ★ In transition, speak tenderly to her between contractions, and maintain eye contact during contractions.



- ★ Once she is pushing, get your body close to her somehow so she feels your support and reinforcement. Support her head while she pushes by putting your hand under her pillow.
- ★ Let her know when you can see the baby's head, and help her if she wants to reach down and touch it.
- ★ Tell her you love her, especially after the baby is born.

Signs of Labor

Adapted from Pregnancy Childbirth and the Newborn
by: Penny Simpkin, P.T.; Janet Whaley, R.N., B.S.M.; and Ann Keppler, R.N., M.N.

Category	Signs	Comments
Possible signs of labor. These may or may not be early signs of labor; time will tell.	Backache. Vague, low, nagging; may cause restlessness	Different, less defined than posture-related backache from prolonged standing or sitting; may be caused by early contractions
	Menstrual-like cramps. May be accompanied by discomfort in thighs	May be intermittent or continuous; may be associated with prostaglandin action and early contractions
	Soft bowel movements. May be accompanied by intestinal cramps or digestive upset	May be related to increase in circulating prostaglandins, which ripen (soften and thin) your cervix
	Nesting urge. An unusual burst of energy resulting in great activity and a desire to complete preparations for baby	Think of this extra energy as a sign that you will have strength and stamina to handle labor; try to curb exhausting activity
Preliminary signs of labor. These are signs of progress, but are still associated with very early labor or pre-labor.	Bloody show. Passage of blood-tinged mucus from vagina; pink or red	Associated with thinning (effacement) and early opening (dilation) of cervix; may occur days before other signs or not until progressing labor contractions have begun; continues through labor
	Leaking of amniotic fluid from the vagina. Caused by a small release of membranes (ROM); leaking of bag of waters	Sometimes stops when membranes seal or continues on and off for hours or days; may hasten softening of the cervix
	Non-progressing contractions. Tend to stay about the same length, strength, and frequency; pre-labor contractions that may last for a short time or continue for hours before they go away (Braxton-Hicks contractions)	Accomplish softening and thinning (effacement) of cervix, although most dilation does not occur until you have positive signs
Positive signs of labor. These are the clearest signs of true labor.	Progressing contractions. Become longer, stronger, and closer together with time; are usually described as "painful" or "very strong" and are felt in the abdomen, back, or both	Dilate cervix; are not reduced by mother's activity and will not subside because of a change in activity
	Gush of amniotic fluid from the vagina. Caused by a large release of membranes (ROM)	Often accompanied or followed by progressing contractions