

The Three “R”’s of Labor Breathing Techniques

Relaxation, breathing, and imagery are essential components to making your labor as quick and comfortable as it can be. The purpose of all three is to shift your concentration from the sensation of the contraction to another focus. In so doing you lessen the uncomfortable sensation of the contraction. Listed below are the three “R”’s for promoting the best possible labor.

1. Relaxation breathing. This breathing technique, as with all labor breathing techniques, begins with a deep cleansing breath. This involves a deep breath in and out to signal the start of the contraction. It is a reminder to you to blow away the tension and relax as the contraction begins and ends. Then use slow, even breaths throughout the entire contraction. These can be done at whatever pace is comfortable for you and in whatever style works best for you. (I.E.: in through the nose and out through the mouth, in through the mouth and out through the nose, in and out through the nose or the mouth.) Another cleansing breath as the contraction finishes signifies the end of the contraction and promotes relaxation. This is relaxation breathing. It can be used as long as it is effective during labor.

2. Rhythm Breathing. The second “R” refers to finding any rhythm that works for you in regards to a breathing pattern. Again finding the rhythm and focusing on that helps remove your focus from the contraction and onto something helpful in dealing with labor. There are a number of rhythms that you may try. You will need to experiment and find the one that works best for you. Always remember that with each contraction you begin and end with a cleansing breath. Some examples include: 1) Relaxation breathing as contraction builds and switching to a shorter, quicker breath throughout the peak and then back to relaxation breathing for the end of the contraction. 2) Finding a rhythm like “Ha Ha Ha Ho” (short, short, short, long) and using that throughout the entire contraction. There is no magic in the rhythm itself but rather in the focus on the rhythm that makes it work. Any rhythm that is comfortable for you is what you should use. The rhythm may change throughout the labor and different rhythms should be practiced throughout the last weeks of pregnancy to get a good feel for how to do rhythm breathing.

3. Ritual techniques. The last “R” refers to rituals that help you to focus during contractions. They include things like a focal point, mind imagery, touch, massage, rocking, etc.

Pushing

There are two techniques for pushing we encourage women to use.

1. Gentle pushing: This type of pushing involves going with the sensations in your body. It can be done in any position and the mother may make groaning, moaning, grunting sounds. The mother does not hold her breath but instead, takes a deep breath as the contraction begins and

then gradually releases her breath as she bears down. This technique is much less traumatic to both mom and baby. Both receive more oxygen and less carbon dioxide builds up during pushing. Four or five gentle pushes occur during one contraction. Gentle pushing should be encouraged for as long as possible but at some point prolonged pushing may be necessary.

2. Prolonged Pushing. With prolonged pushing, at the start of the contraction Mom takes a couple deep breaths and then holds her breath and pushes for 10 to 15 seconds while pulling the legs up and out to the sides. The breath is released and another deep breath is taken and pushing continues for another 10-15 sec. Prolonged pushing is much more aggressive and causes a decreased amount of oxygen to both mom and baby. Three or four prolonged pushes can be accomplished during a contraction. Both types of pushing have the same feel as if mom were having a bowel movement.

Definition of Acronyms

When describing rupture of the amniotic fluid we suggest that Mom think of getting her “COAT” and coming to the hospital. COAT stands for

C- color of the amniotic fluid (should be clear, possibly with small flecks of vernix.)

O- odor of the amniotic fluid (should be NO odor)

A- amount of amniotic fluid (was there a very large gush, small leak, etc)

T- time amniotic membranes ruptured (would like to have baby delivered within 48 hrs of rupture)

When encouraging a support person to be as helpful as possible we suggest they think of the word “SUPPORT”.

S- supportive environment (always be positive, focus on mom and baby)

U- urinate at least once an hour

P- position changes frequently

P- praise and encouragement

O- out of bed! (walk, shower, chair, etc.)

R- relaxation

T- touch and massage

If a labor support person, be it a husband, mother, friend, nurse, etc., uses these suggestions he/she will help mom to have a much easier, more comfortable labor.