Strategies to Ease a Painful, Slow-to-Start Labor

by Penny Simkin, PT

Are you having frequent, painful contractions, with or without back pain, that are accompanied by ***NO*** dilation? Perhaps you have seen your midwife or doctor and been told that this is pre-labor. You are not even in labor (that is, dilating) yet. Such an early labor is often very discouraging and exhausting.

What causes such a pattern? There are several possibilities:

- Your baby may be occiput posterior.
- You may have a scarred cervix (from previous surgery, a biopsy, etc.).
- Your cervix may still be long, unripe, and/or posterior.
- You may be tensing your muscles or worrying a great deal about the labor, your baby, or something else.
- Several of the above factors may be occurring at the same time.

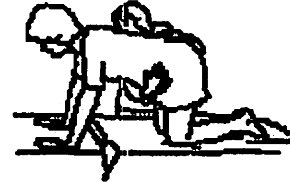
What to do. This is a reminder list. You should have learned these things in class:

- If possible to sleep, or doze between contractions, do so. Otherwise try interspersing restful activities (massage, music, guided imagery or visualizations) with distracting activities.
- Continue to eat and drink (high carbohydrate, low fat food and beverages).
- Try distraction (baking bread, visiting with friends, shopping).
- If contractions are too frequent and too painful for you to get relief from any of the above, try conscious tension release (the "roving body check," using slow breathing as a way to release tension).
- Especially if you have back pain and irregular contractions, try the open knee-chest position for 30 to 45 minutes (using pillows and your partner to help you stay in the position). If the baby is posterior, this position may help to "back" the baby's head out of the pelvis, giving it a chance to reposition before coming down again. Contractions may even stop for a while.
- Try abdominal lifting during contractions (lifting your belly while bending your knees). This may realign the baby more favorably with your pelvis and reduce some of your pain.
- If you want to slow down or stop the contractions to possibly get some rest, you might try a bath of deep warm water. Do not do this until it is clear that your labor is not progressing, you are very tired, and you cannot sleep outside the bath.
- Your caregiver can arrange a drug-or alcohol-induced rest if the above are unsuccessful and you become exhausted and discouraged.

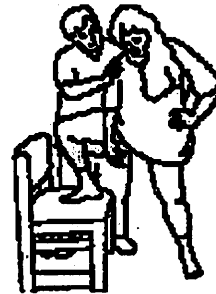
This kind of start to your labor does not mean that the rest of your labor will continue to be this slow and frustrating. By 4 or 5 centimeters, chances are that progress will normalize. Try not to get too discouraged.

f. **Slow dancing** (standing and swaying side to side while being embraced by your partner) is a pleasant alternative to walking. These movements help even if you do not know the baby's position.

g. **Abdominal Stroking.** While you are on hands and knees, your partner can reach beneath your abdomen and firmly stroke repeatedly across your abdomen in the direction the baby should rotate (from the side of your body where the baby's back is to the other side). The stroking should feel good. It is usually better to do it between, not during contractions. Don't do it if it is uncomfortable or if you do not know the baby's position



h. **The Lunge.** Standing and facing forward, place a chair beside you. Place one foot on the chair seat, with your knee and foot pointing to the side while you remain facing forward. Remaining upright, slowly "lunge," or lean sideways, toward the chair, so that you bend the knee of the leg on the chair. You should feel a stretch on the insides of both thighs. Stay in the lunge for a slow count of 5, then return to upright. Repeat during or between contractions. If you know the baby's position, lunge toward the side where his or her back is. If you do not know the baby's position, try lunging in each direction, and stick with the direction that is most comfortable.



i. **Abdominal Lifting**. While standing, interlock the fingers of your hands and place them against your pubic bone. During the contractions, lift your abdomen up and slightly in, while bending your knees. This often relieves back pain while improving the position of your baby in your pelvis.

j. The **Open Knee-Chest** position may help reposition an OP baby if used during very early labor. If you have frequent irregular painful contractions causing back pain, and your cervix is not dilating, try this. From hands and knees, lower your head and chest down to the floor or bed. Be sure your buttocks are high in the air and your hips are open enough that your knees are further from your belly than your hips (see illustration). Try to remain in that position for 30 to 45 minutes. Once the baby rotates to the occiput anterior position, the back pain usually subsides. Rotation can take place any time during labor, sometimes quite early, sometimes very late. Sometimes, with a persistent OP, the doctor assists rotation manually or with forceps. A very few babies do not rotate and are born facing forward ("sunny-side-up").

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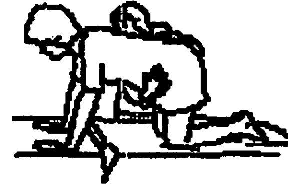

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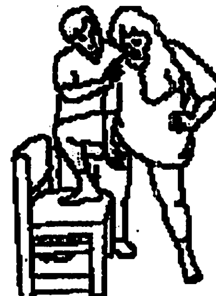

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Backache in Labor

by Penny Simkin, PT

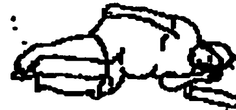
One woman in four feels intense backache during labor contractions. Such "back labor" is probably due to an occiput posterior (OP) position of the baby. This means that the baby is head-down but facing forward in your body, with the back of the baby's head (the occiput) pressing against the sacrum of your pelvis. Relaxation and breathing are not enough to cope with such pain. Here are some suggestions for additional ways to deal with backache during labor.

A. ***Encourage the baby to turn.***

1. Find out the position of the baby. Although it is not always possible, you may be able to tell by noting where you feel most small movements—kicking and punching. Because the baby's hand and foot movements are probably opposite where his or her back is, feeling those movements in the front of your abdomen may indicate an op position. Your nurse, midwife, or doctor can also usually tell by palpating your abdomen, or by feeling the baby's head during an vaginal exam.
2. Once you know the baby's position, use body positions, pelvic rocking, abdominal stroking, "slow dancing," walking, and the "lunge" to help the baby turn.

Positions and Movements.

a. **Sidelying.** Lie on your side with both hips and knees flexed, and a pillow between your knees, toward which your baby's back is pointing. If the baby is Left OP, lie on your left side; if Right OP, lie on your right side; if Direct OP, try either side and look for some rotation of the baby's back toward that side.



b. **Semi-prone.** Lie on your side with your lower arm behind you and your lower leg out straight. Flex your upper hip and knee, rest your knee on a doulbled-up pillow and roll toward your front. Lie on the side *opposite* the baby's occiput.

c. Also spend time on your **hands and knees**, or **kneeling and leaning forward** with your upper body on a chair or a birth ball (a large physical therapy ball). Some labor beds can be arranged to support you in this position.

d. **Pelvic Rocking.** While kneeling and leaning forward, rock your pelvis forward and back, or in a circle. This can help even if you do not know the baby's position. This helps dislodge the baby within your pelvis, encouraging rotation.

e. **Standing and walking** take advantage of gravity in encouraging descent of the baby. In addition, the alignment of the baby with the pelvis is thought to be most favorable in the upright position. Walking allows some movement within the pelvic joints, which may also encourage rotation of the baby.

Illustrations by Shanna dela Cruz (| 1999 by Ruth Ancheta) from *The Labor Progress Handbook: Early Interventions to Prevent and Treat Dystocia*, by Penny Simkin and Ruth Ancheta (Blackwell Science, 1999). Reproduced with permission.

B. ***Comfort measures for your partner to use.*** These can be used with the above measures for turning the baby to help reduce back pain.

1. **Massage of the low back and buttocks.** Use lotion, oil or cornstarch and firm, smooth stroking or kneading. She will tell you how she wants you to do it.

2. **Counterpressure.** Holding the front of her hip with one hand (to help her maintain balance) press steadily and firmly (with your fist or the heel of your hand) in one spot in the low back or buttocks area. She will help you know what spot to press—it varies from woman to woman and within the same labor. Try pressing in several places and she will tell you when you have found it.

   You usually have to press very hard during every contraction. This is very helpful in coping with the back pain. Between contractions you might massage the area or use cold or hot compresses, described below.

3. **The Double Hip Squeeze.** The mother kneels and leans forward (or on hands and knees). From behind, press on both sides of her buttocks with the palms of your hands. Apply pressure toward the center (pressing her hips together). Experiment to find the right places to press. Do this during contractions. Apply as much pressure as she needs.

4. **The Knee Press.** She sits upright in a chair that will not slide. You kneel on the floor in front of her and cup one hand over each knee and lean toward her so that you are pressing straight back toward her hip points. This releases tension and discomfort in her low back.

5. **Cold or Hot Compresses.** Place an ice pack, hot water bottle, cold or hot wet towel, frozen folded wet washcloth, or silica gel pack on the low back between contractions to relieve back pain. Cold usually is more effective, because of its numbing effects. *Before applying a cold pack*, be sure she is warm. If her hands, feet or nose are cold, wrap her in a warm blanket and put socks on before applying the cold pack. *Also, be sure there are one or more layers of cloth between her skin and the cold or hot pack*, so that she will feel a gradual increase in cold or warmth.

6. **Shower or Bath.** Direct the shower against her low back. It helps immensely. Both baths and showers are very relaxing and may help a great deal with back pain.

7. **Rolling Pressure Over the Low Back.** A rolling pin or better yet, a hollow rolling pin filled with ice, or a can of frozen juice or cold soda pop (keep a six pack in a bowl of ice, so you'll always have a cold can) rolled over her low back is soothing during or between contractions. Since such tools are rarely available in the hospital, you might bring them in, especially if she is having back labor at home.

In summary, if you have back labor, your efforts will have two purposes: to get the baby to turn; and to relieve your back pain. These measures will help, as will forces of uterine contractions, which usually encourage the baby to rotate. Once the baby has rotated to the occiput anterior position, the back pain usually subsides. Rotation can take place any time during labor, sometimes quite early, sometimes very late. Sometimes, with a persistent OP, the doctor assists rotation manually or with forceps. A very few babies do not rotate and are born facing forward ("sunny-side-up").

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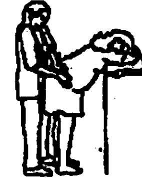

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