

## Transition

***The most intense part of labor is TRANSITION.*** This stage is often identified as the final dilation between seven to ten centimeters. The involuntary muscle is felt separating deep inside your core at the base of your uterus, where it fastens to your back. The pain is also felt along the pelvic floor above the pubococcygeus or kegel muscle. It's not so much a cramp as a series of tightenings that are pulling muscular tissue further away from the baby's head. Each tightening begins gently and transforms into an exceptionally powerful sensation.

An indicator that a woman may be in transition is that she begins to doubt herself: cry, yell, scream, groan, or give up her desire to labor without medication. At this point in labor you may experience difficulty getting comfortable in any position. You may also decide you don't want to be touched or spoken to.

***Transition is usually the shortest stage of labor, often less than thirty minutes. Although it may seem like an eternity, it's usually less than ten contractions.***

## Working Through Labor

Many other sensations may be felt as the baby turns and shifts. It helps to visualize the baby's descent and associate these sensations as positive progress. Even though the epidural is the most popular form of pain management, and reasonably safe in most circumstances, most child birth educators are strong proponents of natural or un-medicated delivery. But, even the most passionate advocates of natural childbirth may have moments where they reconsider their decision at the peak of a transition contraction.

***Sometimes expressions of gratitude are very calming.***

Thoughts such as: *I am thankful that we made it to the hospital safely, I am thankful my partner is here by my side, I am thankful that they assigned me such a helpful and positive supportive nurse, I am thankful for the comfort of the water and the jets.*

Some more common expressions are: *you can do this, you are doing this, your body is amazing, my cervix loosens and opens with every contraction.*

It's extremely effective to create a sensory overload during transition to diminish the sensation of pain. This can be done in a number of ways using any of the five senses. Music, voice, touch, aroma therapy are all very popular ways to divert the senses.

Vanilla and lavender are two of the most calming fragrances used in labor. The palm, lips, and feet are three of the most responsive and sensitive locations on the laboring woman's body. *A gesture as simple as holding her foot, giving her something with a unique texture to hold in her hand, or applying lip balm frequently, may be very soothing.*

## Second Stage of Labor

The second stage of labor is when the baby starts to move a little bit more down the birth canal. During the second stage of labor is usually when women start pushing with their contractions, and during that point is when the baby's head will actually move down the birth canal.

Some things she can do to speed up the descent are ***walk, pelvic rock, and squat***. All three of these motions open up the pelvic outlet and create a more direct route in the birth canal. When a woman comes out of a particularly difficult contraction and wants to sit on the toilet, it's a pretty good indicator that she's entering second stage la-

bor. The baby is descending low, and it's head causes an extreme amount of pressure in the birth canal, but it's being felt in the rectum as well. All women should expect to feel pressure in the pelvis regardless of whether or not they are anesthetized.

Frequent urination throughout the earlier stages of labor ensure that the bladder isn't full and impeding the optimal space for the descent during the pushing phase. During second stage labor, contractions usually space out quite a bit. The resting periods are longer with a five to seven minute break.

Pushing is hard work. It requires a lot of exertion. ***Most first labors include one to two hours of pushing.***

When the laboring woman begins pushing, the coach should instruct her to close her eyes and put her chin on her chest and take a deep pushing breath, filling the diaphragm and naturally applying pressure on the top of the fundus, then she can hold her breath to the point of comfort while she pushes. She may grunt to put a little extra force behind the push without straining.

***Often your provider will tell you to STOP pushing. They want to allow your perineum to stretch slowly to avoid tearing.*** For some women it may be difficult to stop pushing once they've begun. In this situation they should lift their chin off of their chest and point it as far up as they possibly can. It may even help to stick out their tongue similar to the lion's pose in yoga. A helpful position for pushing, if you have the epidural and are too weak to hold up your legs, is the side lie position. Most women use the typical classic position which imitates the squat, but at a tilted angle.

The benefits first of a squatting position for birth can be gravity, the birth canal is opened up a little bit as far as the bones and the muscles. It's a more natural position. Squatting takes certain muscles and comfort and stretching, ahead of time.

## Almost There

Once the baby or the infant's head starts to reach to the outside of the vagina, you actually can see a good portion of baby's head. That is called crowning, and happens right before delivery because everything is stretching right at that very moment. It only lasts just a few seconds, and the delivery is right after that.