Breathing Techniques for Labor

All physical activities involving coordination and mental discipline require that you regulate your breathing for effective and efficient performance. Labor is no different. Just like other comfort measures, rhythmic breathing in labor can enhance relaxation and relieve pain. The pattern used depends on the intensity of the contraction, your preference and your need for oxygen. Through practice, experimentation and adaptation you and your partner will find your own best way to use rhythmic breathing in labor.

Hyperventilation occurs when the balance of oxygen and carbon dioxide in your blood is altered, causing you to feel lightheaded or dizzy or having a tingling sensation in your fingers, feet or around your mouth. Breathing too deeply or too fast (or both) and increased tension leads to hyperventilation. Avoid hyperventilation:

- Re-breath your own air—breath into cupped hands
- Relax and reduce tension
- Set a slower and more shallow breathing pattern
- Refer to “Coping Strategies for the Support Person”

Breathing Basics

- Start with a “Relaxation Breath”, a slow, deep breath in
- Relax as you exhale
- Focus your attention (internal or external focal point)
- Find your breath
- End with a “Relaxation Breath”

There are two basic types of breathing for labor: Slow Breathing and Light (Shallow) Breathing. It is most restful to begin using slow breathing when needed in early labor and to use it for as long as helpful. Some women use only slow breathing throughout labor. It is important to master the two basic patterns so that they can help you with relaxation and distraction during labor. Adapt them as needed.

Slow Breathing:
Slowly inhale through your nose (or mouth) and exhale through your mouth, allowing all the air to flow out. Pause until the air seems to “want” to come again, but do not hold your breath. Breathe about six to ten times per minute (or about half your normal breathing rate).

Make your exhalation audible, keeping your mouth slightly open and relaxed. The audible out-breath sounds like a relaxing sigh. In labor, you may vocalize or moan as you breathe out.

Keep your shoulder down and relaxed. Relax your chest and abdomen so they can swell as you inhale and return to normal as you exhale.

Light/Shallow Breathing:
Light breathing is very useful if and when you find that you can no longer relax during contractions, the contractions are too painful with slow breathing or you are instinctively speeding up your breathing rate. Allow your contractions to guide you in the rate and depth of your breathing (usually about twenty to thirty times per minute or one to one and one half your normal breathing rate). Keep your mouth and shoulders relaxed.
Adaptations/Variations:

1. **Combination Breathing**: Use the intensity of your contraction to guide you in the rate and depth of your breathing. If your contractions peak slowly, begin breathing slowly when the contraction begins. As the contraction intensifies, accelerate and tighten your breathing. Keep it light and rapid over the peak. As the contraction subsides, gradually slow and deepen your breathing.

2. Some women find that **vocalizing** or verbalizing during labor contractions helps them to better manage. With vocal breathing, you breathe in a rhythm as described for slow or shallow breathing, but as you breathe out you make sounds or words (moaning, sighing counting, singing or chanting). Most women who use vocal breathing effectively use low tones. High-pitched tones indicate fear or pain.

3. **Slide Breathing**: Some women, especially those with asthma, find the more rapid pace of shallow breathing uncomfortable and tension producing. Instead, take a full slow breath in and breathe out by puffing lightly three of four times. “In...out- out,-out-out....”

4. **Pant-Blow** or “hee-hee-Who” combines light breathing with a pronounced exhalation. The last breath or “blow” helps to steady your rhythm and release tension. This is often used with a premature urge to push or intense contractions.

Tips to remember:

- Start breathing techniques when relaxation alone no longer keeps you comfortable.
- Change breathing pattern as their effectiveness lessens.
- Inhale through your nose (unless your nose is congested) and exhale through your mouth.
- Place the tip of your tongue behind upper teeth to reduce dry mouth.
- Always begin and end breathing patterns with a relaxation breath.
- Practice breathing in all positions.

Remember, there is no “right way” to breathe in labor. The right way for you to breathe is whatever feels right and works for you.

Coping Strategies

Reserve this for anytime during labor when your partner hits an emotional low or:

- She is in despair, weeps or cries out
- She wants to give up and feels she cannot go on
- She is very tense and cannot relax
- She is in a great deal of pain
- She can not maintain a rhythmic ritual in breathing, moaning or movement

The “Take Charge Routine” is exactly that. You move in close and do all you can to help her until she regains her inner strength. Usually her despair is temporary; with your help she can pass through it and her spirits will rise.

Use whatever parts of the following that seem appropriate:

- Remain calm. Your touch should be firm and confident. Your voice should remain calm and encouraging.
- Stay close by her side, your face near hers.
- Anchor her. Hold her shoulders or her hand in your hands—gently, confidently, firmly, or hold her tightly in your arms.
- Make eye contact. Tell her to open her eyes and look at you. Say it loudly enough that she can hear you—but calmly and kindly.
- Change your ritual during contractions. Try a different position. Try changing the breathing pattern. Breathe with her or pace her with your hand or voice.
- Encourage her every breath. Guide her in “rhythm talk”: “Breathe with me... BREATHE WITH ME... That’s the way... just like that... Good... STAY WITH IT... just like that... LOOK AT ME... Stay with me... good for you... it’s going away... good... good... Now, just rest. That was so good.” You can whisper these words or say them in a calm encouraging tone of voice. Sometimes you have to raise your voice to get her attention. But try to keep your tone calm and confident.
- Talk to her between contractions. Ask her if what you are doing is helping. Make suggestions, for example, “With the next one, let me help you more. I want you to look at me the moment it starts. We will breathe together so it won’t get ahead of us. Okay? Good. You’re doing so well. We’re really moving now...”
- Repeat yourself. She may not be able to continue what you tell her for more than a few seconds, but that’s fine. Say the same things again and help her continue.
- What if she says she can’t or won’t go on?
  - Change the ritual she has been using during contractions.
  - Don’t give up on her. This is a difficult time for her. You cannot help her if you decide she cannot handle it. Acknowledge to her and to yourself that it is difficult but not impossible.
  - Ask for help and reassurance. The nurse, doula or another support person can help a lot – measuring dilation, giving you advice, doing some of the coaching, and trying something new, even reassuring you that your partner is okay and that this is normal.
  - Remind her of the baby. It may seem surprising, but laboring women are so caught up in labor that they do not think much about their baby. It may help for her to remember why she is going through all this.
- What about pain medications? Do you suggest them or not? It depends on:
  - Her prior wishes. Did she want an un-medicated birth? How strongly did she feel about it?
  - How rapidly she is progressing and how far she still has to go. Ask physician or nurse to check her cervix for progress.
  - How well she responds to “The Take Charge Routine”/help.
  - Whether she is asking for medications herself or just agreeing with suggestion.

These factors help you decide what to do. It sometimes is difficult to balance preset wishes against prior wishes. Try to stick with what she wanted before labor regarding medication use. But, if in labor she insists on changing from the plan, respect her wishes.

Numerous women have said, “I never could have done it without my partner. If it hadn’t been for him/her, I would have given up.” By using the Take Charge Routine, you can indeed get your partner through those desperate moments when she feels she cannot go on. You can truly ease her burden by helping her with every breath.

Help her regain the rhythm she had by moving your hand/head up and down in that rhythm.

Information adapted from The Birth Partner (“The Take Charge Routine”), Penny Simpkin, 2008
Comfort Measures

Birth is a journey, a unique process for each woman. Therefore, every woman responds to labor differently depending upon the nature of their labor, sense of readiness, coping styles and their personal goals and expectations. As you prepare for labor consider the many different comfort measures and positions, adapting them to suit your own needs.

Moving and changing positions not only provide physical comfort, but can also speed up labor by adding the benefits of gravity and changing the shape of the pelvis to assist in the descent of the baby. Consider sitting, kneeling, standing, walking/slow dance, all fours and side-lying positions. Don’t forget to add movement; swaying and rocking in rhythm, these add both physical and emotional comfort.

### Standing/Walking

**Benefits**
- Change of scenery
- Gravity
- Reflexology
- Add movement
- Hugs help mother relax
- Lean forward; helps baby rotate
- Use in shower

**Partner**
- Massage back
- Try effleurage or abdominal lift
- Counter pressure
- Use good body mechanics
- Add abdominal lift

![Standing/Walking](image)

### Kneeling/All-Fours

**Benefits**
- Pressure off lower back
- Pelvic mobility
- Helps baby rotate
- Gravity
- Good position for pushing

**Partner**
- Massage
- Counter pressure
- Double hip-squeeze
- Add pelvic tilt
- Remind her, keep knees open
Counter Pressure

**Benefits**
- Relieves back pain
- Aids in rotation of baby

**Partner**
- Ask for feedback
- Counter pressure during contractions
- Massage between contractions
- Use with heat/cold compresses
- Good body mechanics

- Double Hip Squeeze
- Knee press
- Back to back
- Lower back

Massage

**Benefits**
- Relaxation
- Touch

**Partner**
- Ask for feedback from mom
- Add counter pressure to lower back/hips.
- Massage tools
- Rhythmic, pace with mom’s breathing

Semi-Reclining

**Benefits**
- Relaxation
- Position for birth
- Touch/closeness

**Partner**
- Massage
- Effleurage
Squatting

Benefits
- Gravity
- Use exercise ball
- Opens pelvis
- Descent of baby
- Rotation of baby
- Good position for pushing

Partner
- Massage
- Support
- Counter pressure

Side-Lying

Benefits
- Rest
- Good position for pushing

Partner
- Massage
- Counter pressure
- Change position often