

Stages of Labor (2)

pushing



You will find that you either like pushing much better than the dilation stage because there's something to *do*, or find it more difficult because of the active visceral intensity of the baby coming through. At first, it will just feel like you need to poop!



Physiological Pushing

- Your uterus can push a baby out on its own. Your voluntary pushing adds many times the power of your uterus alone.
- If pushing is long, change positions every 20-30 minutes and try side-lying release (on both sides).
- With each push, you may feel baby come down and go back in--this can feel like a bumper, but it's a healthy way to slowly stretch the tissues.
- Maximum pelvic mobility is gained in a hands + knees position



To open the pelvic outlet, try pushing with a pillow or ball between your feet, knees together.

Waiting until baby is low to start pushing means you preserve your energy for effective pushing.

This may mean waiting after 10 cms. This is "laboring down" or "rest and descend."

see Osborne & Hanson, 2014

This is one time when **laying down can help** baby descend and limbo under the pubic bone.

(For most of labor, including when baby is crowning, supine positions prevent progress.)



Meet your pushing muscles...

Try This!

Go pee first. Then...

- With two hands on your low abdomen, feel the muscular difference between a forceful exhale ("haaa!" or "shhh!") and lightly bearing down while holding your breath.
- Tense your pelvic floor and inside your hips--notice what it feels like. Now, fully relax, a bit more with each heartbeat or exhale, so that you're letting it all be heavy and soft.
- Notice the bulge you feel in your perineum when you cough. Try to feel the same bulge when holding your breath--it doesn't work.



Ring of fire?

This feeling as the baby crowns is your body's way of saying that you are tight and stretched the the max. Consciously relax and breathe into the ring, softening and waiting to push until the burning subsides.

Can you avoid tearing?

- try hands+knees, knees, or side-lying (Jansson et al., 2020)
- allow counterpressure or warm compress (Magoga et al., 2019; Sveinsdottir et al., 2019)
- relax your perineum (pelvic softening spiral) between pushes
- push with the urge to push, not for a count (Simpson & James, 2005; Basu, et. al, 2016)
- push with an exhale (Ahmadi, et al., 2017)
- keep off your tailbone/avoid laying back (Curl, 2019)
- do perineal massage in pregnancy (Abdelhakim et al., 2020)

Pushing is a vulnerable time and can be triggering for some, especially those with a history of traumatic birth or sexual abuse. Talk to your therapist about how to manage these feelings.