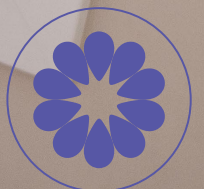


Lansinoh®
FOR HEALTHCARE PROFESSIONALS

Preparing women
for birth



Preparing for birth

Preparing for birth is crucial as it empowers parents with knowledge, reduces anxiety, promotes informed decision-making, and enhances physical and emotional readiness for the transformative experience of childbirth. It is important to help pregnant parents prepare not only for the birth itself but also for postpartum recovery. As they reach the later stages of pregnancy, help them think about how to minimise interventions during labour and birth and share coping strategies around postnatal self-care and baby care.¹

Antenatal preparation for birth



ANTENATAL COLOSTRUM HARVESTING

Expectant mothers may benefit from expressing colostrum before delivery from week 36 to week 37 in pregnancy. It is especially beneficial for the baby if they are likely to have difficulties with feeding or maintaining their blood sugar levels during the first few days after birth.

Storing colostrum pre-birth eases pressure in early breastfeeding days and familiarises the mother with milk expression.^{2,3,4,5}

Before collecting colostrum, pregnant mums should seek advice from their health professional regarding how to hand express and store colostrum.



HYPNOBIRTHING

Hypnobirthing teaches relaxation and visualisation skills, beneficial during labour examinations or when experiencing 'afterpains.' These techniques can complement other pain-management strategies, such as Transcutaneous Electrical Nerve Stimulation (TENS), alternative therapies, and analgesia.^{6,7,8}



PREPARING FOR POSTPARTUM RECOVERY

Encourage women to assemble home essentials for post-birth recovery. Items such as ice packs or 'padsicles,' a perineal hygiene water bottle, nipple cream, analgesia, and maternity pads can alleviate discomfort and minimise stress.



BREASTFEEDING

Provide practical insights into the initial days, including advice on alternative breastfeeding positions for postpartum comfort. Assure mothers that breastfeeding is a learning process that takes time and practice, emphasising its role in fostering the bond between mother and baby.



BIRTH ENVIRONMENT

The birthing environment significantly impacts a woman's experience of labour and delivery. Have supportive discussions with each expectant mother about her preferred location and mode of delivery and make every effort to respect her requests where possible. Each woman will have preconceptions about risk and safety during delivery, so ensure there is enough time to discuss the relative merits of different types of delivery and birth settings.

Whatever the setting, allow the mother to control as many aspects as possible, such as her choice of birth support and music. She might also be able to choose lighting, pain relief, and birthing aids, such as a pool, birthing stool, mat, or bean bag.⁹



WIDER SUPPORT NETWORK

Although women usually have supporters during birth, a broader support network becomes invaluable in the early days of parenthood. Assist them in identifying plans for the initial postnatal period. Are family or friends available to gather groceries and baby supplies, prepare meals, handle chores, or share updates?



ANTENATAL PERINEAL MASSAGE (APM)

Antenatal perineal massage, or APM, involves massaging the perineal skin to facilitate tissue expansion during birth. Starting at week 34, it's recommended two to three times a week for five to ten minutes. The woman can self-massage or ask her partner for assistance.

Clinical evidence supports that antenatal perineal massage (APM) lowers the risk of perineal trauma during childbirth, decreasing the likelihood of stitches or episiotomy. Women who incorporate APM into their pregnancy routine also decrease their chances of experiencing persistent perineal pain after giving birth.¹⁰ The most substantial advantages are observed in first-time mothers, with up to 90% experiencing some degree of perineal trauma.¹¹

BENEFITS OF PERINEAL MASSAGE

The Royal College of Obstetricians and Gynaecologists (RCOG) recommends antenatal perineal massage (APM) as part of birth preparation for the following reasons:

- It readies the perineal tissue for childbirth by increasing blood flow, aiding in more flexible stretching.¹²
- It reduces the risk of tearing, with approximately one in fifteen women practising APM avoiding episiotomy or stitches for perineal tearing.¹²
- It familiarises the mother with the stretching sensation, providing a sense of calm and control during the crowning stage of labour.¹⁴



Birth positions - upright

When a woman can choose her preferred position(s) during labour and birth, she feels more prepared and in control, making delivery easier.¹⁵

Support her to follow her body’s instincts and to adopt positions that open her pelvis, such as squatting, standing, kneeling or hanging. Ensure she feels listened to and supported, and suggest helpful adjustments.^{16,17}

Supported Kneel



Hanging Squat



All Fours



Slow Dance



Birth environment

Women experience various stresses during birth, affecting their physiological and emotional well-being and hormonal responses. A low-stress, therapeutic environment can significantly reduce a woman’s perception of discomfort during labour and delivery.

A low-intensity birthing environment helps reduce stress hormones and promotes the production of oxytocin. Increased oxytocin counteracts the mother’s ‘fight or flight’ reaction and helps her preserve her energy.

Pain management

There are many options for pain management during labour and birth, often aligned with particular types of delivery or birth settings. Help women explore options for pain management antenatally so they can choose what is best for them and their babies. The benefits and drawbacks of specific strategies will depend on each woman and may change as her pregnancy progresses.⁶



The International Association for the Study of Pain (IASP) acknowledges that ‘Pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors.’¹⁸ Pain is a physiological part of labour but each woman has their own life experience and concepts of birth they bring to their individual pregnancy.^{7,8}

Encourage open discussions about pain-management plans during pregnancy, supporting women’s informed decisions and individual choices.



Pain management options

There are many pain-management options to consider when preparing for labour. Guide women through all the non-medical techniques and medical pain relief options available, and take a flexible approach.



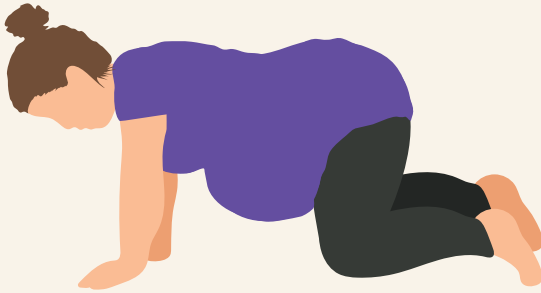
Sanders, R and Lamb K (2014). An exploration of the benefits and drawbacks of intrapartum pain management strategies. *British Journal of Midwifery*.

Natural pain management options



FOCUSED BREATHING OR RELAXATION EXERCISES

Self-generated, holistic pain-management strategies can be beneficial in early labour. Options include breathing and relaxation techniques and complementary therapies such as aromatherapy, massage and TENS.¹⁹ Empower women to explore these options during pregnancy, providing support if they choose them for labour.



MOVEMENT

Walking, moving, or changing position can help alleviate pain. All-fours is an excellent position to be in for a lower back massage. Many women find lower back massage by their birth partner helps relieve the pain of contractions.

BIRTHING BALL

Bouncing, rolling or leaning on a birthing ball can help relieve back pain, decrease pelvic pressure, and shorten the first labour stage.²⁰



HYDROTHERAPY

A shower or bath at home can be soothing and relaxing in the early stages of labour. In the later stages, a birthing pool can provide a private space with freedom of movement and warm water to ease discomfort.



Medical pain management options

EPIDURAL

Women may choose regional anaesthesia, such as an epidural, which will stop them from feeling pain but can pose a challenge to mobility and independence. Historically, epidurals have been associated with increased instrumental birth (forceps or ventouse) rates.



Your professional guidance can have a significant impact on women's birth outcomes.

A randomised clinical trial including 3,093 women across 41 UK hospitals found that those who adopted a side-lying position following a low-level epidural were more likely to have spontaneous vaginal birth than those who lay on their backs.¹⁶



ENTONOX & PETHIDINE

Self-administered inhalation analgesics, such as Entonox ('gas and air'), are common in birth settings. These let women feel in control while offering short-term pain relief.

Opioid pain management, such as Pethidine, can increase relaxation and have a soothing effect, but the degree of pain relief may be poor.^{21,22} Pethidine may also make some babies drowsy and affect breathing, which can impede breastfeeding initiation. Discuss these downsides with expectant mothers antenatally.²³

Role of birth supporters

When planning for birth, discuss the birth partner's role and how they can best support the expectant mother in labour and during the early weeks after birth.¹⁷

Birth partners or supporters are a vital source of practical and emotional support.

They can:

- **Supply Information and Education:** Birth companions can offer valuable information and education, helping birth partners make informed decisions during labour and delivery.
- **Offer Physical Assistance:** From providing physical comfort measures to assisting with relaxation techniques, birth companions play a hands-on role in easing the challenges of childbirth.
- **Provide a Crucial Emotional Anchor:** Offering reassurance, comfort, and encouragement throughout the birthing process.
- **Aid Communication with Healthcare Providers:** Promoting a collaborative and supportive birthing environment.¹⁷

Supporting Birth Companions

In promoting positive birthing experiences, **healthcare professionals** play a crucial role by:-

- **Education and Information:** Provide birth supporters with comprehensive information about the birthing process, including what to expect at each stage, potential interventions, and coping strategies. This knowledge empowers birth supporters to actively participate and offer informed assistance.
- **Communication Skills:** Help birth supporters develop effective communication skills, ensuring they can express their birthing partner's preferences and concerns clearly to the healthcare team. This includes understanding medical terminology and advocating for the birth partner's wishes.
- **Emotional Support:** Supporting birth supporters emotionally by acknowledging their role, validate their feelings, and provide encouragement throughout the labour and delivery process.
- **Practical Skills Training:** Offer hands-on training for massage techniques, positioning suggestions, and comfort measures. This equips birth supporters with the tools needed to physically support the birthing individual.
- **Inclusion in Decision-Making:** Involve birth supporters in the decision-making process, explaining various options and potential outcomes. This collaborative approach ensures that birth supporters feel engaged and valued during the birthing experience.



What to pack for birth?

FOR MOTHER

- Loose and comfortable clothes
- Loose fitting nightwear, which is front-opening
- Supportive nursing bras
- Comfortable big knickers
- Dressing gown and slippers
- Maternity pads
- Breast pads
- Toiletries - including lip balm, hairbrush and hair ties, deodorant, soap, toothbrush and paste
- Handheld fan
- Water spray to cool face in labour
- Perineal water bottle
- Hot and cold pads/'Padiscles'



FOR BIRTH PARTNER

- A change of clothes
- Toiletries
- Healthy drinks and snacks
- Towel and pillow
- Phone and charger
- Change/bank cards for vending machines



ESSENTIAL ITEMS

- Handheld notes (even if notes are digital, paper copies are a useful 'back up')
- Birth plan
- Any regular medications
- Phone and charger with support network contact details



FOR BIRTH

- Healthy snacks
- Drinks and straws
- Flannel - can be used as cold/hot compress
- A TENS machine (optional)
- Massage or aromatherapy oils (optional)
- Positive affirmations (optional)
- A good playlist



FOR BABY

- Clothes - bodysuits, vests, sleepsuits, hats, scratch mittens, socks
- Muslin squares & blanket
- Nappies & cotton wool balls
- Car seat



REFERENCES

Checked Jan 2024

1. National Institute for Health and Care excellence (2019). Antenatal Care for Uncomplicated Pregnancies. Clinical Guideline CG62
2. National Institute for Health and Care excellence (2015). Diabetes in pregnancy: management from preconception to the postnatal period.
3. Wszolek, K. (2015). Hand expressing in pregnancy and colostrum harvesting—preparation for successful breastfeeding British Journal of Midwifery Vol. 23, No. 4
4. Chapman T., Pincombe J., Harris., M. (2013). Antenatal breast expression: A critical review of literature. Midwifery 29(3): 203-10
5. East, C., Doolan, W., Forster, D. (2014). Antenatal breast milk expression by women with diabetes for improving infant outcomes. Cochrane Database Syst Rev 7: CD010408
6. Sanders, R. and Lamb, K. (2014). An exploration of the benefits and drawbacks of intrapartum pain management strategies. British Journal of Midwifery. 2:9
7. Sanders, R. (2015). Functional discomfort and a shift in midwifery paradigm. Women & Birth 28(3): e87-e91. <https://doi.org/10.1016/j.wombi.2015.03.001>
8. Sanders, R. and Lamb, K. (2017). Non-pharmacological pain management strategies for labour: Maintaining a physiological outlook. British Journal of Midwifery 25:2, 78-85
9. World Health Organisation (WHO) (2018). WHO recommendations on intrapartum care for a positive childbirth experience. Geneva, WHO. Available at: <https://extranet.who.int/rhl/guidelines/who-recommendations-intrapartum-care-positive-childbirth-experience>
10. BECKMANN MM and STOCK OM (2013) Antenatal perineal massage for reducing perineal trauma. Cochrane Database Syst Rev 2013, Issue 4. Art. No.: CD005123. Available at: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD005123.pub3/full>
11. Royal College of Obstetricians and Gynecologists (RCOG) (2020) Definition of perineal tears. Available at: <https://elearning.rcog.org.uk/perineal-surgery/perineal-repair/definition-perineal-tears>
12. NHS Guy's and St Thomas' NHS Foundation Trust Massage for perineal, episiotomy and caesarean scars <https://www.guysandstthomas.nhs.uk/resources/patient-information/therapies/physiotherapy/massage-perineal-episiotomy-caesarean-scars.aspx>
13. Perineal Massage in Pregnancy (2016). Journal of Midwifery & Women's Health, 61: 143-144. <https://doi.org/10.1111/jmwh.12427>
14. <https://www.verywellfamily.com/perineal-massage-2752795>
15. Berta, M., Lindgren, H., Christensson, K. et al. (2019). Effect of maternal birth positions on duration of second stage of labor: systematic review and meta-analysis. BMC Pregnancy Childbirth 19, 466 (2019). <https://doi.org/10.1186/s12884-019-2620-0>
16. Bick D, Briley A, Brocklehurst P, et al. (2017). A multicentre, randomised controlled trial of position during the late stages of labour in nulliparous women with an epidural: clinical effectiveness and an economic evaluation (BUMPES). Southampton (UK): NIHR Journals Library; (Health Technology Assessment, No. 21.65.) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK464226/> doi: 10.3310/hta21650
17. Royal College of Midwives (2018) Midwifery care in labour guidance for all women in all settings.Blue Top Guidance No.1
18. International Association for the Study of Pain. (2020). IASP Announces Revised Definition of Pain. Available at: <https://www.iasp-pain.org/PublicationsNews/NewsDetail.aspx?ItemNumber=10475#:~:text=Pain%20is%20always%20a%20personal,%2C%20psychological%2C%20and%20social%20factors.&text=A%20person's%20report%20of%-20an,social%20and%20psychological%20well%2Dbeing>
19. Thomson, G., Feeley, C., Moran, V.H. et al. (2019) Women's experiences of pharmacological and non-pharmacological pain relief methods for labour and childbirth: a qualitative systematic review. Reprod Health 16, 71. <https://doi.org/10.1186/s12978-019-0735-4>
20. Sindiwe J, Hudek M, (2017) Experiences of South African multiparous labouring women using the birthing ball to encourage vaginal births.Health SA Gesondheid,Volume 22:36-42. Abstract available (<https://www.sciencedirect.com/science/article/pii/S102598481630031X>)
21. Leap, N. and Hunter, B. (2016). Supporting women for labour and birth: A thoughtful guide. Routledge
22. Sanders, R. (2015). Functional discomfort and a shift in midwifery paradigm. Women & Birth 28(3): e87-e91. <https://doi.org/10.1016/j.wombi.2015.03.001>
23. Lowth M. (2017) Pain relief in labour. Available at: <https://patient.info/pregnancy/labour-childbirth/pain-relief-in-labour> [Accessed 19th April 2021]

Lansinoh®
FOR HEALTHCARE PROFESSIONALS