

# Sacral Counterpressure

## WHAT TO SAY

### LOCATING

*"Can you point to where the pressure is worst? I want to get right on the spot."*

### CHECKING IN

*"How does that feel — too much, not enough, or right there?"*

### DURING CONTRACTION

*"Hold on. Breathe out. I've got you. I'm not moving."*

### BETWEEN

*"Rest now. Let your body go completely soft. I'll be ready for the next one."*

### 1 Find the sacrum

Flat triangular bone at the base of the spine, just above the tailbone. Ask client to point to where the pressure is worst.

### 2 Choose your tool

Start with the heel of your hand. The massage roller or metal tool gives a more focused pressure point.

### 3 Apply firm, steady pressure

Press INWARD and slightly upward. Hold still — this is not rubbing. Sustained pressure is the technique.

### 4 Hold and check in

Hold through the full contraction. Ask: 'Right spot? More or less?' Adjust without losing contact.

### 5 Release and reset

Release fully between contractions. Take a breath, reset your stance, and be ready for the next one.

### BODY MECHANICS

Bend your knees and use body weight — not arm strength. Stagger your stance. Switch sides every few contractions to protect your own back.

# Double Hip Squeeze

## WHAT TO SAY

### ASKING PERMISSION

*"On the next one, I'd like to try squeezing your hips. Is that okay?"*

### LOCATING

*"I'm going to put my hands on the outside of your hips — let me know if I should move them."*

### CHECKING IN

*"How does that feel? I can push harder or back off — just tell me."*

### ENCOURAGEMENT

*"Your body knows exactly what to do. I've got you through this one."*

### Position the client

- 1 Client leans forward onto birth ball, bed edge, or wall. She should feel supported, not holding herself up.

### Find the right spot

- 2 Place palms on the fleshy OUTER hips — not the waist, not the upper buttocks. The bony prominence of the outer hip.

### Squeeze inward

- 3 Press both hands INWARD and slightly upward simultaneously. Firm, even pressure from both sides at once.

### Hold through the contraction

- 4 Do not release until the contraction fully fades. Ask: 'More pressure or less? Higher or lower?'

### Release and protect yourself

- 5 Release fully between contractions. Bend knees, stagger stance, push from your legs not your arms.

### SUSTAINING PRESSURE

You are holding firm pressure for 60+ seconds. Bend your knees, push from your legs, and use your body weight. If your hands tire, shift to your palms or try the rebozo version.

# Single-Side Sacral Press

## WHAT TO SAY

### LOCATING

*"Can you show me exactly where — use one finger. I want to get right on it."*

### ADJUSTING

*"Right spot, or should I move — up, down, left, right?"*

### DURING

*"Just breathe. I've got you right there. I'm not moving."*

### SWITCHING TOOLS

*"Let me try the metal tool on that spot — it gives a more focused point of pressure."*

### 1 Identify the painful side

Ask: 'Which side hurts more?' Ask client to point with one finger to the most painful spot.

### 2 Position your tool

Place the heel of your hand or a metal tool directly on that spot. Stay off the spine itself.

### 3 Apply targeted pressure

Press INWARD and slightly downward on the painful side. Firm, steady, and still.

### 4 Check and adjust

Ask: 'Am I in the right spot? Higher, lower, left, right?' Move in small increments until she confirms.

### 5 Hold

Sustained hold through the full contraction. Not a rub, not a circle — a focused, still press.

### CLINICAL NOTE

Single-side pressure is especially useful for back labor with a posterior (OP) baby. The painful side is often where baby's spine is pressing. Firm, targeted pressure on that spot provides direct relief.

# Effleurage (Light-Touch Massage)

## WHAT TO SAY

### ASKING

*"Can I try some very light touch on your lower back? I'll be really gentle."*

### DURING

*"Just breathe. Let my hands follow your breath. You don't have to do anything."*

### CHECKING

*"Is this pressure okay? I can go even lighter if you want."*

### IF SHE PULLS AWAY

*"Totally fine — just rest. I'm right here when you want me again."*

### 1 Ask consent first

'Can I try some light touch on your back?' Ask before every new type of touch — not just once at the start.

### 2 Position your hands

Fingertips only. Start at the lower back. No palm contact — effleurage is fingertip work.

### 3 Begin light circles

Very slow, feather-light circles. Move with her breath — slower and lighter on the exhale.

### 4 Read her body

Watch her face and shoulders. Softening = continue. Tension or pulling away = back off immediately.

### 5 Adjust or stop

If she tenses, lift your hands and ask: 'Would you like something different, or just a moment?'

### CONSENT IS ONGOING

Ask before each new touch — not just at the start. Sensitivity changes contraction to contraction. If she says stop, stop immediately and wait for her cue to re-engage.

# Hand Massage

## WHAT TO SAY

**1 Ask consent**  
'Would you like me to work on your hands between contractions?' This is a between-contractions technique only.

**2 Warm the oil**  
Put a small amount of oil or lotion on your palms and warm it before touching her hand.

**3 Palm circles**  
Slow, firm thumb circles in the center of the palm, working outward toward the fingers.

**4 Finger work**  
Gentle pull and release on each finger from base to tip. Slow and deliberate.

**5 Metal tool**  
Use the metal massage tool along the palm and heel of hand for deeper, more focused pressure.

### **BETWEEN CONTRACTIONS ONLY**

Set the hand down as soon as a contraction starts. Hand massage is calming and centering between contractions — it is not a technique for use during a contraction.

### **OFFERING**

*"Can I hold your hand for a few minutes? I'm going to do some gentle work on it."*

### **EXPLAINING**

*"I'm going to do slow circles in your palm — tell me if you want more or less pressure."*

### **CHECKING**

*"How does that feel? I can go deeper or lighter."*

### **TRANSITIONING**

*"Contraction coming — I'm going to set your hand down. I'm right here."*

# Scalp & Shoulder Touch

## WHAT TO SAY

### OFFERING

*"Would some gentle touch on your scalp feel nice right now?"*

### DURING

*"I'm just going to be right here. You don't have to do anything at all."*

### IF SHE'S DEEP IN LABOR

*"Stay right where you are. I'll just be quiet and be here with you."*

### ENCOURAGEMENT

*"You're so deep in your work right now. This is exactly what labor looks like."*

### 1 Ask consent

'Would some gentle touch on your scalp feel nice?' This is a quieter, more intimate technique — always ask.

### 2 Scalp circles

Very gentle fingertip circles on the scalp. Start at the temples and work slowly toward the crown.

### 3 Shoulder pressure

Light pressure on the tops of the shoulders and base of the neck. Follow the breath.

### 4 Go lighter than you think

The goal is to activate the relaxation response, not work out muscle tension. Lighter is almost always better.

### 5 Read the room

If she is deep in 'labor land,' this helps her stay there. Less talking. Just presence.

### LABOR LAND

Some clients enter a deeply inward, altered state during active labor. Scalp and shoulder touch helps maintain that state. Less talking is almost always more effective during these moments.

# Hands-and-Knees

## WHAT TO SAY

### INTRODUCING

*"This takes the pressure off your back and gives baby more room to turn."*

### SUPPORTING

*"Can you try slow hip circles? Just let your hips move however feels good."*

### ENCOURAGING

*"You're doing so well. Can you give me a few more contractions in this position?"*

### TRANSITIONING

*"Let's gently come up when you're ready. Take your time — no rush."*

### 1 Set up the position

Client on all fours: wrists under shoulders, knees under hips. Offer a mat or padding under the knees.

### 2 Support with birth ball

Place the birth ball under the chest so she can lean into it. This makes the position sustainable much longer.

### 3 Add movement

Encourage slow hip circles, side to side, or figure-8. Movement within the position is beneficial.

### 4 Encourage duration

This position is most effective when held 20–30 minutes. Support her in staying there.

### 5 Transition carefully

Help her off all fours slowly. She may feel dizzy or her arms may be tired. Take your time.

### BEST FOR OP BABIES

Hands-and-knees is the gold standard position for a posterior (sunny-side up) baby. If you suspect OP positioning, stay here as long as tolerated. 20–30 minutes is the goal.

# Standing Lunge

## WHAT TO SAY

**1 Find a surface**  
One foot elevated 12–18 inches — a sturdy chair, step stool, or hospital bed rail all work.

**2 Time it with contractions**  
The lunge happens DURING the contraction, not between. Set up the position between contractions.

**3 Lunge into it**  
Client leans knee toward the elevated foot as the contraction peaks. Doula steadies from behind.

**4 Alternate sides**  
After 2–3 contractions, switch feet. Alternating creates asymmetrical pelvic opening on each side.

**5 Doula position**  
Stand slightly behind and to the side. One hand on her hip or waist. Ready to catch if needed.

### SAFETY FIRST

Keep a firm hand on her during the lunge. She may feel off-balance at the peak of a contraction. Never let her lunge unsupported — plant your feet wide and be ready to absorb her weight.

### INTRODUCING

*"We're going to try a lunge on the next one. Lean your knee toward that foot when it comes."*

### DURING

*"Lean into it. That's exactly right. Breathe through it."*

### ALTERNATING

*"Let's try the other side for the next few. Same thing — lunge toward that foot."*

### ENCOURAGING

*"That asymmetry is exactly what we want. You're creating space for baby."*

# Side-Lying

## WHAT TO SAY

### INTRODUCING

*"Let's get you on your side for a rest. You can keep working from here."*

### POSITIONING

*"I'm going to put this ball between your knees — it keeps your pelvis in a good position."*

### SIDE CHOICE

*"Let's try this side — it may help baby find a better angle."*

### ENCOURAGEMENT

*"Rest between the contractions. Your body is still working even while you rest."*

### 1 Position the body

Lower leg extended, upper leg bent. Pillow or peanut ball between the knees to maintain pelvic opening.

### 2 Support the upper leg

The upper knee should not collapse forward or hang without support. The peanut ball keeps it lifted.

### 3 Consider OP positioning

If baby is posterior, lie on the side OPPOSITE baby's back to use gravity for rotation.

### 4 Switch sides regularly

Every 20–30 minutes, switch sides with assistance. Don't stay on one side too long.

### 5 Encourage rest

Side-lying is one of the few positions where a client can genuinely rest between contractions.

#### OP POSITIONING TIP

For a posterior baby, side-lying on the side opposite baby's back uses gravity to encourage rotation. Ask the nurse which side baby's spine is facing — then position her on the other side.

# Supported Squat

## WHAT TO SAY

### INTRODUCING

*"I want to try a squat on the next contraction. Hold my hands and we'll sink down together."*

### DURING

*"Down — wide — breathe. I've got you. Hold here."*

### COMING UP

*"Good. Let's come back up together. Take your time."*

### ENCOURAGING

*"That opens your pelvis by almost a third. You're doing exactly what baby needs."*

## STATION 3

### 1 Set up the hold

Client holds doula's hands, or hangs from partner's neck in a 'slow dance' position.

### 2 Time it right

Squat DOWN as the contraction starts. Come back up between. This is not a resting position.

### 3 Open fully

Feet hip-width or wider. Heels flat on floor if possible. Knees tracking over toes.

### 4 Doula position

Stand directly in front. Lock your arms. Do not let her pull you off balance.

### 5 Duration

Only a few contractions at a time — this is intense. Alternate with another position.

### PROTECT YOUR STANCE

Plant your feet wide and bend your knees before she takes your weight. If she pulls hard, you need to absorb it with your legs, not your back. Do not let your back take the load.

# Stair Climbing

## WHAT TO SAY

### SUGGESTING

*"Let's go find the stairs. I want you to do an exaggerated hip swing on each step."*

### MODELING

*"Like this — big step, big swing. Exaggerate it more than feels natural."*

### ENCOURAGING

*"That movement is exactly what baby needs to navigate through. Keep it going."*

### DURING CONTRACTION

*"Stop here. Lean on the rail. I've got you. Breathe through it."*

### Check first

- 1 Confirm with the nurse that the client can leave the floor. Some monitoring requirements restrict this.

### Find the stairs

- 2 Hospital stairwells are almost always available and almost always underused. Ask the nurse for the nearest one.

### Exaggerate the hip swing

- 3 Each step should include a deliberate, exaggerated hip sway to the side. Not a normal walk.

### Two steps at a time

- 4 For more effect, take two stairs at a time with the exaggerated swing. Increases asymmetrical pelvic opening.

### Doula position

- 5 Walk one step behind and slightly to the side. Hand ready on her lower back or hip at all times.

### KNOW BEFORE YOU SUGGEST

Confirm availability and any restrictions with the nurse before mentioning it to the client. Raising her hopes and then finding out it's unavailable is harder than not bringing it up.

# Birth Ball

## WHAT TO SAY

### INTRODUCING

*"Can you try making slow circles on the ball? Follow what feels good — there's no wrong way."*

### GUIDING

*"Try going the other direction. Which feels better?"*

### LEAN POSITION

*"Let's try leaning over the ball. You get the hands-and-knees benefits without the floor."*

### ROCKING

*"Rock forward and back with your breath. In — rock forward. Out — rock back."*

### 1 Inflate correctly

Ball should be firm — you shouldn't sink more than a few inches when seated. Hip height when standing alongside it.

### 2 Hip circles

Slow circles in both directions. Forward and back. Side to side. Figure-8. Follow what feels good.

### 3 Lean position

Client kneels and leans chest and arms over the ball. This is hands-and-knees without the floor — more sustainable.

### 4 Seated leaning

Lean forward over the ball from the bed. Doula can apply sacral counterpressure from behind.

### 5 Rocking

Slow forward-and-back rocking in rhythm with the breath between contractions.

### BALL HEIGHT MATTERS

A ball that is too low forces the knees above the hips and creates pelvic compression. Check that hips are level with or slightly above the knees when seated. Adjust inflation as needed.

# Sifting — Standing

## WHAT TO SAY

### INTRODUCING

*"I'd like to try something called sifting with this cloth. It can feel really good. Can I show you?"*

### STARTING

*"Just breathe and let the cloth do the work. You don't have to do anything right now."*

### DURING

*"I've got you. Just breathe into it. Let everything go heavy."*

### SUSTAINING

*"We can stay here as long as you want. Just follow my rhythm."*

### 1 Position the client

Client leans forward onto bed, wall, or birth ball. She should feel supported without holding herself up.

### 2 Drape the rebozo

Place the rebozo across the lower belly and hips. Hold both ends behind her at a slight angle.

### 3 Begin sifting

Rock the fabric side to side in a slow, rhythmic motion. Go slower than feels natural to you.

### 4 Match her breath

Sway gently on her exhale. Let the fabric do the work — you are just providing the rhythm.

### 5 Sustain

Continue through and between contractions. The deeply relaxed state builds with time.

### CULTURAL CONTEXT

The rebozo is a sacred tool from Mexican midwifery tradition used for centuries by parteras. Approach it with reverence. With clients from these cultures, acknowledge the history before beginning.

# Sifting — Hands-and-Knees

## WHAT TO SAY

### INTRODUCING

*"I'm going to drape the cloth under your belly and sift gently. Just stay where you are."*

### DURING

*"Let your belly hang heavy into the cloth. Let it all go loose."*

### ADJUSTING

*"I'm going to try a slightly different position with the cloth — which feels better?"*

### SUSTAINING

*"Stay right there. I'll keep the rhythm. You just breathe."*

### Position the client

- 1 Client on all fours, wrists under shoulders, knees under hips. Offer a mat for the knees.

### Drape the rebozo

- 2 Drape across the belly, holding both ends above her at about waist height to create a hammock effect.

### Begin sifting

- 3 Gently swing side to side — slow and consistent. The fabric should swing like a pendulum.

### Adjust drape height

- 4 Higher on the belly targets the round ligaments. Lower targets the hips. Experiment to find what she prefers.

### Sustain the rhythm

- 5 Many clients enter a deeply relaxed state here. Don't break the rhythm unnecessarily.

### BEST FOR OP ROTATION

Sifting in hands-and-knees is one of the most effective techniques for encouraging a posterior (OP) baby to rotate. The gentle swinging creates rhythmic space and movement in the pelvis.

# Shaking the Apple Trees

## WHAT TO SAY

### INTRODUCING

*"We're going to try something a little different — a gentle jiggle. It sounds funny but it works really well."*

### DURING

*"Let everything go completely loose — like your hips are made of jelly. Don't hold anything."*

### TRANSITIONING

*"I'm going to slow it back down now. Follow the rhythm back to your breath."*

### ENCOURAGING

*"That's exactly right. Let it all shake out."*

### Position the client

- 1 Client in hands-and-knees. A mat underneath for comfort. She should feel settled and stable.

### Drape high on the thighs

- 2 Place the rebozo across the upper thighs and lower hips — higher than for belly sifting.

### Begin shaking

- 3 Create a rapid, gentle jiggling motion — like shaking a branch. Wrists loose, movement from the forearms.

### Sustain 30–60 seconds

- 4 Continue through and between contractions. Pelvic floor release builds over time.

### Alternate with sifting

- 5 Move between slow sifting and shaking to vary the sensation and prevent adaptation.

### PELVIC FLOOR RELEASE

Shaking the Apple Trees releases held tension in the pelvic floor and broad ligaments — tension that accumulates during active labor and can slow descent. Especially effective before pushing.

# Rebozo Hip Squeeze — Solo

## WHAT TO SAY

### INTRODUCING

*"I'm going to use the cloth to squeeze your hips on the next contraction. Tell me if you want more or less."*

### CHECKING POSITION

*"Right spot, or do I need to go higher or lower?"*

### CHECKING PRESSURE

*"More pressure, or is that the right amount?"*

### ENCOURAGEMENT

*"That's exactly right. I've got you. Breathe out."*

### Position the client

- 1 Client standing and leaning slightly forward, or leaning against the bed or birth ball.

### Wrap the rebozo

- 2 Drape around the hips at the level of the greater trochanter — the bony outer hip prominence.

### Cross the ends

- 3 Cross both ends in front of you and pull inward firmly. Use your body, not just your arms.

### Ask for feedback

- 4 'Is the pressure in the right spot? Higher, lower, more or less?'  
Adjust without releasing.

### Hold through the contraction

- 5 Maintain consistent pressure through the full contraction.  
Release fully between.

### WHY IT WORKS

The rebozo hip squeeze provides the same relief as a double hip squeeze but allows you to sustain it longer without fatigue. You can hold this position for many contractions in a row.

# Rebozo Hip Squeeze — With Partner

## WHAT TO SAY

### SETTING UP

*"You're going to hold this end. On my count, we both pull inward — like a hug around her hips."*

### DURING

*"Good. Hold that pressure. Don't let go until the contraction fully fades."*

### COACHING

*"A little more pressure on your end. Match what I'm doing."*

### HANDING OFF

*"You've got this. I'm going to step back and let you take it. I'll be right here."*

### 1 Position the partner

Partner stands on the opposite side from the doula, or both at the back if client leans forward.

### 2 Each holds one end

Drape rebozo across the hips. Doula holds one end, partner holds the other.

### 3 Coach the partner

'On my signal, we both pull inward at the same time. Hold until I say release.'

### 4 Practice the signal

Agree on a clear signal — nod, count, word — so the squeeze is synchronized without talking across the client.

### 5 Hand off

Practice until the partner can execute independently so the doula can step back.

### PARTNER ENGAGEMENT

The rebozo hip squeeze gives birth partners a clear, effective, physical role. Teaching them this technique well is one of the most meaningful things you do at this station.

# Belly Lifts — Late Labor

## WHAT TO SAY

### INTRODUCING

*"On your next contraction I'm going to lift the belly gently — you just breathe down into it while I lift up."*

### DURING

*"Good. Keep breathing down. Let my hands do the lifting. You just breathe."*

### CHECKING

*"Did that feel better? We can do that every time if you want."*

### DURING PUSHING

*"Same thing — bear down, and I'll lift. We're working together."*

### When to use

- 1 Late active labor or pushing, when baby has descended but labor has slowed or stalled.

### Position the client

- 2 Client standing, leaning slightly back, or semi-reclined. Drape rebozo under the belly.

### The lift

- 3 On each contraction, lift the belly gently UPWARD and slightly toward her spine as she bears down or breathes through.

### Direction and angle

- 4 The lift tilts baby's presenting part more directly onto the cervix. Small adjustments make a difference.

### Ask consent each time

- 5 'I'm going to lift on the next one, okay?' Check in before each contraction.

### CLINICAL NOTE

Belly lifts are particularly effective when labor has stalled with baby at station +1 or +2. The lift counteracts gravity and tilts baby's presenting part to a more favorable angle against the cervix.

# Warm Compresses

## WHAT TO SAY

### OFFERING

*"I'm going to put a warm cloth on your lower back. Let me know if it's too hot or feels good."*

### CHECKING

*"How does the temperature feel? Too warm, not enough, or just right?"*

### DURING PUSHING

*"I'm going to hold a warm cloth here while you push — it should help with the burning sensation."*

### REPLACING

*"I'm going to swap this for a fresh warm one — don't move."*

### 1 Test temperature first

Soak washcloth in warm water and test on your own inner wrist. Warm, not hot. If it stings you, it will burn her.

### 2 Wring it out firmly

A dripping cloth loses heat fast and is uncomfortable. Wring thoroughly before applying.

### 3 Apply to sacrum

Press firmly against the sacrum during contractions. Hold steady — don't rub back and forth.

### 4 Apply to perineum during pushing

A warm compress on the perineum reduces tearing and eases the burning sensation during crowning.

### 5 Replace frequently

Cloth cools within 2–3 contractions. Keep a second cloth soaking so you can swap without pause.

### SAFETY — TEST FIRST

Always test temperature on your own inner wrist before applying. A cloth that feels warm to you may feel burning to a laboring person with heightened skin sensitivity.

# Cold Therapy

## WHAT TO SAY

### OFFERING FOREHEAD

*"Would a cold cloth on your forehead feel nice right now? We can always take it off."*

### NECK

*"I'm going to put something cool on the back of your neck. Just breathe into it."*

### WRISTS

*"Cold on your wrists — it sounds odd but it helps cool your whole body down."*

### REMOVING

*"Want me to take that off? No problem at all."*

### 1 Back of the neck

Cold pack wrapped in a thin cloth applied to the back of the neck. Immediate relief during intense labor.

### 2 Forehead

Cold washcloth on the forehead between contractions. Refreshing and grounding.

### 3 Inner wrists

Cold pack on inner wrists activates the pulse point and creates a whole-body cooling sensation.

### 4 Always wrap

Never apply ice directly to skin. Always wrap cold packs in a washcloth before applying.

### 5 Offer — don't assume

Some laboring people hate cold during labor. Always ask first. Remove without comment if she doesn't like it.

### SENSITIVITY VARIES

Some laboring people love cold; others find it jarring and destabilizing. If she pulls away or tenses, remove it without comment and offer something warm instead. Follow her lead.

# Shower Therapy

## WHAT TO SAY

### SUGGESTING

*"If you want, we could try the shower on your back. A lot of people find it really helps with this kind of pressure."*

### SETTING UP

*"Let me get the water running first. You can adjust the temperature once you're in."*

### DURING

*"I'm going to keep the water right on your sacrum — just breathe into it."*

### WRAPPING UP

*"Let's get you dried off and back to the bed whenever you're ready."*

### 1 Check access first

Ask the nurse if the shower is available and whether there are any restrictions. Know before you suggest it.

### 2 Set up the shower

Run water to the right temperature before she gets in. Let her adjust once she's there.

### 3 Showerhead to sacrum

Handheld showerhead aimed directly at the sacrum during contractions = significant back labor relief.

### 4 Positioning in shower

She can stand, lean against the wall, or sit on a shower chair. Doula holds the showerhead steady.

### 5 Manage IV and monitoring

Confirm with nurse whether IV or monitoring equipment needs to be managed or wrapped for the shower.

### KNOW BEFORE YOU SUGGEST

Confirm availability and restrictions with the nurse first. Raising her hopes and then finding out the shower is unavailable is harder than not mentioning it.

# Alternating Hot + Cold

## WHAT TO SAY

### INTRODUCING

*"Let's try alternating warm and cool. It can help reset your nervous system when one temperature stops working."*

### WARM

*"Warm now — breathe into it."*

### COLD

*"Now cool — let the contrast happen."*

### CHECKING

*"Which one feels better? We can stay on whichever works."*

### 1 Set up both

Have a warm compress and a cold pack ready at the same time before you start.

### 2 Warm during contraction

Apply warm compress to sacrum as the contraction peaks.

### 3 Switch to cold

Between or just after the contraction, replace with cold pack for 30–60 seconds.

### 4 Alternate every 2–3 contractions

Warm → cold → warm → cold. Keep a steady, predictable rhythm.

### 5 Why it works

Temperature contrast triggers Gate Control: competing signals interrupt the pain pathway more effectively than either alone.

#### GATE CONTROL IN ACTION

When one temperature alone stops providing relief, alternating is the intervention. Competing sensory signals interrupt the pain pathway at the spinal cord — more effective than either temperature alone.

# Slow Deliberate Breathing

## WHAT TO SAY

**1 The exhale is the anchor**  
Everything follows the out-breath. The inhale takes care of itself. Focus all coaching on the exhale.

**2 The pattern**  
In through the nose (4 counts), out through the mouth (6–8 counts). Longer exhale than inhale always.

**3 Coach with your own breath**  
Breathe audibly WITH her, not at her. Model the pace. She will follow your breath naturally.

**4 Match, then lead**  
If she's breathing fast and shallow, match her pace first. Then slowly deepen your own. She will follow down.

**5 Between contractions**  
'Full breath in... and let it all go. Rest now.' Give her permission to stop working.

### THE RHYTHM PRINCIPLE

Rhythm is the doula's most powerful tool. It doesn't matter what the rhythm is — what matters is that she finds one and you protect it. When she loses it, help her find it again.

### STARTING

*"Follow my breath. In through your nose... and out. Let it all go."*

### MATCHING

*"I'm right here. In... and out. Match me."*

### SLOWING

*"Slower on the out-breath. Let it go a little longer. Like that."*

### BETWEEN

*"You just did that. Rest now. The next one isn't here yet. Just breathe."*

# Sounding & Vocalization

## WHAT TO SAY

### INTRODUCING

*"On your next exhale, let any sound come out. Low and open. Don't hold it in."*

### MODELING

*"Follow my voice — ahhhhh. Low and open. Just like that."*

### IF SHE GOES HIGH

*"Lower. Follow me down. Ahhhhh. Let your jaw go soft."*

### HUMMING

*"Try humming with me. Just hmmm. You'll feel it in your chest."*

### 1 Low sounds release tension

Ahh, ohh, mmm. Sound travels DOWN and OPEN through a loose jaw and open mouth.

### 2 High sounds create tension

Screaming, sharp cries, held breath — all tighten the pelvic floor. Low is always better.

### 3 Model it yourself

Make a low, open sound. She will naturally follow your voice down. Don't tell her — show her.

### 4 Normalize before the moment

Tell clients in prenatal visits that low, open sounds during labor are normal and effective.

### 5 Try humming

Gentle humming activates the vagus nerve and triggers the parasympathetic response. Calming at a physiological level.

### DON'T SUPPRESS — REDIRECT

Vocalizing during labor is normal, effective, and often necessary. Your job is to direct the sound LOW, not make her quiet. Loudness is fine. Pitch is what matters.

# Counting & Anchoring

## WHAT TO SAY

### STARTING

*"I'm going to count with you. Just follow my voice.  
One... two... three..."*

### ANCHOR PHRASE

*"You can do this. One breath at a time. You can do this."*

### AT THE PEAK

*"Almost there. You've got this. Three... two... one... it's fading now."*

### BETWEEN

*"Rest now. I'll tell you when the next one starts. Just breathe."*

## WHY IT WORKS

### 1 Why counting works

Counting out loud gives the laboring person a rhythm to hold onto and something to focus on besides the pain.

### 2 Count through the contraction

'1... 2... 3...' in a calm, steady voice. Keep the pace even regardless of how intense it gets.

### 3 Anchor phrases

A repeated phrase becomes a coping anchor: 'You can do this. One breath at a time.'

### 4 Rhythm matters more than words

Steady, calm, predictable. The sound of your voice is the anchor — the words matter less than the rhythm.

### 5 Combine with breathing

Count on the exhales: breathe in, then 'one'... breathe in, then 'two'... breathe in, then 'three'...

### SET IT UP BETWEEN CONTRACTIONS

Tell her what you're going to do before the next contraction starts: 'On the next one, I'm going to count with you — just follow my voice.' Never introduce something new during a contraction.

# Script 1 — Waves

## 1 Set the scene

- 1 Between contractions, invite her eyes to close if comfortable. Low, slow voice from the start.

## 2 Deliver the script

- 2 'Each contraction is a wave. It begins far out at sea — you feel it building. It rises, it peaks, and then it falls. You don't fight the wave. You breathe through it. And just like a wave, it will pass.'

## 3 Pause at contractions

- 3 When a contraction starts, stop the script. Breathe with her through it. Resume exactly where you left off.

## 4 Practice goal

- 4 Deliver this from memory, slowly, with genuine pauses. Not reading — speaking. That's the goal.

## 5 Debrief with your partner

- 5 What worked? Where did you pause naturally? What felt rushed? What would you change?

### PRACTICE GOAL

By the end of this station, deliver this script from memory, slowly, with pauses, without reading from the card. Confidence in your own voice is the skill you are building.

## WHAT TO SAY

### LEAD-IN

*"Close your eyes if that feels right. I'm going to paint you a picture."*

### AFTER A CONTRACTION

*"That's one wave behind you. The next one will come and pass too."*

### RETURNING TO SCRIPT

*"Come back to me. Take a breath. We're going to breathe through this one."*

### ENCOURAGEMENT

*"Every single wave is working. Every one is one less to go."*

# Script 2 — Opening

## WHAT TO SAY

### 1 Set the scene

- 1 Same as Script 1. Eyes closed if comfortable. Calm, low voice before you begin.

### 2 Deliver the script

- 2 'With every contraction, your cervix is opening. Slowly, perfectly. Like a flower in the morning light — opening because it is ready. Every wave is working. Every wave is your baby coming closer.'

### 3 When to use it

- 3 Especially effective when a client is anxious about her progress or has received discouraging cervical exam results.

### 4 Pause at contractions

- 4 Stop, breathe with her, resume where you left off.

### 5 Practice with your partner

- 5 Take turns. One leads, one receives. Switch after each script and debrief together.

### WHEN TO USE THIS SCRIPT

The Opening script speaks directly to fear of slow progress. Use it when a client is anxious about dilation, after a discouraging cervical check, or when she's questioning whether labor is working.

#### LEAD-IN

*"Every contraction is working. Let me tell you what's happening right now."*

#### DURING

*"Your cervix is opening — slowly, perfectly. Like a flower. Every wave is progress."*

#### AFTER A DISCOURAGING CHECK

*"Numbers don't tell the whole story. Your body is doing exactly what it needs to do."*

#### AFTER THE CONTRACTION

*"You just made progress. Every single one counts."*

# Script 3 — Safe Place

## Set the scene

- 1 Between contractions. Ask her to close her eyes. Invite her into the visualization gently.

## Deliver the script

- 2 'I want you to imagine a place where you feel completely safe. Completely at peace. It might be somewhere you've been. Somewhere you've imagined. Go there now. Between

## Invite sensory detail

- 3 'What do you see there? What does it feel like to be there?' More specific imagery = more effective escape.

## Return her for contractions

- 4 As a contraction builds: 'Come back to me. Take a breath. We're going to breathe through this one.'

## Send her back

- 5 After the contraction: 'Go back to your safe place. I'll keep watch. Rest there.'

### PERSONALIZE IT

If you know from prenatal visits where her safe place is — the beach, her grandmother's house, a forest — name it specifically. Named, specific imagery is far more effective than generic.

## WHAT TO SAY

### LEAD-IN

*"Close your eyes. I want you to think of a place where you feel completely safe and at peace."*

### INVITING DETAIL

*"What do you see there? What does it feel like?"*

### AS CONTRACTION BUILDS

*"Come back to me. Take a breath. We're going to breathe through this one."*

### SENDING BACK

*"Go back to your safe place. I'll keep watch. Rest there."*

# Peanut Ball Placement

## WHAT TO SAY

### INTRODUCING

*"We're going to put this ball between your knees to keep your pelvis open while you rest."*

### POSITIONING

*"Top knee rests right over the ball — yeah, just like that. How does that feel?"*

### COORDINATING

*"Nurse — can we get some help flipping her to the other side and repositioning the ball?"*

### REASSURING

*"You don't have to do anything. We've got you. Just rest."*

### Orientation

- 1 Smaller end of ball goes BETWEEN the knees. Larger end sits behind the hips. Not the other way around.

### Top knee position

- 2 The top knee rests OVER the ball — not hanging off the edge, not pressing down hard. Resting comfortably over.

### Check alignment

- 3 Hip, shoulder, and ear should be roughly in line. The whole body in side-lying, not twisted.

### Coordinate with nursing

- 4 Every position change should involve the nurse for monitoring and IV management.

### Switch sides

- 5 Every 20–30 minutes, rotate to the other side. Reposition the whole body — don't just flip the ball.

### THE EVIDENCE

Research shows peanut ball use reduced Stage 1 labor duration by an average of 90 minutes and lowered cesarean rates in epiduralized clients. Use it every time, with every client who has an epidural.

# Position Rotation Sequence

## WHAT TO SAY

### INTRODUCING THE ROTATION

*"We're going to rotate your position every 20–30 minutes. I'll keep track of the time."*

### TIME TO ROTATE

*"It's been about 20 minutes — let's move to your other side. I'll get the nurse."*

### SEATED POSITION

*"Let's try sitting up with the ball between your knees for a bit. Different kind of opening."*

### ENCOURAGEMENT

*"Your body is still working even while you rest. This movement matters."*

## 1

### Side-lying LEFT — peanut ball

20–30 minutes. Top knee over ball. Coordinate with nursing before moving.

## 2

### Side-lying RIGHT — peanut ball

20–30 minutes. Reposition the whole body when switching sides — don't just flip the ball.

## 3

### Semi-reclined

Head of bed at 30–45 degrees. 20–30 minutes. Works with or without peanut ball between knees.

## 4

### Seated squat simulation

Peanut ball between the knees while sitting upright at edge of bed. 10–15 minutes.

## 5

### Repeat

Keep rotating. Movement matters even when she can't walk. Each position change opens the pelvis differently.

### ALWAYS COORDINATE WITH NURSING

Every position change for an epiduralized client involves the nurse. They manage monitoring equipment, IV lines, and the catheter during repositioning. Never move her alone.

# Emotional Presence

## WHAT TO SAY

**1 Narrate what's happening**  
 'They're checking your blood pressure — that's routine with epidurals.' Narration reduces fear of the unknown.

**2 Maintain eye contact**  
 She can still feel fear even if she can't feel pain. Fear needs to be seen and acknowledged.

**3 Hold her hand**  
 During position changes, contractions she can't feel, and quiet moments. Physical presence matters.

**4 Support the birth partner**  
 Give the partner a clear job: hold her hand, watch the monitor, time the position changes.

**5 Make space for her feelings**  
 If the epidural wasn't her plan, don't minimize her feelings. Acknowledge them without problem-solving.

### ALWAYS IN SCOPE

Emotional presence is not a secondary skill that kicks in when you 'can't do anything else.' It is full-scope doula care at every stage — with or without an epidural.

### NARRATING

*"They're checking your BP — that's routine. Everything looks good."*

### EYE CONTACT

*"I'm right here. You're doing so well. I'm not going anywhere."*

### PROCESSING FEELINGS

*"It's okay to have feelings about how things are going. You're still doing an amazing job."*

### TO THE PARTNER

*"Your job right now is to hold her hand and let her know you're here. That's everything."*