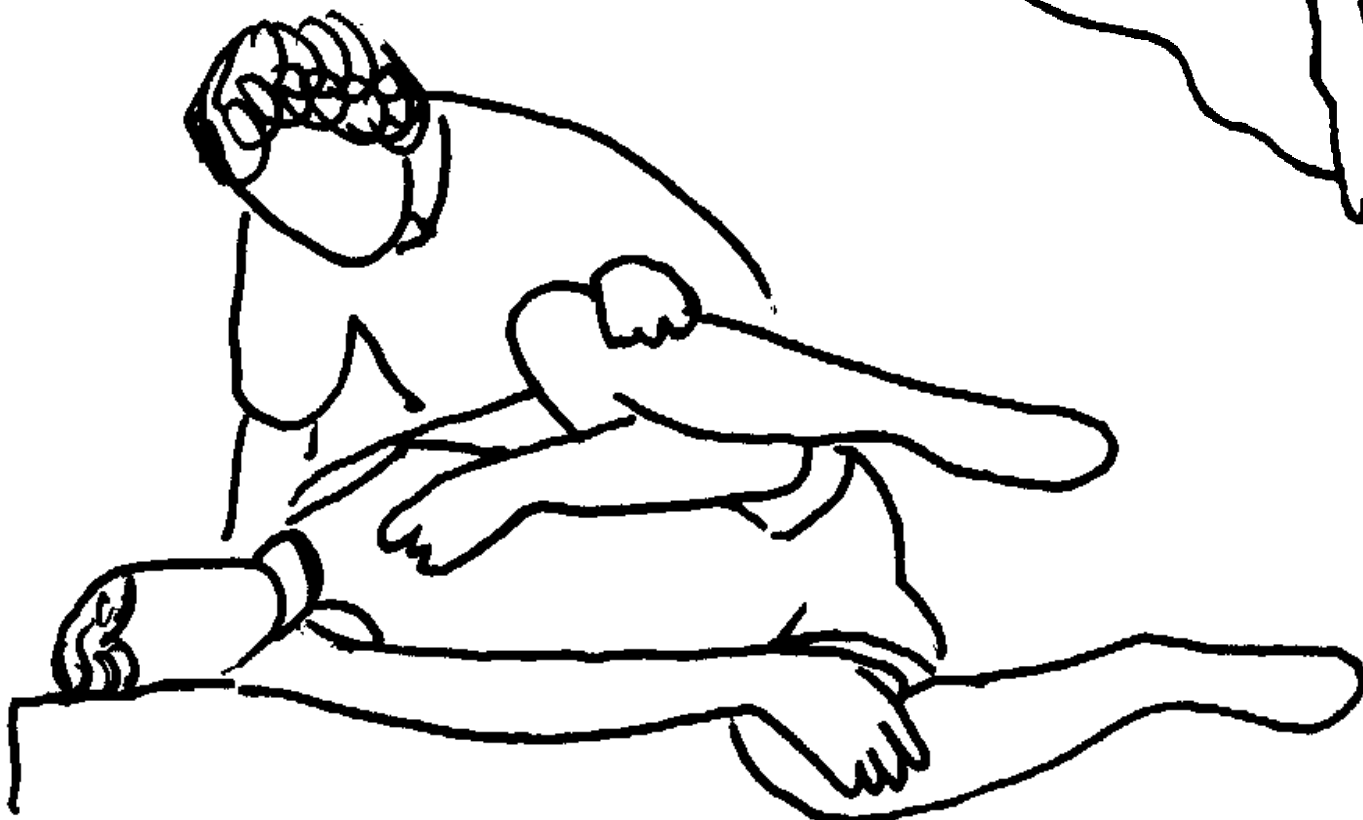
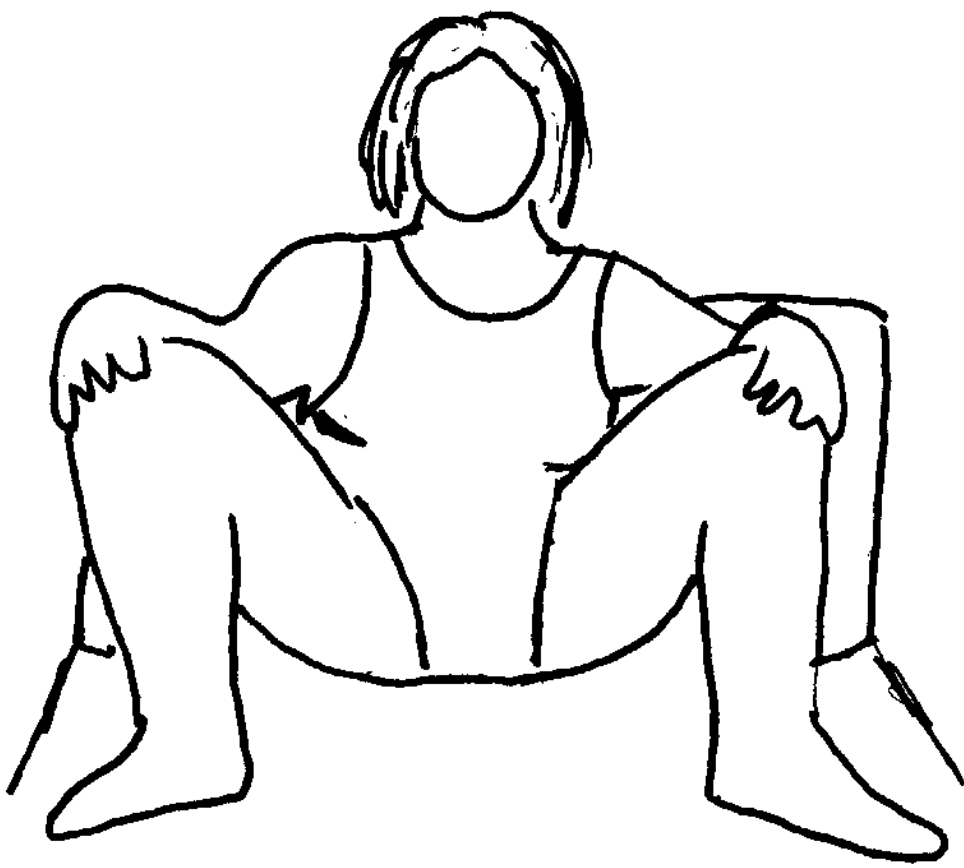
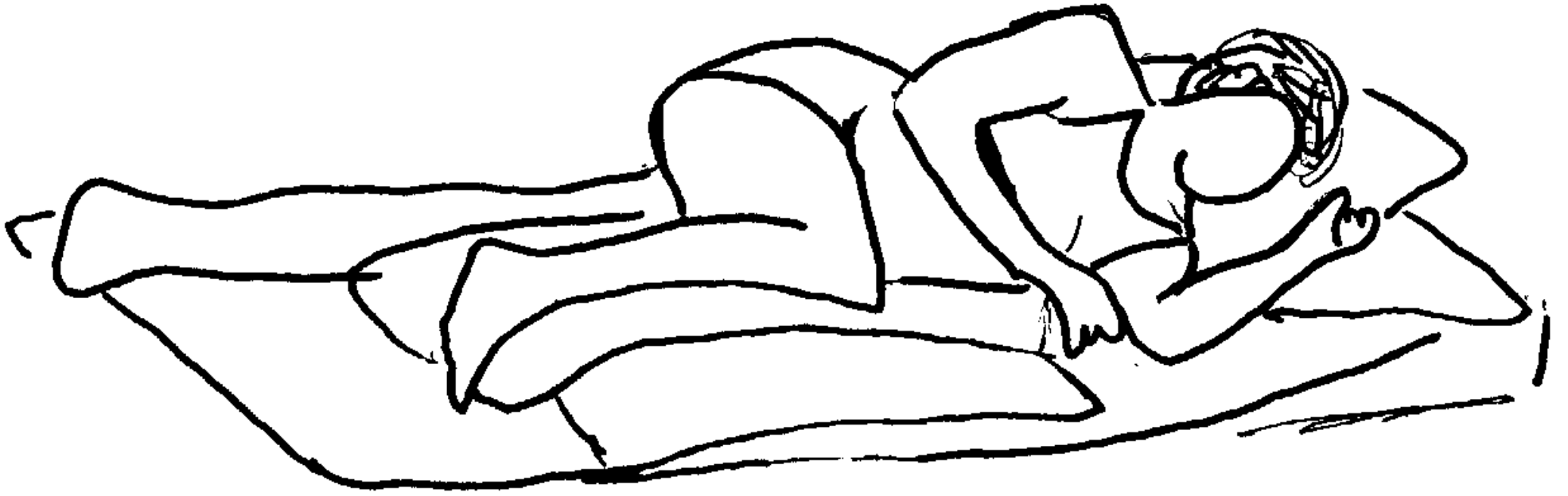
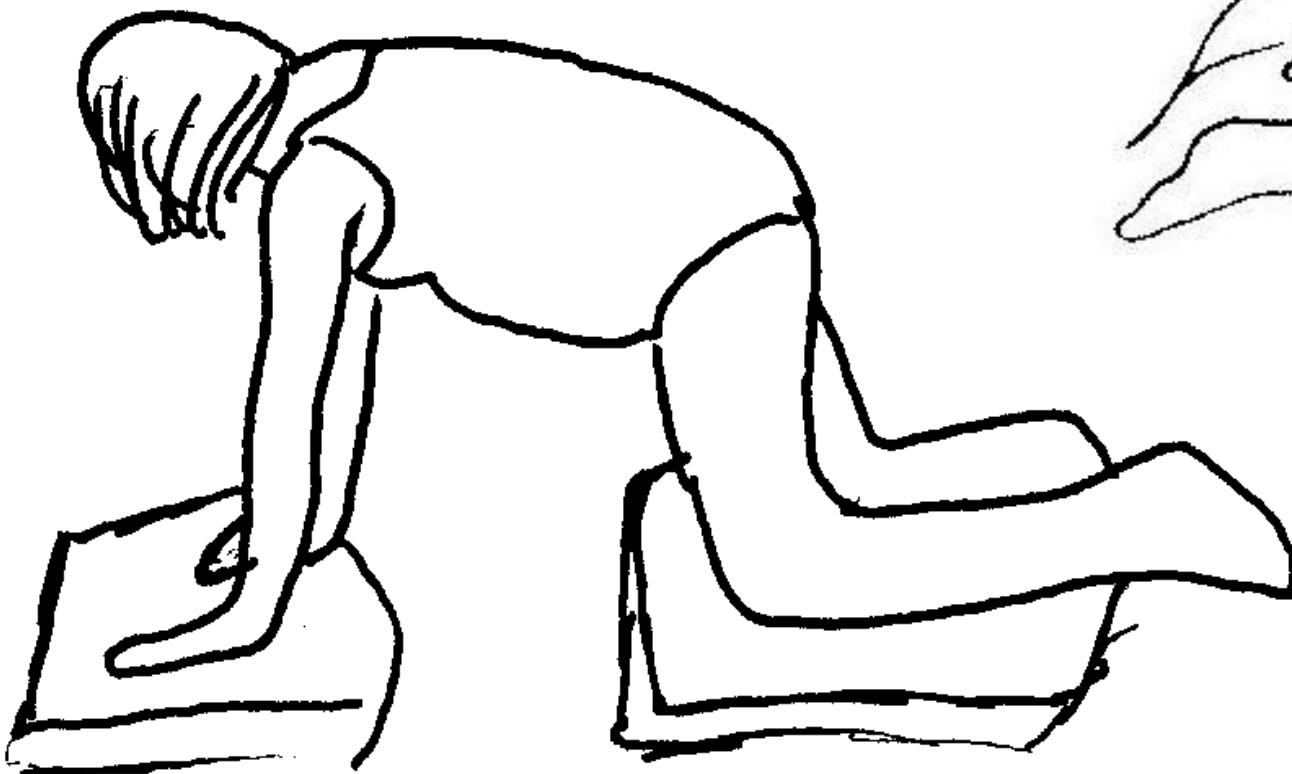
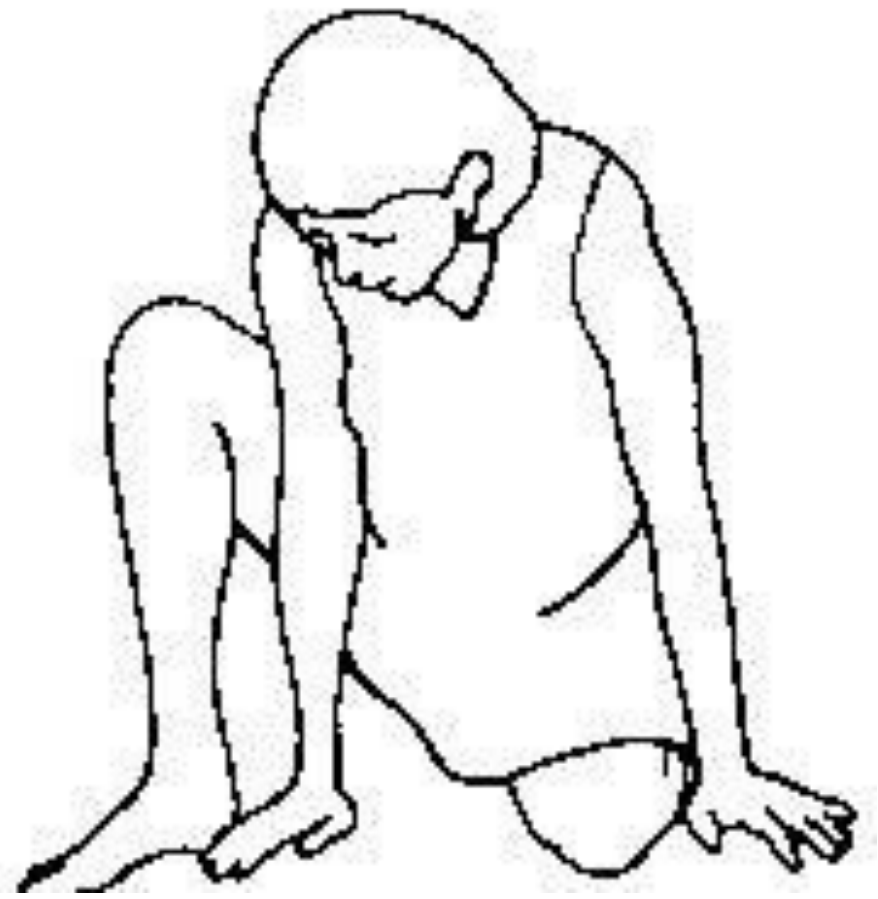
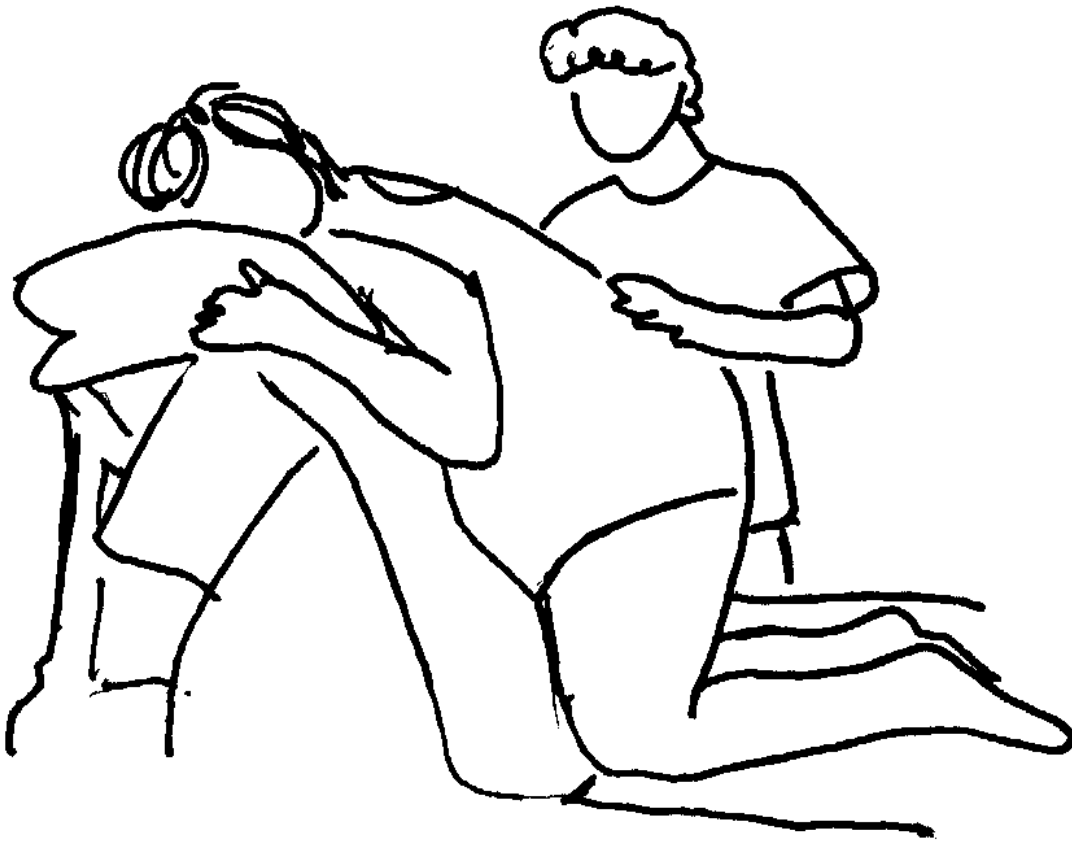


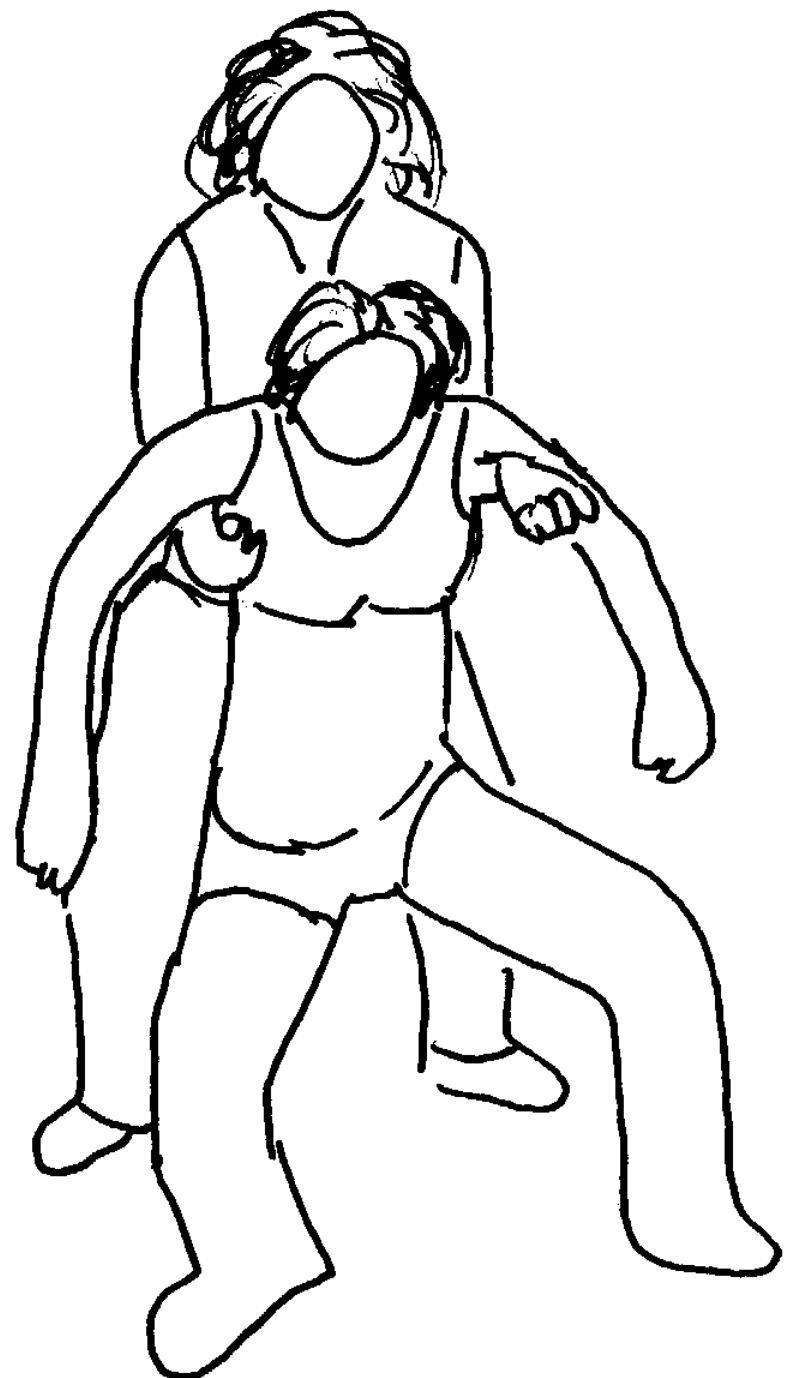
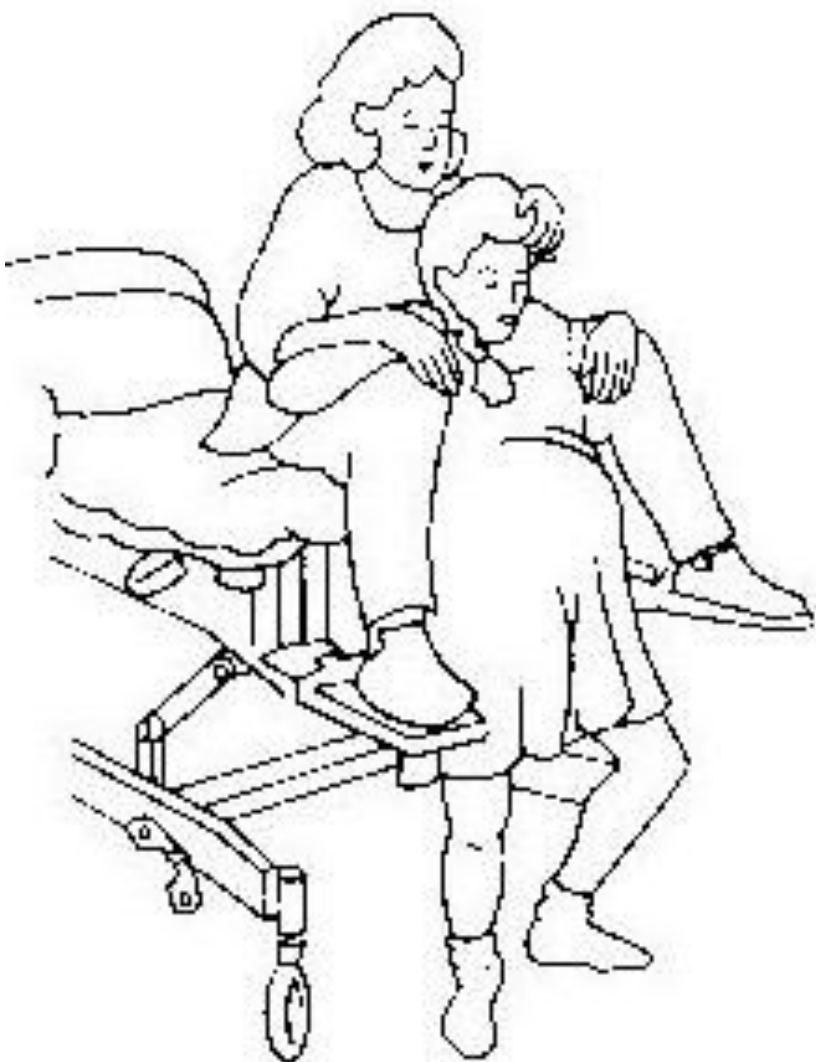
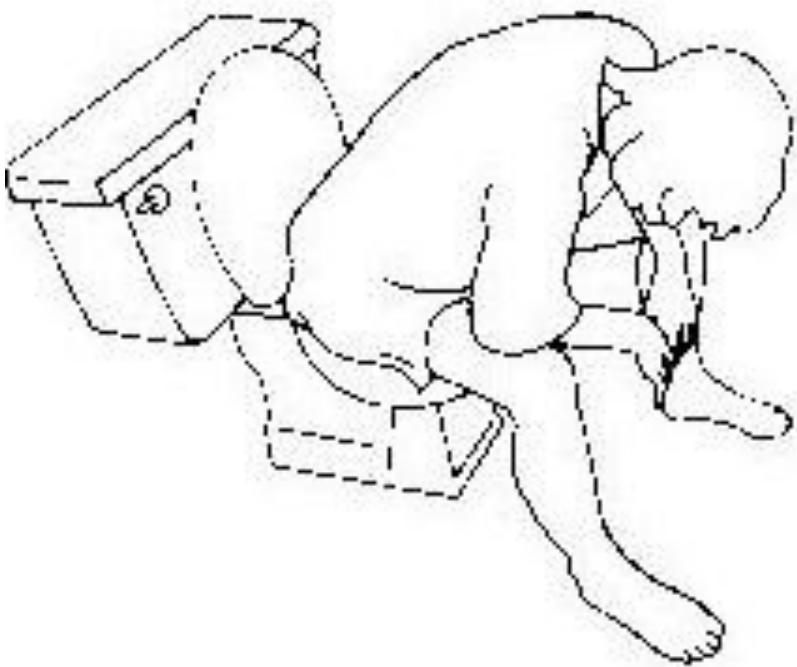
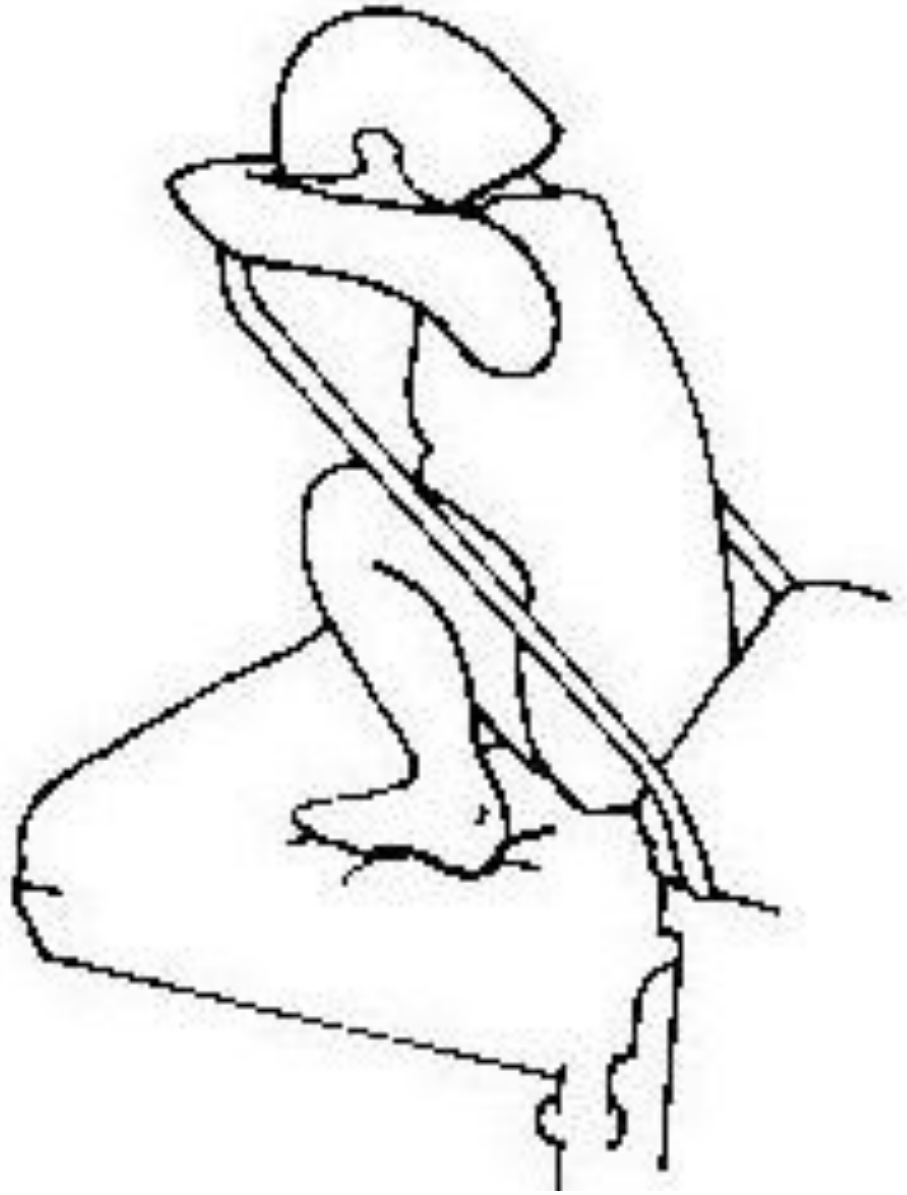
Positions for Pushing



Positions for Pushing



Positions for Pushing



Pushing with an Urge to Push

Rest and Relax in Between Contractions

Breathe through Contraction till UTP

When Urge Comes, Bear Down During the Urge, then Relax till Urge Returns (typical pattern: 3 pushes per contraction, each lasting 5—7 seconds)

Breathing: May Hold Breath to Push,
May Grunt the Air Out

Sounds: May Moan / Grunt During Pushes

Positions: Try Changing Positions Often:
At Least Every 20 minutes.

To figure out where to Push: Cough...

Feel where it bulges. Push there.

Or do Kegels, then bulge muscles down.

Directed Pushing (No Urge to Push)

Ask if it's possible to wait to see if the Urge to Push arises. If so, "labor down" till UTP comes, or till baby is crowning.

Partner or Caregiver Watches Monitor for Contraction; tells mom when to push

At Peaks of Contraction, mom holds breath and bears down 5—7 seconds; then quick breath, then push again, then quick breath, push a third time.

Caregivers can call out toco numbers to give feedback on how mom is pushing.

Caregivers can hold mirror so mom can see how well each push is working.

Change positions every 20 minutes: Side-lying, hands and knees with support on

Comfort Measures for 2nd Stage

Encourage mom to Relax Perineum, and
Focus on "Opening"

Perineal Massage by Care Provider

Warm Compresses on Perineum

Cool Cloth on Forehead, Back of Neck

Touch: Hand-Holding, Stroking Hair

Pant through Premature UTP / Ring of Fire

Have mom touch baby's head when it is
crowning; can renew pushing efforts.

Encourage mom to open eyes, direct gaze
and pushing efforts down to vagina.

Don't be afraid of poop!