The Power of Breath

Conscious breathing reduces heart rate, anxiety, and pain perception. Breath is the backbone of every relaxation technique and can be very effective in and of itself. At the beginning and end of each contraction remember to take a deep, cleansing breath. This not only helps sharpen your focus, but also provides more oxygen for your baby, your muscles and your uterus.

Benefits:

- Breathing becomes an automatic response to pain
- The mother remains in a more relaxed state and will respond more positively to the onset of pain
- The steady rhythm of breathing is calming during labor
- Provides a sense of well being and control
- Increased oxygen provides more strength and energy for both the mother and baby
- Brings purpose to each contraction, making contractions more productive
- Patterned breathing and relaxation can become techniques for dealing with life's every day stressors

First Stage:

Slow Breathing

Begin using this technique when contractions are intense enough that you can no longer walk/talk through them without pausing. Use this pattern for as long as you find it helpful. Switch to another method if you can no longer relax during contractions.

- 1. Take an organizing breath—a big sigh as soon as the contraction begins. Release all tension (go limp all over from head to toe) as you breathe out.
- 2. Focus your attention.
- 3. Slowly inhale through your nose and exhale through your mouth, allowing all your air to flow out with a sigh. Pause until the air seems to "want" to come in again.
- 4. With each exhale, focus on relaxing a different part of your body.

Light Accelerated Breathing

Most women find this breathing pattern more helpful at some point during the active stage of labor. Let the intensity of your contractions be your guide. Keep your breathing shallow and light. Your inhalations should be quiet, but your exhalation clearly audible.

- 1. Take an organizing breath—a big sigh as soon as the contraction begins. Release all tension (go limp all over from head to toe) as you breathe out.
- 2. Focus your attention.
- 3. Inhale slowly through your nose and exhale through your mouth. Accelerate and lighten your breathing as the contraction increases in intensity. Keep your mouth and shoulders relaxed.
- 4. As your breathing rate increases toward the peak of your contraction, breathe in and out lightly through your mouth. Keep your breathing shallow and light at a rate of about one breath per second.
- 5. As the contraction decreases in intensity, gradually slow your breathing rate, switching back to breathing in through your nose and out through your mouth.
- 6. When the contraction ends, take your finishing breath—exhale with a sigh.







Variable (Transition) Breathing

Sometimes referred to as "pant-pant-blow" or "hee-hee-who" breathing, variable breathing combines light shallow breathing with a periodic longer or more pronounced exhalation. Variable breathing is used if you feel overwhelmed, unable to relax, in despair, or exhausted.

- 1. Take an organizing breath—a big sigh as soon as the contraction begins. Release all tension (go limp all over from head to toe) as you breathe out.
- 2. Focus your attention on your partner or a focal point, such as a picture.
- 3. Breathe through your mouth in light shallow breaths at a rate of 5-20 breaths in 10 seconds, throughout the contraction.
- 4. After every second, third, fourth, or fifth breath, blow out a longer breath. You might try verbalizing this longer exhale with a "who or "puh."

Partner Tip: You can count the breathes before the "who"/"puh" for her as way to help her concentrate and distract her from intensity of contractions.

5. When the contraction ends take one or two deep relaxing breaths with a sigh.

Breathing to avoid pushing at the wrong time

There may be times during both stages of labor when you will want to push or bear down, but it is not the right time. Most women want to hold their breath during these particularly difficult moments. It is important to avoid holding your breath by breathing in and out constantly or by raising your chin and blowing or panting. This keeps you from adding to the pushing that your body is already doing.

Second Stage:

Expulsion Breathing

Used once the cervix is fully dilated and the second stage of labor has begun.

- 1. Take an organizing breath—a big sigh as soon as the contraction begins. Release all tension (go limp all over from head to toe) as you breathe out.
- 2. Focus on the baby moving down and out, or on another positive image.
- 3. Breathe slowly, letting the contraction guide you. Accelerate or lighten your breathing as necessary for comfort. When you cannot resist the urge to push (when it "demands" that you join in), take a big breath, tuck your chin to chest, curl your body and lean forward. Then bear down, while holding your breath or slowly releasing air by grunting or moaning. Most important of all, relax the pelvic floor. Help the baby come down by releasing any tension in the perineum.
- 4. After 5-6 seconds, release your breath, and breathe in and out. When the urge to push takes over join in by bearing down. How hard you push is dictated by your sensation. You will continue in this way until the contraction subsides. The urge to push comes and goes in waves during the contraction. Use these breaks to breathe deeply providing oxygen to your blood and baby.
- 5. When the contraction ends, relax your body and take one or two calming breaths.

Tips to Alleviate Dry Mouth:

- Touch the tip of your tongue to the roof of your mouth just behind your teeth as you breathe. This slightly moistens the air you breathe.
- With your fingers spread, loosely cover your nose and mouth so that your palm reflects the moisture from your breath.
- Sip fluids or suck on ice chips between contractions.
- Periodically brush your teeth or rinse your mouth with mouth wash.

Resources:

- The Birth Partner Second Ed. Simkin, Penny, P.T., Ch. 4.
- Pregnancy, Childbirth and the Newborn: The Complete Guide Simkin, Penny, P.T., et al, Ch. 7.
- Birthing from Within. England, Pam, CNM, MA, and Rob Horowitz, PhD, Ch. 38.
- American Pregnancy Association: american pregnancy.org

