

## The Take-Charge Routine, by Penny Simkin, PT

Reserve this routine for any time during labor when the mother reacts in any of these ways:

- She hits an emotional low.
- She is in despair, weeps or cries out.
- She wants to give up or feels she cannot go on.
- She is very tense and cannot relax.
- She is in a great deal of pain.

The Take-Charge Routine is exactly that. You move in close and do all you can to help the mother until she regains her inner strength. Usually her despair is brief, and with your help, she can pass through it, and her spirits will rise. Use whatever parts of this routine seem appropriate:

- **Remain calm.** Your touch should be firm and confident. Your voice calm and encouraging.
- **Stay close.** Stay right by her side, your face near hers.
- **Anchor her.** Hold her shoulders or her head in your hands – gently, confidently, firmly – or hold her lightly in your arms.
- **Make eye contact.** Tell her to open her eyes and look at you. Say it loudly enough for her to hear you – but calmly and kindly.
- **Change the ritual** she has been using during contractions. Suggest a different position. Try changing the breathing pattern. Breathe with her or pace her with your hand or voice.
- **Encourage** her every breath. Say "Breathe with me ... BREATHE WITH ME ... That's the way ... just like that ... Good ... STAY WITH IT ... just like that ... LOOK AT ME ... Stay with me, Good for you ... It's going away ... Good ... Good ... Now just rest. That was so good." You can whisper these words or say them in a calm, encouraging tone of voice. Sometimes you have to raise your voice to get her attention. But try to keep your tone calm and confident.
- **Talk to her** between contractions. Ask her if what you are doing is helping. Make suggestions. For example, "With the next one, let me help you more. I want you to look at me the moment it starts. We will breathe together so it won't get ahead of us. OK? Good. You're doing so well. We're really moving now."
- **Repeat** yourself. She may not be able to continue doing what you tell her for more than a few seconds, but that's fine. Say the same things again and help her continue.

**What if she says she can't or won't go on? Here are some guidelines:**

- **Don't give up** on her. This is a difficult time for her. You cannot help her if you decide she cannot handle it. Acknowledge to her and to yourself that it is difficult, but remind yourselves that it is not impossible.
- **Ask for help and reassurance.** The nurse, caregiver or another support person can help a lot – measuring dilation, giving you advice, doing some of the coaching, trying something new, even reassuring you that the mother is OK and that this is normal.
- **Remind the mother of her baby.** It may seem surprising, but women can get so caught up in labor that they do not think much about their baby. It may help her to remember why she is going through all this.

What about pain medications? Do you call for them or not? It depends on:

- The mother's prior wishes: Did she want an unmedicated birth? How strongly did she feel about it? Sometimes asking for pain medications is a way of saying "I need more help."
- Her rate of progress and how far she still has to go.
- How well she responds to your more active coaching.
- Whether she is asking for medications herself and how easily she can be talked out of them.

These considerations can help you decide what to do. It is sometimes difficult to balance present wishes against prior wishes. Try to stick with what the mother wanted before labor regarding the use of medication. But if she insists on changing the plan, respect her wishes. Numerous women have said, "I never could have done it without my partner. If it hadn't been for him (or her), I would have given up." By using the "Take-Charge Routine," you can indeed get the mother through those desperate moments when she feels she cannot go on; you can truly ease her burden by helping with every breath.