



If You Must Labor “Alone”: A Guide for Laboring People Dr. Amy L. Gilliland, Ph.D.

Video Link: <https://youtu.be/EdkjsaYkvc>

Hello I’m Dr. Amy L. Gilliland, Ph.D. a research associate for the UW Madison Center of Child and Family Well-Being; a birth doula trainer for over 20 years, a CA state board of nursing approved educator, and an AASECT certified sexuality educator supervisor. I’ve been studying people’s needs during labor for over 20 years and I have labored alone for 3 hour birth by myself.

Normally I work with perinatal professionals: physicians, nurses, doulas, family visitors and educators, not with parents. But this situation was dire enough that I wanted to build a bridge directly to you.

I’ve done the research this week to discover what you need to know to prepare yourself for the best possible birth experience if you must labor without your doula or loved ones

NOW I know you FEEL Scared Anxious Uncertain and Angry.

You have lots of questions...

You are compromising your ideal birth and I want those compromises to be the most palatable and acceptable ones they can be.

I’m here to tell you:

You can still have a good enough birth.

Why the nursing care may be better than you expect

Your best birth plan - and why it needs to be different now

How to communicate your needs

When to go to the hospital

What to expect, step by step

The number one, most import key to laboring alone

Address the unique situation marginalized people find themselves in

Don’t have time or energy to ease you into some harsh truths.

I’m going to be dead honest with you

As if you were my own daughter, daughter in law, or trans family member

Start with the KEY –

The key to laboring alone is belief in yourself and your body’s ability to do this amazing thing. Sink deeply into the process – your brain knows how to get that baby out and the more you listen to it, the more instinctive you become. 90% time that’s all that’s needed.



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But AMY, that’s not me. I’m afraid of losing control over my birth; I’m afraid it I’m not paying attention, bad things will happen. I don’t feel I can let go and trust the process or the people around me. An epidural can help me give birth and stay with it, too.

That’s EXCELLENT, You know yourself. That’s perfect; it’s just what we want. And you can still have a good enough birth.

Let’s go deeper.

Three Areas of Common Questions – Power and Control, Medical Care, and Labor Coping

Power and Control

Where do I still have control and how do I assert that in labor without my companions to help me? Will they force me to do things I don’t want to do, such as have medication or more vaginal exams than I want? Will I be pushed into having a cesarean because I’m not progressing fast enough?

Messages:

- The system is set up to strip you of your power, but if you need to birth in it, there are still things you can do.
- **Labor and delivery nurses and certified nurse midwives are on your side.** They want your voice to be heard and their professional organizations (AWHONN & ACNM) have gone on the record as supporting that all labor support options be made available to all birthing people during the pandemic.
- Unfortunately, the American College of Obstetrics and Gynecology (ACOG) does not feel that way. Any birth aid that empowers women and offers multiple positions or non-pharmacological pain relief has been disregarded. Their official guidelines state that the removal of all options that make vaginal birth more likely (doulas, birth balls, peanut balls, squatting bars, laboring in water, and water birth).
- If your hospital is limiting those options, they are revealing that laboring people’s interests do not take precedence in the birth center. ACOG states that disinfecting those items increases the likelihood of virus spreading, but nurses disagree. They disinfect that equipment after every use anyway and feel that direct spread from the patient’s mouth as they breathe during labor is much more likely to expose them than a peanut ball.
- You may be pressured to have an epidural or a cesarean because they feel it is your best interests or because it makes things easier for the hospital. A Canadian hospital recently tried to require all laboring patients to get an epidural because it eased their scheduling issues! A local outcry stopped that policy in a few days.



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Action Items:

1. Bring your own sterilized, packaged peanut ball. Sanitize it and then wrap it in three layers of trash bags, making sure each layer is sealed. When you arrive at the hospital, you can take off the outer layer, bringing a cleanly bagged ball into the hospital. If the ball is placed on the floor or other surface, the second layer can be taken off. Then it should be wrapped in a hospital sheet and taped for use. (See reasons to use the peanut ball on page 6.)
2. Write a simple birth plan and how to help me list. (See example on last page.)
3. Develop other labor coping skills at home.
4. “No” is a complete sentence. You do not need to say why. You’re in labor!
5. Recognize that this conflict always exists; there is little you can do to change it, *and let it go*.
6. Concentrate your energy instead on connecting and communicating with your baby and being happy that you will soon meet one another!

Hospital and Medical Care:

Will I be taken care of? What will my nurse be like? Will they be kind to me?

What can I expect from the hospital that’s different from normal? Is it going to be weird to have people with masks and face shields on?

Messages:

- The nurses are there to help you, for the most part.
- In social media and their organization communication boards, many nurses are saying they are less busy and have more time to spend with laboring patients. (24 hour postpartum discharge, cancelled elective inductions so 25% fewer c/s births, people are arriving in full active labor so they are there only half as long, all non essential committee work is frozen, etc.).
- Protocols differ about wearing face shields and masks, although it is becoming more and more common. People’s voices will sound different and you can’t read their lips or their facial expressions. It definitely feels more medical and alien when people are gloved, gowned, masked and shielded. However that does not mean that *they want to feel* disconnected from you. Ask them to connect with you more if you are feeling detached.
- Hospital Procedures: Once you arrive at the hospital, you’ll be greeted at the door by an escort or nurse wearing a mask. They will escort to the birth center and check you into a room. If there is no doubt you are in labor, you will skip the triage area and go directly to your room. The escort may or may not be your assigned nurse. After that you will remain in your room until after your baby is born. Your nurse may come and go until your contractions are three minutes apart and lasting more than a minute. At that point in active labor you will likely have one on one care from your nurse, without them leaving your room for long. Depending on your risk status, you may or may not have continuous monitoring. If you are left alone, you will likely be monitored. The



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midwife or physician will come and go as usual, visiting every few hours. During second stage, they will remain in the room if they feel that the birth is imminent.

- Video Chat: Most hospitals will allow you to video chat during first stage, but many will not allow video during second stage or the birth itself. Also the wi-fi may not work or set up of your video phone for optimal reception may put it across the room from where you want to labor. You are laboring and you may not have the time or brain power to set up the call. **Don’t count on video calls with loved ones always being available to you.**
- If you are Black, Indigenous, an immigrant or member of a marginalized group, you can take steps now that might not be socially acceptable if you did have a companion. I’m recommending that you directly state on your “How To Help Me List” what your concern is. See page 8.

Action Items:

1. Tell the staff how to treat you and what your needs are by:
 - a. Creating a one page “homemade” birth plan with 7-8 short priorities.
 - b. Listing 4-6 “Helpful Things To Say or Do” for the nurse, midwife or physician. See examples on page 8.
2. Figure out your contraceptive plan now. Medicaid only covers contraception if the plan is made before discharge. The same is true with any follow up appointments. So if you want mental health or social services, ask for them. The hospital is a gateway for most support services in a community. With only 24 hours there is a huge checklist of items to get through and they usually have three days. You won’t get much rest.
3. When in labor, call ahead and ask for a nurse who likes to work with a patient like you (unmedicated, IV pain meds, help with the camera phone, trauma survivor and can’t be left alone, homeless but I am a good mother.) **Don’t allow the system to shame you into silence.** They need to meet your needs and that means they need to know what they are. You’ll need to decide for yourself if it is better to keep your condition private or ask for special help because of it.
4. Is there *a medical reason* you and your baby need to be monitored in early labor? If not, stay home until *you* want to go.
5. Stay home until active labor is well established. This is what ACOG wants you to do anyway – their own guidelines state they don’t want to see you until you are at least six centimeters. That would mean active labor, contractions coming at least every 3 minutes for several hours and that require a coping ritual. According to their own guidelines, they don’t want you at the hospital until then – no matter what. So you are okay staying away until labor is very well established.
6. If you do need to be monitored in early active labor for you and your baby’s safety, you’ll know that ahead of time and will need to prepare actively for first stage labor coping by yourself.



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Labor Coping:

- Can I do this without my loved ones?
- Will I remember everything I am supposed to?
- Will my baby come out without a lot of fuss?

Messages:

FOCUS Question: What do you really *essentially need* during labor and birth?
Once you believe that your baby will come out of you without a lot of fuss, you are 85% there.

Action Items:

You:

1. Belief in yourself and your body’s ability to labor and give birth.
2. Be open to messages and “tune in” to your body and adopt any postures or positions that it is telling you to do. Your body knows how to get the baby out.
3. Develop a coping ritual you can do yourself which is soothing and helpful. Practice it often, especially in response to pain or discomfort. Consider a *visualization* of the baby moving down or cervix widening, a *verbal chant* that you like, “I can do it” or “Baby moving down”, and a *movement* with your hands or arms, rather than legs. You want to make sure you can reproduce the ritual whether you are standing up, sitting down, or having a cervical check on your back.
4. Practice labor coping by yourself. Use triggers to induce a relaxed state by using the same music, same scent, and same visualization. Try to be less reliant on things and more on your inner processes, just in case you don’t have time or access. Remember, you will be in challenging active labor in your limbic system of your brain, not your rational, problem solving cerebral cortex.
5. **Gentle Birth App for iPhone and Android** has music, positions, and prerecorded visualizations for you to listen to. It’s a high quality labor coping tool developed by Irish doula and doula trainer Tracy Donegan. Use these aids during pregnancy so that relaxing to them becomes a habit. You can rely on them during labor more automatically.
6. You can check your own cervix, it’s easier than you think. *Who said you couldn’t?* Start now and get familiar as your cervix changes closer to labor beginning. It’s actually quite fascinating – you can feel the dilation and the thinning yourself. In my observations, our culture just regularly denies women any knowledge about their own bodies because it empowers them to have a voice and demand things - like equal rights.
7. Prepare yourself to be involved with any decision or choice that needs to be made about your care, your labor interventions, and your baby. How long your labor is, any complications you experience, who else was there, whether you take pain medication or not are not shown to be relevant in the literature when it comes to birth satisfaction. The number one thing is involvement with decision-making.



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8. Take an online childbirth education course from a local instructor who is informed about the care practices in your area. It will be worth it.

Support People’s Role:

- To help you believe labor will happen, labor will progress, and if you are working with your body, your baby will come out of you without a lot of fuss.
- To stay with you, build your confidence, help you get into active labor and develop a coping ritual you can do on your own.
- Help you to evaluate your own cervix to decide when to go to the hospital.
- Offer virtual support via video chat if possible.

Medical Attendants:

- Attendants who are in tune with you rather than asserting their own rhythms or priorities; blending rather than interrupting your labor coping.
- A nurse who can emotionally regulate (ground and focus) you when you become dysregulated (hyper, overwhelmed, anxious, etc.).
- Reliable, complete information; time, and patience when a decision needs to be made.

Atmosphere and Tools:

- A feeling of safety so that oxytocin and other labor hormones can flow.
- Plenty of water and easy to digest snacks when desired.
- Practice relaxation and breathing exercises daily.
- Bring your own peanut ball:
 - You can wrap your arms around it when you need a hug.
 - You can do a modified squat sitting, or lean over it on a table or bed.
 - Pushing in the tuck position (sidelying with knees drawn up and ball between knees and arms hugging ball) is excellent for labor progress with or without an epidural.
 - Providers can see everything they wish to and you have a straight birth canal.
 - This is a much better position for getting the baby out without injury to you and more quickly.

If you have more time:

- Consider a hypnobirthing class in an online format. Self hypnosis is a powerful tool and is always available to you whenever you might need it.
- Consider a mindfulness birthing course, which teaches breathing and relaxation as core skills. This is especially helpful if you think you may have to make some major decisions during your labor about interventions.
- Have a separate easy to use camera with a premade sign, “Please take photos” next to it.



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Conclusion:

In any hospital birth, the staff is going to have priorities you disagree with and will want to do interventions or procedures you don't want. That's just the way it is in the hospital. So expect a bit more of that.

BUT at the same time, expect more compassion, more care, and more connection from your nurse. She (99% are female) knows this isn't your ideal, that you are scared, and that you love your baby. Turn to her and rely on her, she's your best ally in the system. You don't know each other now, but she will be one of the most potent memories for the rest of your life.

That's okay. That's the adventure. That's the mystery. That's the adulting – where we have to give up control and allow life to happen in all its splendor and all its risk.

Birth is risky! LIFE is risky – that's all it is, a series of risk reduction decisions.

At birth we are our most basic, our most needy, and our most beautiful and courageous. The unknown is always scary – we will be injured in some ways, and strengthened in others.

Be open to unexpected gifts.

Lastly, this will make you the fiercest parent on the planet with your child after this. You will develop capacities of strength and will you didn't know you had. And an inner reliance on yourself and belief in your own abilities – THAT's the transformation of labor and birth, and that will happen NO MATTER WHAT.



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My advice is to go BASIC. Use big letters, few words.
Make sure you tell people what you want them to do, not what not to do.
The paper needs to advocate for you.

_____’s Birth Plan

Labor/Birth Preferences (list 6-8)

- Call me by my name.
- Involve me in all decisions about my care.
- Be Kind and patient.
- Don’t offer pain medication.
- Push in many positions.
- Birth in sidelying with peanut ball.
- Hold my baby right away.
- Delay cord clamping. No suctioning.
- Skin to skin for 90 minutes.

Advocacy Type Statements: (if needed, list 1-2)

- Don’t judge me based on my medical record.
- I have a mental health issue and I am a good parent.
- Listen to me.
- I deserve to be involved in my own medical care and decisions.

Helpful Things to Say or Do: (list 4-6)

- Rub my shoulders.
- Amy, your body knows just what to do.
- You and your baby are doing this together.
- You are surrounded by LOVE.
- You can do this.
- We are here to help you, let us help you more.
- It’s different than you expected, but it can still be wonderful.