

Excerpts from....

QUEER DOULA TOOLKIT

Resources for doulas and
2SLGBTQ+ birthing folks

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Comfort Position for Birthing

Considerations for Selecting Positions

- Positions that have your client standing and sitting upright allow for gravity to assist with labour.
- Positions that involve bending and lunging provide comfort to back labour.
- Positions that involve squatting and opening legs/thighs help relax the perineum and provide comfort to the pelvis.

Consider the needs of the labour process and baby when using the following:

- Positions that involve movement (rocking, bouncing, walking) can speed up labour.
- Positions that involve laying on one side or the other can impact the rotation of baby.

Standing Positions



Lunge Standing



Standing Supported



Leaning Forward



Slow Dancing



Seated Positions

Sitting Upright



Sitting on Commode

Sitting Leaning Forward



Semi-Sitting

Artwork created by: Audrey Chan and Julia Hutt

Kneeling /Lying Positions



Kneeling Over Birthing Ball

Side-lying



Tips for supporting people's weight:

Maintain a “low and a wide stance when standing, keep your feet planted flat with knees slightly bent and shoulder-width apart.

- Never bend at the waist to lift.
- Bend at the knees and lift with your legs, keeping your core stable.



Kneeling Lunge



Kneeling Using Chair



Knees to Chest



Hands and Knees

- Use your thighs as a way to support your client's weight when they are squatting, bent, moving from a standing position down to the floor, or getting up.
- Your “trunk” is a strong core and can often support people's weight better than your arms or chest, where people typically lean in order to be supported.

Squatting Positions



Supported Squat



Lap Squat



The Dangle

LABOUR ANALGESIA

WHO IS THE ANESTHESIA TEAM?

An important part of interdisciplinary health care, the anesthesia team are experts in pain management, airway management, and critical care that may include:

- Anesthesiologist or anesthesiologist - A doctor who has specialized training in anesthesia, and, sometimes, additional obstetric training.
- Residents - Doctors who have completed medical school and are in the midst of their anesthesia specialty training.
- Anesthesia assistants (AA) - Specially trained health professionals under the direct or indirect supervision of an anesthesiologist. These are respiratory therapists or registered nurses receiving additional anesthesia training
- Research team - Sometimes, research team members may ask patients if they would consider

PHARMACOLOGICAL PAIN CONTROL OPTIONS

Epidurals: the “gold standard” of pain management in labour

- Using sterile technique, a needle is used to locate the epidural space and an epidural catheter (very thin, flexible tubing) is guided into position. The needle is removed, and the epidural catheter is taped in place. A pump will deliver medication through the catheter throughout the birthing person's labour and delivery. Often, the birthing person will be given a button to press if they feel that they need an extra dose of medication.

Inhaled Nitrous Oxide (N2O): ‘laughing gas’

- Colourless, odourless gas that is inhaled by the birthing person on demand.

Patient Controlled Analgesia (PCA): ‘pain pump’

- Intravenous opioids that are delivered through the birthing person's existing IV when they press a button attached to the pump. The pump has many safety mechanisms, including a lockout interval that prevents accidental overdose.

No one other than the person in labour should press the PCA button!

There are many additional ways to help manage discomfort or pain during labour that do not involve medication or procedures involving the anaesthesia team!

Comparing Pain Control Methods

INHALED N2O

Benefits

- Rapid pain relief
- Can be administered by nurses, midwives
- Does not interfere with contraction or progression of labour

Potential Side Effects

- Drowsiness/sedation
- Dizziness
- Dry mouth
- Nausea
- Vomiting
- Euphoria or feeling high

Disadvantages

- Short duration (only last while inhaling gas)
- Lower patient satisfaction compared to epidural

PATIENT CONTROLLED ANALGESIA

Benefits

- Opioids used are short acting
- Relatively fast onset of action
- Patient controlled

Potential Side Effects

- Drowsiness/sedation
- Dizziness
- Itchiness
- Nausea
- Vomiting
- Constipation

Disadvantages

- Lower patient satisfaction compared to epidural
- Can be difficult to coordinate medication effects with contraction

Rare Risk

- Respiratory depression in the birthing person or baby

EPIDURAL

Benefits

- Highest rates of pain relief and patient satisfaction used during labour and can provide anaesthesia for emergency c-section
- Can help manage high blood pressure & reduce stress on the heart in certain circumstances
- May lead to improved blood flow through the placenta
- Let's the birthing person rest

Potential Side Effects

- Itchy feeling
- Motor block (weakness in legs or feeling heaviness)
- Low blood pressure
- Nausea
- Vomiting
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Potential Risk

- Failure might require replacement of the epidural
- Post-dural puncture headache: aka PDPH spinal headache

Very Rare

- Epidural hematoma (bleeding causing compression of the spinal cord)
- Epidural abscesses (infection around the spinal cord)
- Nerve injury. Temporary or permanent

Disadvantages

- Invasive procedure
- Can limit movement ie no showers, tub, mobility assessed on an individual basis
- Post-birth numbness/weakness
- Requires a specialist