



International Childbirth Education Association

*Suggestions for Labor Rehearsals – ICEA Teaching Idea Sheet #4*

Most childbirth educators use the labor rehearsal to review information taught in previous classes. They describe a situation or phase of labor and couples are asked what they would do. The session may be an excellent verbal review of the class, but it is not much fun and is often strictly an intellectual activity.

A labor rehearsal CAN be an intellectual review, but it can also be much more than that. The labor rehearsal provides an opportunity for pregnant women and their partners to *act out* what they will do in labor if a situation arises, to role play *themselves* in the labor situation, and try out behavior that may be new to them.

The labor rehearsal can also allow the instructor to provide clarification and positive reinforcement. It is also a time for the instructor and the class members to evaluate what they have learned. If they have actually gone through the body movements needed to respond to a proposed situation, they are more likely to respond in a similar manner in the real situation.

Below are some ideas to spark your imagination. They need to be woven together to form a coherent whole in a real labor rehearsal.

Remember that your goal is to get students actively involved in the situations, doing what they think they would do in each instance, not just talking about it. Get them up and moving if you want them up and moving in labor!

Encourage thinking about the alternatives to a given situation. What are several ways that they could cope with this development? What tools, what skills what knowledge do they have that could be used here? Arrange your labor rehearsals so that there are positive outcomes. Present them with problems and difficulties, but make the results successful.

Use a timer to indicate the beginning of each contraction. During transition, set the timer to go off every two minutes for four or five contractions, each lasting at least ninety seconds; don't allow discussion to interrupt the contractions.

- A. Mom and her support person are walking across the parking lot to the hospital and a hard contraction begins.
- B. In transition, they are coping well when the fetal heart rate drops and the electronic monitor's alarm goes off; no nurse comes into the room.

- C. While driving to the hospital and breathing through a contraction, the bag of water ruptures.
- D. After six hours of hard labor, the cervix is still at 2 cm and the fetus has had short periods of distress. The physician says, "Ms. Smith, you need a cesarean."
- E. During active labor, using high chest breathing, the mother begins to feel short of breath and has tingling sensations around her lips and tongue.
- F. In transition, the mother develops the shakes, nausea and vomiting. She says, "I can't go on. I can't. I just can't."
- G. Analgesics are given and cause heavy drowsiness.
- H. The mother is experiencing continuous low back pain.
- I. On admission to the hospital, hard contractions are coming every three minutes and the mother is feeling the urge to push. The admission clerk says, "Now Mr. Smith, I need you to stay here and fill out these forms. The nurse will take Mrs. Smith to the labor area in the wheel chair."

- J. The bag of water ruptures but labor has not begun. After six hours the physician says they will order a Pitocin drip to induce labor.
- K. In active labor, the anesthesiologist comes into the room during a contraction and immediately says, “Are you ready for your epidural?”
- L. It is 3:00 AM; they are asleep at home. The mother wakes up to go to the bathroom and has some diarrhea. She goes back to bed and is up again at 3:15 AM with another bathroom trip. She feels different and cannot go back to sleep; backache.
- M. It is now 6:00 AM and contractions have been coming every twenty minutes since 3:15 AM, but they are very mild, requiring only conscious release for comfort.
- N. During active labor in the hospital, a contraction begins; the nurse enters the room and asks, “How are things going, Ms. Smith? How often are your contractions coming? Would you like some medication to take the edge off?” (Contraction is on-going)
- O. Half an hour ago, the mother was at 5 cm. On the next contraction, “Oh I have to go to the bathroom.”
- P. Two hours ago she was at 4 cm; she is still at 4 cm currently. The instructor role plays the nurse who says she will need to examine the mother during a contraction and does so; she is still at 4 cm.
- Q. Labor begins when the couple is not together and she cannot get in touch with the partner.
- R. When they get to the hospital after ten hours of labor at home, her cervix is dilated to 1 cm.
- S. They are at home; it is midnight and contractions have been coming every five minutes for an hour but they are mild. What now? If they suggest calling the doctor, the instructor role plays the doctor on the telephone.
- T. After pushing for two hours, the baby is still high in the pelvis. The doctor suggests that a cesarean may be needed.
- U. She finds it very difficult not to push during the birth of the head.

As you experiment with your labor rehearsals, ideas will begin to arise spontaneously. Play with them, enjoy them; some may not work so well, while others are effective. Have fun!