

THE TAKE CHARGE ROUTINE

by Penny Simkin, PT

Reserve this for any time in labor when your partner hits an emotional low or:

- 1 she is in despair, weeps or cries out;
- 2 she wants to give up and feels she cannot go on;
- 3 she is very tense and cannot relax;
- 4 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 her until she regains her inner strength. Usually her despair is temporary; with your help she can pass through it and her spirits will rise.

Use whatever parts of the following seem appropriate:

- 1 *Remain calm.* Your touch should be firm and confident. Your voice should remain calm and encouraging.
- 2 *Stay close by her side, your face near hers.*
- 3 *Anchor her.* Hold her shoulders or her head in your hands—gently, confidently, firmly—or hold her tightly in your arms.
- 4 *Make eye contact.* Tell her to open her eyes and look at you. Say it loudly enough that she can hear you, but calmly and kindly.
- 5 *Change your ritual during contractions.* Try a different position. Try changing the breathing pattern. Breathe with her or pace her with your hand or voice.
- 6 *Encourage her every breath.* Guide her in the patterned breathing: "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 in order to get her attention. But try to keep your tone calm and confident.
- 7 *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. Okay? Good. You're doing so well. We're really moving now..."

8 *Repeat yourself.* She may not be able to continue what you tell her for more than a few seconds, but that's fine. Say the same things again and help her continue.

9 *What is she saying she can't or won't go on?*

— *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 not impossible.

— *Ask for help and reassurance.* The nurse, midwife 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 your partner is okay and that this is normal.

— *Remind her of the baby.* It may seem surprising, but laboring women are so caught up in labor that they do not think much about their baby. It may help for her to remember why she is going through all this.

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

— *Her prior wishes.* Did she want an unmedicated birth? How strongly did she feel about it?

— *How rapidly she is progressing 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 factors help you decide what to do. It is sometimes difficult to balance present wishes against prior wishes. Try to stick with what she wanted before labor regarding medication use. But, if in labor she insists on changing from a plan of not using them, 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 your partner through those desperate moments when she feels she cannot go on. You can ease her burden by helping her with every breath.

excerpted from *The Birth Partner: Everything You Need to Know to Help a Woman Through Childbirth*, by Penny Simkin, PT, Harvard Common Press, 1989.