

(introductory music)

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MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. Hi. Maryn today. And I would love to talk about long labors. So this is a bit of a convoluted subject as we'll get into. Trying to quantify an event like labor that may or may not fit into any box at all for many women, but we try. So talking about long labors today because I know as a midwife I always want to do better. And some of these questions are best posed in this kind of way. And I know there are many women out there that would say they've experienced long labors and maybe could benefit by some support and tools to understand perhaps what occurred. So in my own personal birth history of birthing nine babies, I really haven't had what I would consider a long labor. And that's for a variety of reasons.

My first labor, which is most likely to be long for anyone the first time we birth a baby—my first labor was induced. So it may have fallen under the heading of long labor had I not been in a medical setting that kind of took care of that. But even with my other home births, I haven't really had that experience other than perhaps with my eighth baby, Ever. Or actually maybe she's the seventh baby. I'm losing track of my own kids. Seventh. Yeah. She is the seventh. Where my waters opened, and I had 24 hours of labor before she was born. So that's just one anecdotal comment. I think this subject of long labors really brings in all kinds of stories that you've heard that you can read about because it really doesn't mean just one thing. And like we'll discuss, I think a lot of it is the woman's perception.

So even though I had that 24 hours of labor, which was long for me and maybe was long for a seventh baby, I still wouldn't have said that was a long labor. So in my midwife life, I certainly have experienced long labors with women. And one recently, which of course is prompting me to do this podcast—but I'd say every year or so there is a long labor. And when I was a newer midwife, eight, ten years ago, it seemed like I was getting more of my fair share of these long labors. And so there were lots of lessons there that I'm always still processing and trying to do better by. And in the past, transporting someone for a long labor definitely was something that I had done, and we'll talk about reasons for that I think amongst new midwives, in particular.

So long labors are situations that have taught me the most of pretty much any birth scenario. You never know when it's going to strike. I don't believe that we can really predict who will have a long labor. But being present with these women and the most recent woman and her long labor really, really taught me, again, about patience and

things that we do and don't do and why, how to evaluate, how to take care of myself even during a long labor, and, ultimately, hoping for a success story, right? Meaning that the woman is able to birth her baby at home as she had planned.

And that was certainly the victorious story this week. And I'm exhilarated, honestly. Probably part of wanting to do this podcast is because this was a very successful and hard earned long labor from this amazing woman and her baby. and I think that exhilaration that comes from the success of a long labor is life lasting. So I'm not even the woman that had the baby, but it is feeling important to me in my own life and as I serve other women. So I think having success with some of these out of the box scenarios that—no one is in danger of anything. We'll get into that. But just these out of the box births that we don't see any more for a variety of reasons. Really can play a pivotal part in our lives as birth workers, midwives, and, for sure of course, more importantly the life of the woman, who especially when having their first baby, is about to be triumphant and victorious with such an amazing birth story. This birth story with a long labor, as you can imagine, usually as the labor count—the number of hours—or she will tell the story.

So for this woman to have succeeded with a home birth really against all odds in the more mainstream world is amazing and something that I am just so humbled and honored to be exposed to because it makes my life better. And it reminds me just how amazing woman and babies are. I also think that these women that do triumph with a long labor success story really have an important job to tell their story, if they are comfortable and are in a place where it's effective and people will listen because it's really not the story of most women nowadays. Most women especially with their first babies, we all know, are induced, and, of course, the C-section rate is super duper high. So the woman that has a success story with a long labor is really kind of an oddball in a good way. And when she's telling her story, even her peer group of friends, won't really have probably experienced a similar story. More often it's the story we're well too familiar with, which is, "Oh, the labor got long. We needed this. We needed that. And my baby was born in a way that wasn't in my plan."

And that certainly does happen. I'll say multiple times throughout this podcast that not every baby can and should be born at home. So we're not approaching long labor with this hell or high water kind of mentality or home birth at all costs. But certainly, more babies can be born at home after a long labor than is happening because we know that once they're transported to the hospital there's major interventions kind of unnecessarily, for most of them. And, of course, there are the rare situations where that's really a beneficial tool. And a baby might not have survived a long labor without those tools. So that is for sure a thing.

So what is long labor? What are we even talking about? Well, there's, I think, a couple definitions. But here in the western world of birth, in our western culture of birth really—because I've mentioned before that the concepts that birth is based on here in the western world really aren't scientific concepts. They're more culturally based, and Friedman's Curve really defines labor and what's long labor in the western model of birth which, of course, many of you know also includes midwifery and even home birth midwifery. So Friedman was a doctor, I think, in the fifties. You can totally Google him. And he came up with a curve that was supposed to predict how fast someone should have their baby. And now remember this model of birth views women as machines. So there really isn't any room for individuality or uniqueness, and Friedman did not base his observations on natural birth.

So what he came up with was that a first time birther would have approximately 20 hours of what we call first stage. So 20 hours of labor essentially and then 2 hours of pushing. He said that was what was normal and accepted for someone having their first baby. And for someone having their second or subsequent baby, it would be 14 hours of first stage and then 1 hour of pushing. So he determined that this was what should be acceptable and created this curve named after himself. So Friedman's Curve. And, again, that is what is being used in most settings, again, even at home with midwives to determine whether or not someone is laboring in an appropriate amount of time. I always struggle with these words because it's so far outside of my thinking nowadays that I have to remind myself that this is actually how most of the western world at least works. And I have to remind myself how it's viewed because it's so foreign to me.

So when I was a student midwife and, again, home birth apprenticeship—not my first apprenticeship but my second, which was highly medical as many of you are aware of—we actually did plot on a graph the dilation and descent of what was going on with this woman and baby. The chart that I have—it's a midwifery chart, right? It includes a prenatal record and all of these things. And it includes a labor record. And I do occasionally use other parts of the paperwork still even now. But I haven't even glanced at the graph chart in many years because I would never put a woman's labor onto a graph. But it's in there so that the midwife can plot Friedman's Curve so that she can see if or when the woman is quote on quote falling off the curve.

So that's one definition. And, obviously, that's a highly medical definition even though it's being used by midwives. And it was defined by a doctor, who had no knowledge or observation of natural birth. So that right there should tell you how bogus it is. And a lot of this conversation is just reminding us that we are often up against a standard that doesn't make any sense at all with the kind of birth that is actually happening especially at home. I Googled it because I always like to do that. And another definition was from the emedicine or Medscape kind of dot com. So emedicine.medscape.com. And they said that dystocia of labor—so labor that is abnormal essentially—is defined as difficult

labor or abnormally slow progress of labor. So how many times can we say abnormal in one sentence. That's that definition. That's slow, is abnormal. If it's not progressing, it's abnormal. And that it may even be a dystocia, which is a horrible word, right? Which means obstruction, which means not going to happen.

And that concept as far as interjecting it into the long labor idea is so angering to me. Again, yes. There is the rare, rare scenario where a long labor really might be an obstructed labor. But most of the time those two things are not related at all. So if that's what a simple Google search brings up when you put in long labor then we're all in trouble as far as the medical model goes. But you already knew that, right? So prolonged labor is another way of saying it. In fact, in Gail Hart's book, which is a favorite of mine, *Research Updates for Midwives*, her chapter is called Prolonged Labor. So I don't have a problem with that. Yeah. Prolonged certainly is an accurate definition for some of these longer labors.

But all in all, I would say that the definition is subjective. That the definitions we just reviewed are mainstream. They are medical model. I don't hear a lot of midwives defining what long labor is, at least publically. For all of the reasons that we'll discuss. So it's kind of like this little secret. Midwives have them, right? How to handle this or that or how to attend a breech birth. Like this isn't knowledge that is being freely distributed. And midwives sometimes don't even acknowledge that they have it. So I think long labor is one of those things. I would love to talk to some older midwives besides Gail and get their experience and perspective on what this definition might mean to them.

It definitely matters who is defining it. And for the most part, it's based on a clock. It's based on time or progress in quotes. Physical points of progress in the woman's body. I think the problem is—and I guess there's a couple problems. But I think sometimes we don't fully know until the whole experience is over. And we can say how long do we think that part took. Or even the woman herself looking back and saying, "Oh, but those first 10 hours—now that I've birthed a baby I see that those first 10 hours weren't really labor." So there's all kinds of shifting perspectives that can happen even with the woman herself. And because labor really isn't linear a lot of the time, it's all up for grabs. I think the worst case scenario really—and the reason I'm even talking about this today is that certainly there are handfuls and handfuls of women coming away from their own labors feeling like they failed or feeling like they were labeled in a way that makes them ineligible to have a normal birth the next time.

Another thing about the definition of a long labor—and I can say this as a midwife and not as a woman that has had one necessarily—is that it's very often a feeling of time standing still. So yes. I'm looking at the clock. That's really hard to get away from with the way we've all grown up and been taught. So we try as best we can to look at all of

the characteristics but often it is just a feeling of a stagnant labor or energetically a labor that is not moving. That feels the same from hour to hour. If you've attended births or even had your own that were just kind of typical labors without being too long or too short, there is a variation of the way things feel, of course, internally but even in the room energetically.

So I think that's another way that we can—I hate to say diagnose. But describe an experience. That that could be a reason that it feels long. Of course, there is so much variation. And I kind of alluded to it before. But when are we starting the clock, right? What is labor? Can we only see it in hindsight? That kind of discussion. And some people will have longer labor experiences that are just normal for them. And they won't look back and think it was long at all especially if they weren't led to believe it was or given reason to fear the process. That their labor felt appropriate for them. We're not all the same. Some women will have a three-hour labor. And some women will have a 24 plus hour labor. And both can feel just perfect for that mom and baby.

So I think there's, as always, a lot of unknowns. I guess I try and get things more lined as I talk about these things mostly for my own brain to understand whatever it is I'm talking about. But in the end, I think we could also say that we don't really understand anything and that we don't know really why labors look different from person to person other than the obvious. A unique mom and a unique baby. But if we're going to call something a long labor and then later try to figure out, "Well, why was it so long," my experience has been that sometimes there's just no concrete clinical answer. It just was. And that's something important to keep in mind.

So with a longer labor, there are a couple concerns because you're probably thinking maybe, "Well, what's the big deal?" If that's just normal for this woman or that woman, what is everybody getting so upset about? So some of these are pretty obvious. The first is that the baby will be distressed or get stressed out at some point in a long labor process. And, as I've said, that is possible. Not probable but possible. The second is that the mom will be exhausted. That is also possible. Not probable though with good care. Another worry would be infection. Of course, if the membranes are open, if the waters have opened then it's possible if the labor goes on for a long time. And there's other rare possibilities that truly are more pathological that could happen that are included in the list of worries even though they are not common.

So one would be that the baby really doesn't fit. So a case of CPD or cephalopelvic disproportion. So really the head will not fit which—knock on wood—I have never seen. And most days I don't really believe in. But when you're looking at something like this, you just have to have, I think, all the things on the table. And then another rare pathology like a constriction ring in the uterus. Again—knock on wood—not something I've experienced, but I am aware of other midwives that have. So it is a thing but again

super rare. I think another worry that doesn't appear in any of the textbooks is that the midwife will get in trouble at one point or another whether it's during the long labor or whether it's if she transports and is found out to have supported a woman during such a long labor. If there is some kind of problem afterwards for whatever reason, it will come back to the fact that she attended and permitted an abnormal labor. So that's definitely a worry in the midwife's mind.

And I think that's really relevant if you are someone that's had a long labor at home and was transported assuming that you've checked all the other boxes and there wasn't actually anything wrong with you or your baby. That a lot of the time it's going to come back to your caregiver to be honest and their fear or comfort with being in a long labor and being at home outside of the box. And I won't lie. I mean I've certainly felt that too. I think any time birth strays from the box even if we knowingly are practicing outside of that we still have our antenna up, right? I mean nobody wants to miss anything either. So it's always this balance between what's possible, what's likely, and probably what's just a normal situation really for this mom and this baby. But I think the boundary pushing on the midwife's part is a very real problem, a very real worry with long labor.

So Gail had a quote in her book, *Research Updates for Midwives*, that I really liked. And I would, of course, recommend her book for more information on this and other topics. But as far as the worries that we've just discussed, she says in quotes, "Many of the risks of prolonged labor are caused or made worse by some of the interventions, medications, and procedures undertaken to treat prolonged labor." And she really does have treat in all caps. So if you didn't get that, it's just any of the things we're worried about like the baby being upset—most of those things like infection are happening, if they do happen, because of other interventions we're making because we're uncomfortable with the time that this is taking.

So I think that's a really clinical way of saying the obvious. Don't screw it up. Just because the time isn't what you want it to be on your watch or isn't what the mom wants it to be on your watch, don't start doing stuff that is actually going to add risk because then you really are adding risk. And then perhaps this woman shouldn't remain at home to complete the process because you've already screwed it up. So examples that she gave that I agree with would be something like Pitocin. Of course, you're not going to do that at home. God, hopefully. But that's a hospital thing. Or even breaking the waters, right? How many midwives do you know that are homebirth midwives that are routinely breaking waters? And in a long labor, for some midwives, that would just be protocol. So that, just like Pitocin, increases the risk of fetal distress and C-section.

So again, here we are, right? Full circle back at the beginning. What's actually the worry with a long labor? Hmm. Well, maybe long labor by itself really doesn't have that many worries. It's truly what we are doing to it to move it along and/or make ourselves

feel better. So, again, I just want to say that I think this is so relevant nowadays. I think it's more relevant every day in this world to talk about these things because so many women are told that they didn't work. Failure to progress, in quotes, is the reason for C-section kind of across the board especially in first time moms. Failure to progress means you didn't do it right. You didn't do it fast enough. And ultimately, we don't think you were ever going to do it. So that's a pretty heavy load to carry when you are a mom. And my first birth, like I said, was induced. But I could have easily carried that as well because essentially I was failure to progress as well because why would they have induced me, right? But it just happened to work out with a vaginal birth.

So I felt an element of that with my second birth, which was my first home birth. I remember feeling like, "What if my body can't do it?" I didn't know any of the stuff. Not that that really matters. But I did have this kind of underlying negativity that would crop up every now and then because I was induced made me think that maybe my body just didn't know how to birth. So go through a long labor, get induced, get your waters broken, wind up with a C-section, and be told, "You failed," again, it's a pretty heavy load to carry which is why we're talking about this.

So certainly, many women out there have had a long labor with their first baby especially and will have them. I don't think it's anything that we can truly stop from happening or predict. As many of you know, Margo had quite a long labor with her first and only baby. You can read her birth story and watch her birth video on the Indie Birth site or even on YouTube. It's *The Birth of Celosia*. And Margo was one of the ones that succeeded meaning that she did have her baby at home anyway. But after this last long labor, I was thinking more about is it normal. Like I mean birth is normal. And as midwives, we're trying to treat everybody as individuals. But kind of in the big picture, is birth supposed to work this way where it can take a really long time? And I don't have the answer.

I think I, on different days, think different things. I think there certainly are characteristics of a longer labor that are unique to western culture. And I think a lot of it is just normal, and we don't hear or see a lot of it anymore because of, like I said, induction and interventions and that kind of stuff. And so it made me wish I really did know more about birth in other cultures. Like in a more intimate way than being able to read a textbook or whatever it is because I'm just curious. How often do these kind of long labors happen in other cultures where birth isn't feared and there isn't this norm of birthing in a hospital? Again, certainly, not every mom and every baby will do it, will even survive a long labor in places where there isn't medical help. But are more women in other places able to have babies easier than we are here? And, again, I don't have the answer. Some days I think yes. Some days I think no. All I can really say is I do see how our culture being time obsessed is not a good thing, right? We're obsessed with time. We're not used to waiting. Everything is rushed.

So sometimes I have to remind myself of that. I'm no different, right? I'm wearing a watch at a birth even. And it's very easy to feel impatient. And, of course, you're aware of that and trying to check it and coming back to your center and all of those things. But I'm just saying essentially we're all in a rush. In fact, I think I did do another podcast a year or more ago on why everybody is rushing your birth. So you can listen to that if you want to hear more about my thoughts on being time obsessed and rushing birth. But I think that's a huge part of long labors. Maybe they're not even long. It's just us. Or maybe they really are sort of long, but we're just getting so impatient that we're seeing it as pathology.

So I mentioned lifestyle as far as western culture. And I do think there are things there. I've done podcasts with Lisa Gillespie and talking about natural movement and alignment and kind of the general consensus in our circles anyway is a little bit of the fact that we're very culturally used to riding in cars and sitting in chairs and working on computers. And without making it seem like we're not capable of birth anymore because certainly we are, we can intuit that we might be making it more difficult sometimes, right? And I don't think I can say that on a large scale because I see women birth easily all the time too. So I don't think those things are preventing us or changing our DNA for birth, but I do think there are some women that will be particularly challenged in the physical birth process by the way they live. So yeah.

And I think there's a lot of fear and that really plays a part that I'm not quite sure sometimes how to deal with because it's so widespread. And most of us grew up in a fearful way especially with regards to birth and our own bodies. And that's a whole lot of stuff and baggage to process and get rid of. But, again, I, for one and many of you, are seeing really simple births too. So I think none of those factors whether it's fear or lifestyle is holding us back collectively from having normal births. But I do think for some women with a certain set of circumstances we could attribute some of those factors to them having more trouble in birth and/or a long labor.

So as I mentioned, the definition of long labor is kind of different depending on who you ask. I did want to provide a little bit of clarity though around the timing even though it's hard. I can't really address every scenario. But the part that comes before labor—and by labor, I mean the birth process. I mean the part where the woman is in it. And it could be felt as being easy or hard or intense or not or whatever. But she's in a process that is going to produce a baby at some point whether it's—if we're going to talk in hours. Two hours or 24 hours. There is progress. And a baby will be produced as result of that progress. So that's labor in my definition.

So you see these posts on Facebook or whatever. People write us emails, and they say, "Oh, I was in labor for 100 hours." And you get more of the story behind it, and it turns out that after reviewing that information you compassionately say to them, "You

know, it doesn't sound to me like perhaps that first chunk of time was actually labor. Just because what you're describing doesn't really sound like the birth process. It sounded like your body was doing really awesome getting ready and yes. You were contracting and that kind of thing. But it—for whatever reason, information you have about the story, it didn't seem like there was actually progress moving towards the birth.” So that's a huge topic. Many women are just told that they don't work, but they don't even have an accurate description or diagnosis of when labor began. Labor is not a contraction.

So if women are counting or if their care provider even is counting from the first contraction to birth then many women will be over diagnosed with this dysfunctional labor. So, again, that's hard. It's not that we want to tell women that what they're experiencing isn't true or relevant. Some women feel like they're working really hard during a early labor or a prelabor process. And, indeed, they are. We're just saying for the sake of definition that a lot of those women and a lot of those stories kind of produce a false definition of long labor. So I hope that makes sense. So long labors can manifest, I've seen, in a couple different ways. Again, just kind of unrelenting contractions that aren't moving anything in any kind of direction and then, again, in hindsight we often will say, “Oh, it didn't look like you were in the birth process for that yet. That was just your body getting ready. So it really wasn't dysfunction. it was absolutely perfect for where you were in the process.” So it's not the attitude of, “Oh, you didn't progress.” It was, “Oh, you weren't supposed to progress. It's just not where you were in labor.”

And if we got real clinical and did lots of vaginal exams, which of course I don't at least, then often that part of the process can just be the cervix thinning even. So there's not dilation, but there certainly is good body progress happening internally. And it's just not at the stage yet to produce a baby. Another variation I would say is sporadic contractions, so there's no pattern at all. Some are weak. Some are strong. 10 minutes apart. 5 minutes apart. 2 minutes apart. Whatever. That can go either way. Sometimes that is labor for that woman and her body and her baby are trying to work it out, or they need calories or dehydrated or whatever it is. And then I think just as many, if we were looking in from the outside, we could say, “That's not the birth process either. So let's not count that towards your diagnosis or whatever definition of long labor.”

A third way perhaps someone gets that label is having weak or inefficient contractions. And that's a similar thing. So are they weak and inefficient because she is not actually in labor? And even that is an incorrect vocabulary, right? It's not even inefficient because they are being efficient in the way they're supposed to be just not in the way that we want them to be. Or if we really feel that we are in the birth process then maybe they're weak and inefficient because we need rest or we need calories. Or who knows what? So there's probably a million more ways that long labor can look. And even if it

comes to having a longer pushing phase, I'm not really talking about that today although that, again, is a definition of long labor. Sometimes women have completely average or typical first stages with active labor and things are moving along, and they're definitely in the birth process and all of those things. And then when it comes to actually pushing the baby from their body, there's a delay or a time that is longer than Friedman said it should be. And I think there's a lot of different reasons for that too.

So let's talk about reasons while we're at it. A great book that I carry around in my birth bag is *The Labor Progress Handbook* by Peggy—no. Penny. I always say Peggy. It's Penny Simkin. *Labor Progress Handbook* by Penny Simkin. And it's a little purple book, and I really do keep it in my birth bag for these kind of labors when I'm exhausted. And I feel like I have no more ideas or whatever. She has lots of great information and positions and those kind of things in there. So you can read more in her book. But reasons why a labor would be long, of course, the first is what we've talked about. It's just a misinterpretation of the labor pattern. So it's either not labor, right? Or it is, and we need to figure out what we're actually talking about whether it's while she's in the process if we can or in hindsight.

And if I'm present for a long labor, then I am present for a lot of it obviously. So I think it's disheartening sometimes for the woman for someone else to come in and say, "Hey, you're not actually in that part of labor yet." And that's a whole other issue. But on the flip side, if you are attending births, you don't want a woman to think that birth is imminent in the sense of her doing the same thing for days on end, if it's really not, because as we'll talk about in a minute there certainly are good care techniques of just advising someone to go about their normal day. And it's really not helpful for someone to think they're in the birth process if they're not. And if you're being hired to kind of relay that or your opinion, then I think that's valid.

So other reasons besides misinterpretation would just be really general here. Something physical going on with the mom. Something emotional going on with the mom. Something going on with the baby. So the baby might just be malpresented or some kind of malposition. In my experience, that seems to be, if we had to put a label on it, the most catch all kind of thing. Like most likely, the baby is just not in the right position yet. And it's not like the baby will never be in the right position. It just takes time. But because labor is mostly about the baby, I think that that one is often front and center at least with the long labors I've seen. It's just not in position yet. Kind of literally and figuratively.

And something like a short cord, there are certainly other characteristics that can produce a long labor. And when you truly see one of those, like a short cord and a long labor, you get a lot more respect for the birth process because the body is just so smart. And it's not going to cram a baby through with intense contractions in a matter of hours

when there is something like a short cord going on. It's really pretty smart. And another reason why you don't want to induce or rush a long labor. Of course, there could be a combination of reasons between the mom and the baby. And, again, the more pathological reason could be that it's just not going to work for whatever reason. And, again, that's super rare. I kind of hate to even say it. But it's there as a thing in some— with some sources.

So I will say long labors are hard on everyone. And I don't even know the extent to which they're hard, honestly, as the woman. But I can appreciate that they are, and I can feel it in my own way even though I haven't experienced it. That, obviously, it's exhausting. You're in that labor land of not thinking too far ahead into the future. but at the same time, these women certainly do because they want to know when this is going to be over. And they are aware, most of them, of how long it's taking even though they're not staring at a clock. Just this feeling of people being present, of people waiting essentially for you to have your baby. So it's really hard. I've seen that it's just as hard or maybe not just as but nearly as hard on the partner for all of those reasons, right? They're feeling the same impatience but maybe more so. Honestly, women in their long labors, I think, are the most patient usually. The midwife, the partner are usually a lot less patient at least in their heads. Maybe not outwardly impatient. But the woman usually has patience in most of these cases, which I think is amazing.

But the partner is very apt to get impatient especially if he/she hasn't been prepared for such a thing. I've certainly had people that they've never had babies before or seen a birth. And they have in their head that this is all going to happen in two minutes or two hours. And I'll get to talking a little bit about preparing people. But it can be really hard on the partner especially if they're not sleeping over a long period of time and feeling like they need to be present or being asked to be physically present by the woman. It's hard on the family in general especially if there's other kids and/or relatives that have been alerted that baby has started. Then you have all these people texting the woman or calling and wanting to know when and feeling impatient and kind of worried and what's going on and all of that is really hard. I'd say the cultural expectation of the way birth is is the hardest part for people to get past with a long labor. It's like if we could all just approach it as 100% unique we would be better off. But we have all these preconceived ideas in our heads and stories and worries, and it makes it just so much harder for this poor woman.

As the midwife, I will say that it is hard to be at a long labor. And you learn pretty early on—although you usually have to learn by experience that you also need to get rest. Being tired means that you will feel more impatient and you might make poor choices or suggestions that you would never normally make whether it's to move labor ahead or to even consider the hospital just because you're so tired and done. and so I've certainly felt that. So in my earlier years, I learned that lesson because at least one or two times

I was so exhausted that it's hard to even remember what happened or what was going on or what time this happened or not. So it is really hard all around.

Most midwives really, I don't think, have time for long labors. If you have a really busy practice or work in more of a clinic kind of atmosphere, you really don't have time to spend with a woman when it lasts three days. So there's that too. So things we can do to perhaps help with a longer labor. And this is a long list. Is some preeducation. So that may or may not prevent this. There's only so much knowledge you can help cram into someone's head. And everybody thinks it's not going to apply to them. When I was a midwifery student, the midwife I worked with would tell everyone specifically the first time birthers that they should anticipate three days for labor. And that might sound intense or negative, but she would always explain more by saying, "That's from really the first contractions and the whole prelabor, early labor phase until you have the baby in your arms." So it wasn't too imply that there were three days of unrelenting pain. But that it was a process, a gradual process that would take time.

So I do try and relay that similar information. And right. It's always that balance between not trying to predict someone's experience or negatively trying to make them scared but just in a matter of fact way that especially if your body hasn't opened and birthed a baby before that it takes time. And that there is nothing wrong with it taking that time. Honestly, that's been the best policy I think for me is just saying it like that. There's nothing wrong with it taking time, so let's just assume it's going to take time. And if it doesn't, then that will be your experience. And if it does, then you'll know that's a possibility and, hopefully, that will give you more patience and more importantly than patience really is we talk about some tools during a long labor.

One most important tool is that the woman must be fed. And she must hydrate herself. And I do talk about that prenatally because it is so important. And if you have a labor that is considered long at whatever point you want to define it as long, if you're not eating and drinking, your chances of making it through at home are a lot less. And that sounds ridiculous in a way, right? Because how hard is it to eat or drink. But it can be. It really can be for women that feel tired. They feel frustrated or defeated. Or the contractions really are intense. And in any other situation, they wouldn't eat a meal or drink or smoothie. But this is kind of a special scenario where you know that they need those calories to be able to go forward in the process.

So that's the prenatal education, I think. And all of us. For every single one of my births, I've honestly thought the same thing which is I don't know how long this will take. This is a different baby, and I don't want to put any kind of cap on it in a way. It's great to visualize an easy, quick birth. But at the same time, I know, for me, I've always just tried to remain open to whatever the experience will be. So with first time moms, of course, I would encourage that. And honestly, it's the people that think they're going to

have really fast labors that don't kind of most often. So I don't know. I definitely just don't love that. I would never tell anybody what to think or what to plan for, but the reality is we have no idea how the birth will go. I think that's just the truth.

So other things to do to prepare—or not to prepare but maybe to try and avoid. Of course, we don't know if that's actually what we're doing. Is making sure that you've worked out your own emotional issues as much as you can. Pregnancy is a time of transformation. And it's not always bliss and all of that for a lot of women. But it can be intense with working out past traumas or sexual abuse and fear and all of these things. So the average woman has a lot of fear of birth and of mothering and all of the things that that means. So I'm not really thinking that we go into labor completely fearless. I don't know that that's a goal, per se. But I do think that there are things women can work on ahead of time. We always say, as midwives, that in labor is not the time to work out something like super crucial and hard in your life. It's usually not the time. Of course, I'm sure there are women that have and do. But if we're suggesting things to do, I would say do your best with processing your own birth even and your fears and those kind of things, so they don't get in the way and stall what would normally be, for you, maybe a more fluid experience.

Education came up again even though I already talked about that. But educating the partner, I think, is just as important. Maybe the partner isn't around during the prenatal visits. So I think that's something to go out of your way to convey whether it's the woman conveying to the partner or, of course, I have these podcasts. I can be like, "Here. Listen to this," because a partner should be prepared for a long labor too. Some of the longest labors I've seen have been with partners that don't understand that it can take awhile and make the prediction of this being really fast. And, again, that's fine. They can make their own predictions and all of that. But if that prediction includes an element of not wanting to address the possibility of a long labor, then I think that can be an issue because we don't know. So what can the partner do if it's a long labor? You can have a whole entire list. Can provide these foods, to offer her drinks, to rest when he or she can. So there's all kinds of preeducation ways to prepare a partner.

And, of course, you really can't, I don't think, prepare anyone 100% emotional for an experience that you haven't had yet but just that feeling of needing to be patient. Birth takes the time it takes. If mom and baby are doing well, then there's no rush. Again, these aren't concepts that are normal in our day-to-day life. Having supplemental people available for a long labor is something I've learned over the years. And that could mean other people on your team so maybe another assistant or another midwife. If you're the mom having maybe a sister or your best friend be able to come in and take a turn being with you so your partner can get some rest. So just having other people that may not be included in a typical labor situation, but who you would call in if things felt like they were getting long or you were getting frustrated.

Of course, consider Friedman's Curve as a really non relevant piece of information. If someone is telling you your labor is long and you need to do this, this, and this, that you have the information to say, "You know, what is that based on," and that kind of things that we've already discussed. As a midwife, it's helpful to have other midwives to consult with even though on the simplest level it's just a matter of time and that kind of thing. It can seem overwhelming and like you're just missing something some of the time. So it's always good to have someone to talk with. Other things to do—and I guess I'm kind of crossing over here into not prevention but what you actually do when you're in it. And I kind of talked about some of that. Sorry. It's getting confusing.

Having other supplemental caregivers in a way. Like a chiropractor can work amazing results for a woman that's open to chiropractic. And, of course, if the chiropractor is willing to come to the home and do an adjustment in labor can really, really help move a labor along but not in a way that I see as forcing or inducing. Just correcting an imbalance essentially. Of course, there's all kinds of other energetic tools that you have might have just as a person or as a midwife whether it's homeopathy or flower essences or just energetic work. Whatever other things you would utilize in your own life or with this woman to address some of the non physicals.

Our intuition is key. So if a mom felt like something was really long during a labor that was long—oh sorry. Really wrong during a labor that was long then I would very much listen to her. And the same with the midwife. Just how are you feeling being at this? Do you get the feeling that there is something wrong? Or is this just a variation of normal? And those are huge topics but just something to consider since this is an out of the box thing. And the best recommendations really when you're actually in it is just time, right? The tincture of time. That the mom is fed and hydrated. That she has calories. And that she can change positions as needed. And most moms will. But some will be really tired, and then it's time to rest. So there is resting, and there is changing positions. And really the mom and perhaps the midwife are just kind of working together during these long labors to determine what is the best course of action at any time.

And because at least in my belief, I would not be inducing with anything at all. No herbs. Nothing. Don't do any of that stuff. You don't know what you're affecting. Then most of the time the answer is rest actually. It's not trying to force labor. And I've certainly done that in my own way of like, "Okay. Well, if we can just move this ahead maybe if she is upright, for example, that will—gravity will kick in." With a normal labor, we don't need women to be in any such position to make it work. It's going to happen anyway. So that's my takeaway as of late which is rest is really the best and only thing. When she can't rest anymore, when she has to get up and be upright because her body is telling her to, then you're probably getting closer to birth. And that's a good thing. But in the meantime, rest.

And I can think of an elder midwife friend, who I would consult with with these kind of things over the years, and every single time she'd tell me, "Just rest. Just have her rest. Just have her rest. Make sure she's fed. Just have her rest. and if she can actually sleep, she will wake up with the baby on the perineum." And I used to think that was absolutely insane because I hadn't seen it. But having seen that recently, I can now say that's actually a thing. And so that would be—again, there's lots of uniqueness in these cases. But rest is so important. Much more important than getting a labor to move ahead when you don't really know what you're doing, and a mom is tired.

So in the simplest way I think long labors happen because it is just not yet time. And that's really easy to say today. I'm not at a long labor today. But it's something to just tuck away as basic wisdom when you find yourself in that situation whether it's you're the one birthing or you're the one observing. That it's very rarely a pathological thing to take the time it takes. We don't know the time it takes for this mom and this baby. And because birth is not just physical, we can't even say why sometimes. The baby, the body, the spirit, the mind, whatever we're going to say is just not lined up yet. It's just not time.

So, again, I think this is so important because regulation around birth has changed the way we see birth. We're using Friedman's Curve at home births. And so labors just at home are getting branded as obstructed or abnormal when they're just normal taking the time it takes labors. And then, of course, these women are having interventions, and they're feeling like they failed. And the midwives are all uncomfortable and don't feel like they can chart about a long labor or even talk about them if they experience one because it's just not permitted. Women can certainly give up if that's what we want to call it. I'm not trying to sound insensitive. I think not every baby should be born at home, as I said. Some women honestly don't want home births. And for whatever reason, they're trying to have one. So really if that's the case and that becomes revealed that you don't really feel safe at home, then that will certainly delay a labor. And that can easily be remedied in those rare cases by going where you do feel safe which for some women is the hospital.

Often, the mom, herself, runs out of patience and energy. And that's acceptable as well although I think as—if you do have a midwife there, that's part of her job is to keep you energized at least and to help with your patience as much as she can and to keep you just centered and in the moment rather than thinking hours and hours ahead. I do think supporting a long labor is a lot like something like breech birth where we consider it a lost art. Where we can find anyone anymore, right? To attend a breech birth at home because doctors aren't being trained in it. The midwives aren't being trained in it. Everybody has forgotten that that can be a variation of normal. And so I really think that long labors are the same way. Young midwives and—I guess I'm a younger midwife. But I mean more the ones that are being churned out right now in their first month or

year or two of practice have no idea what a long labor is because they've never seen them in their apprenticeships of medical model midwifery. They don't know what that looks like. They don't know how to handle it. They think it's all just bad and scary, and they wouldn't know what to do if they were in it.

So, again, I can appreciate that having been there. But I've learned over the years through women and will continue to learn. I certainly don't have all the answers. But being willing to consider the theory that it's not dangerous for most moms and babies. And, of course, working with the kind of women that really do want to have their babies at home really does help teach you. So it hit me the other day with this first time mom that had a longer labor that it's not my duty to serve everyone nor is it yours, if you're out there. But it is kind of a collective duty, in a sense, to learn about long labors, to do our best to get through them whether we are the mom or the midwife because every woman that has interventions and transport and maybe ultimately a C-section her life is affected forever. So I came to that conclusion after being really exhausted for sure that wow. That was really worth it. If I only assisted one woman ever with the support and encouragement to get through a long labor, then that's awesome because it's one less woman that will have been cut open for no reason.

So we need to protect this information and this idea that birth really is normal until proven otherwise even when it goes outside of our boundary of time. There are tools that I was going to talk about just briefly, but it really is going to be brief because this is getting long. But something like vaginal exams, honestly, I think can be done compassionately and very wisely and intuitively in something like a long labor. So that, again, is from experience. I'm all for not doing them in a normal labor that you can obviously tell is moving along. But you learn pretty fast too when a woman thinks she's in labor for 24 hours and she finally does want a vaginal exam and she's barely, barely open at all. That certainly does happen. Again, is it common? Is it normal? Probably not common. But we can use tools to help us assess where someone is in a labor. And they can really help the woman.

So I have rarely done a vaginal exam for my own needs or information. It's usually the woman especially in a longer labor that says, "Hey, would that help? And I really would like to know if what I'm feeling is kind of translating into my body opening or not." And so I've never been sorry, actually, about those vaginal exams in labor because, again, it can go either way. Sometimes a person really isn't opening at all, and they're interpreting this experience as being labor when it's actually not. And it's prudent, in a sense, for those women to hear that and to just kind of go back to normal life. And you'd be surprised how quickly that can happen for a woman to be told, "Hey, your body is not opening quite yet. It's working on some other stuff. So how about you just go to sleep? How about you just go about your normal life? And you'll know when it's time. You'll know when you're in the birth process." And that can totally take the weight off

these women. They thought they were in labor for the last 12 hours. And now suddenly, they have a new perspective of like, “Oh, okay. Well, it’s really not that bad. And I can totally just live life until it’s time.”

And then conversely, a vaginal exam can reveal the opposite where maybe you think, as a midwife, that, “Oh, she’s really not that far. And this is a long labor.” And then she would like you to check that out, and she’s nearly open and whatever. So it can go either way. But I do think using tools like that can be medicine in the most positive sense of the word. And along with fetal heart tones. And I’m not going to go into a great discussion of fetal heart tones. But of course, with a woman that feels like or legitimately is having a longer labor, that we use the tools we have, if appropriate. So listening to the baby through a contraction to the next one. How is the baby handling labor? Of course, there are risks and benefits to listening. But that can give a woman a sense of well being if she doesn’t have one already, right? About are you fine? Is the baby fine? Well, to the best of our ability when we listen, it sounds like the baby is really just fine. To the best of our ability, of course, being the key word there.

But that along with the mom’s vitals and her temperature can reassure everybody that there is nothing wrong. Of course, those tools can also send people down a rabbit hole. Fetal heart tones in particular. So I’m not going to talk more about that. I’m just saying that the tools that you might avoid during a normal labor that’s just moving ahead may be things that you actually really utilize and like during a longer labor. Other ideas for a mom is to just rest as much as she can, like we talked about. Eat, drink, act like things are normal. I mean unless she’s in this pushing stage of labor for an extended period of time. I’m more talking about if she’s earlier in the process. To empty her house that was in Gail’s book, and I liked that quote. Empty the house, right? Like let’s not all sit around and watch this woman, who is maybe in labor or maybe even isn’t. We can remain close by whether it’s in another room, or, in my case, often I’ll just say, “Hey, I’m going to go out and take a walk, or I’ll be across the street at the coffee shop,” whatever it is. Just give her some space. It doesn’t help a watched pot to boil when everybody is watching.

So the take homes here I think you would agree with is just this can be normal. How we define a long labor is very subjective. If the mama and baby are feeling good and healthy and want to continue, then they should be allowed. Again, some people will choose not to, and that’s valid as well. But I’ve had this discussion, so I’ll mention it with moms that have had longer labors. That sometimes the hospital really does seem like a great idea even when nothing is quote on quote wrong. She’s just exhausted. And I think we can all appreciate that especially if you’ve birthed a baby before. There hits a point where you’re just like, “I’m done. I would do anything to get this baby out.” So I think the words of wisdom there that I’ve said is you still have to have the baby. So unless you really want an epidural—suddenly, you don’t want to be at home, that’s

another matter. But if you really do just want to birth the baby, then just birth the baby here because when you go in to the hospital this is how it's going to look. They're going to do this, this, this, and this. And then you still have to birth the baby. So that's not effective or relevant advice for everyone. But I think it can be for some.

One last thing. Does having a long labor condemn someone to always having long labors? And I would say definitely not. Most common, the first baby is longer, and the others are much, much, much shorter. Of course, there is a rare scenario like even mine. Even though I didn't consider that long where with sixth, seventh, eighth, ninth baby you can have a lot of a longer labor. And who knows why? Sometimes you can look back, and you can know. And just sometimes you can't because there really wasn't everything to know.

So we should have more discretion when we're talking about labeling women with long labors. Even if you've had one, advice to go back and check your records or whatever it is you need to process. What actually happened? Because I think it's a method of birth story telling as well. And like I said, some women that have had quote on quote success with long labors will have a story to tell too, right? So they could have their, "I was in labor for 50 hours, and I still had my baby at home." And whether or not the 50 hours is accurate or not doesn't really matter. And on the flip side, there's lots of women going around saying, "I was in labor for 50 hours, and I couldn't do it." So if you're one of those people just going back and trying to get more information and digging a little deeper and learning so that you can process your own story and perhaps your own trauma if you do have trauma around it.

So I know and I believe that we can preserve this art whether we are the women or the midwives or both. That we can view each birth as individual but also have some information like this to support us in times when we just feel like we have no idea what's going on or that we're completely outside of the box. So I hope that was informative and helpful. It was kind of fun for me to talk about long labor today. Check out the Indie Birth site for more information, indiebirth.com. And I'll be back soon. Thanks so much for listening.

(closing music)