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## Transition Panic, or Check That Cervix Before The Epidural Goes In!

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There is a point during every labour when even the most determined women feel like they can't go on. I call this Transition Panic. It's when the contractions seem too intense, the labour seems too long and many women beg for an epidural. Understanding Transition Panic before you go into labour can help you move through what most women feel is the toughest part of giving birth.

### **About Transition**

Transition is the part of your labour between 7cm and 10cm dilation. When you reach 7cm dilation, your body prepares to switch from dilating your cervix to pushing your baby into the birth canal. These last 3cms are the final phase of the first stage of labour.

Of the entire first stage of labour, the last 3cms of dilation take the shortest time. This is great news. The not so great news is that it's also the most intense part of the labour. In terms of normal labours, the faster your cervix opens up, the more intense are the sensations you feel. This intensity can cause some women to shake or vomit. That's why many women panic when they go into transition.

### **Emotional Intensity**

And, it's not just the contractions that increase in intensity. A woman's emotional state starts to change, too. She may suddenly become irritable or very quiet. Her skin will become more sensitive and things that were once comforting will now be irritating such as light tickling touch, massage, cold cloths, hair brushing and stroking.

She may feel despair that there seems to be no end in sight. If you say any of the following, you're probably in transition: "I can't do it," "it's too hard," "I want the drugs now," "I want to go home," "I just want it to stop!"

It's this sense of despair that can break a woman's resolve to labour without pain medications. Labour isn't easy and it lasts, in most cases, a long time. To hear you are 'only' 7cms can seem like an immense blow.

Relief is in sight, however. Transition lasts from 10 to 90 minutes. In terms of your entire labour, this accounts for a very small percentage of the whole. If you've already given birth, this phase is likely to be on the shorter side.

### **Asking For The Epidural**

Because this phase is so short receiving epidural pain relief is not practical. When you make your decision to have an epidural, receiving relief is not instant. There is first the time it takes to make an informed decision, then you need to inform your nurse, sign the consent forms, wait for the arrival of the anesthesiologist, and finally, have the needle

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and tube inserted into your spine. By the time all of this happens, you will likely be fully dilated or within a few contractions of full dilation.

At full dilation, the pain of contractions subsides and is replaced with an involuntary contraction of the uterine muscles that pushes downward. If you've ever been sick and felt your body fight to expel something, you will know what Stage 2 labour feels like. It may be disconcerting and uncomfortable but it is usually not painful. Most women feel it is a relief to finally push.

If a woman has insisted on receiving an epidural during transition, she will not be able to push as effectively as a woman who has had no drugs. She will not be able to feel all of the muscles she needs to use to push her baby into the world. She will also not be able to move in order to find a more effective pushing position in case the baby is having some trouble descending.

As a result, pushing the baby out, under the influence of an epidural will take longer than usual and can put baby in distress. A distressed baby raises the chances of episiotomy, vacuum delivery, emergency c-section and a baby who needs special attention or a trip to the intensive care unit. If your goal was a low intervention birth experience, these are all things you want to take steps to avoid.

### **Tips For Transition Coping**

So, what can you do to get through transition drug free?

1. Relax your jaw and make low moaning sounds.
2. Force yourself to remain calm and remember that your labour will soon be over.
3. Have a trained labour support person like a Doula who can keep you focused on your goals and help you get through each contraction.
4. Keep breathing! Oxygen-rich blood in your muscles means those muscles will work better and feel pain less.
5. Use visualization to direct your intense feelings downward and out your cervix, imagining it opening up for you with each contraction.

There are, of course, situations when getting an epidural is preferred or required. If you are trying to labour without pain medication and you meet one of these situations, it is not a sign of failure to ask for or accept an epidural. Ultimately, the only important outcome is a healthy baby and a healthy mum.

### **Last Words**

If, however, you find yourself coping well and you hit a wall, reassess what's happening. Are you in transition? Ask for a cervical check to see where your dilation is. If it's 7cm or greater, know that you can get through the next handful of contractions until your baby is ready to be pushed into the world. If you are positive that you need an epidural, have the nurse or doctor check your cervix for dilation immediately before the anesthesiologist goes to work. You will probably be surprised at the results.