

How to prepare as a birth partner



Understand the role before labour starts

A birth partner provides continuous emotional, physical, and practical support during labour, birth, and the early hours after delivery. This may be a spouse, partner, relative, friend, doula, or another trusted person. The most important qualification is not medical expertise; it is the ability to stay present, respectful, and responsive under pressure.

Begin by asking the birthing person what support actually feels helpful to them. Some people want touch, coaching, and frequent reassurance. Others prefer quiet, minimal conversation, or space between contractions. Ask specific questions: Do you want me to remind you to breathe? Would massage help or annoy you? Are there phrases you find encouraging? Are there interventions you strongly wish to avoid unless medically needed?

It is also useful to understand that labour support is not the same as making decisions for someone. Your role is to help the birthing person remain centred, informed, and heard. If they become tired, overwhelmed, or unable to speak clearly during contractions, you can repeat previously stated preferences, ask for clarification, and create moments for discussion when safe.

Preparation includes accepting uncertainty. Labour may be straightforward, prolonged, medically complex, or emotionally different from what either of you expected. A calm birth partner can hold both truths at once: preferences matter, and safety may require adaptation.

Learn the birth preferences and clinical context

Read the birth preferences document together well before the due date. If there is no written plan, consider creating one with the birthing person and discussing it with the midwife or obstetric clinician. A useful plan is concise and flexible, covering priorities rather than rigid instructions.

Topics to review include preferred birth setting, pain relief options, mobility and positioning, monitoring preferences, vaginal examinations, who can be present, assisted birth possibilities, caesarean birth preferences, cord clamping, skin-to-skin contact, infant feeding intentions, and newborn procedures. If there are medical factors such as previous caesarean birth, hypertensive disorders, diabetes, fetal growth concerns, group B streptococcus management, or planned induction, ask the care team how these may affect labour options.

A good labor partner checklist should include: emergency contact details, hospital or birth centre location, parking or transport plan, insurance or administrative documents if relevant, medication and allergy list, current antenatal notes, and the birthing person's key preferences. Keep these accessible rather than buried in a bag.

Discuss consent and advocacy ahead of time. Some people want their partner to ask questions before non-urgent examinations or procedures. Others prefer clinicians to speak directly to them unless they request help. Agree on wording that feels respectful, such as, "Can we have a moment to understand the options?" or "They would like to know the benefits, risks, and alternatives before deciding."

Finally, learn the difference between preferences and emergencies. In urgent situations, the team may need to act quickly to protect the parent or baby. Your preparation can help you listen, ask concise questions when possible, and reassure the birthing person without obstructing care.

Prepare practical logistics and the birth environment

Logistics often determine how calm the early hours feel. Know when to call the maternity unit or midwife, where to go, which entrance to use after hours, and what to do if labour begins at night or during a commute. Save key phone numbers in more than one phone. Keep fuel, rideshare options, childcare arrangements for older children, and pet care organised before the final weeks.

Pack your own small bag as well as helping with the maternity bag. Include water, snacks, phone charger, any regular medications, a change of clothes, basic toiletries, glasses or contact lens supplies if needed, and something warm. Labour can last many hours, and partners who become faint, hungry, dehydrated, or sleep-deprived may struggle to support effectively.

For the birthing person, check whether the bag includes comfortable clothing, maternity pads, underwear, toiletries, lip balm, hair ties if used, a water bottle, snacks if allowed, phone charger, baby clothes, nappies, and documents requested by the facility. If planning a home birth, clarify supplies with the midwife and create a transfer plan in case hospital assessment becomes necessary.

A supportive birth environment is usually simple: dimmer lighting if available, fewer unnecessary interruptions, familiar music if desired, a calm voice, and respect for privacy. Ask before taking photographs or sharing updates. Decide in advance who will be informed when labour begins and who will wait until after birth. Protecting emotional space can be as important as packing the right items.

During early labour at home, your tasks may include encouraging rest, offering fluids, preparing light food if appropriate, timing contractions when useful, and helping the birthing person conserve energy. Avoid turning early labour into a performance. Quiet reassurance and practical steadiness often help more than constant coaching.

Develop emotional regulation during labor

Labour is physiologically intense. Pain, fatigue, adrenaline, nausea, shaking,

uncertainty, and rapid emotional shifts can occur even in uncomplicated births. Emotional regulation during labor starts with your own nervous system. If you appear panicked, the birthing person may feel less safe; if you are calm and responsive, you can help reduce fear.

Practice simple grounding before the birth. Slow your breathing, relax your jaw and shoulders, and use short phrases. Examples include "You are safe," "One contraction at a time," "I'm here," and "Your team is with you." Avoid arguing, over-explaining, or taking expressions of distress personally. A person in active labour may speak sharply, withdraw, or change their mind; this is not the time to demand reassurance for yourself.

Breathing together can be useful, especially if the birthing person becomes tense or frightened. You can model a slower exhale, count gently if they like counting, or simply breathe audibly beside them. Some people prefer not to be instructed; if so, stay near and offer presence rather than direction.

Learn the common rhythm of labour so you are less surprised. Latent labour may be irregular and prolonged. Active labour usually brings stronger, more regular contractions. Transition can be especially intense, with shaking, nausea, pressure, fear, or statements such as "I can't do this." These can occur near full cervical dilation, but only a clinician can assess progress. Your job is not to diagnose the stage; it is to stay composed and alert the midwife or nurse if symptoms change.

If you feel overwhelmed, take a brief reset when safe: drink water, step into the hallway, breathe, and return. This is not abandonment; it is maintenance. Continuous support is valuable, but it must be sustainable.

Use hands-on labor comfort skills safely

Hands-on labor comfort skills can reduce tension and help the birthing person cope, especially when used according to their preferences. Always ask before touching, and stop immediately if they say no or pull away. Labour sensations change quickly; what helps for ten minutes may become intolerable later.

Common comfort measures include lower back counterpressure, hip squeezes during contractions, gentle massage between contractions, cool cloths, warm packs if

approved by the care team, offering sips of fluid, helping with position changes, and reminding the birthing person to empty their bladder when appropriate. If monitors, intravenous lines, epidural analgesia, or medical conditions are present, ask staff which movements are safe.

Positioning can be powerful. Upright, forward-leaning, side-lying, hands-and-knees, sitting on a birth ball, or supported kneeling positions may help comfort and fetal descent, depending on the clinical situation. With an epidural, mobility may be limited and assistance is essential to prevent falls. Never move someone with leg weakness or significant dizziness without staff guidance.

During contractions, keep instructions minimal. Offer one suggestion at a time: "Lean into me," "Drop your shoulders," or "Here is water." Between contractions, help them rest. Silence can be therapeutic. Avoid repeatedly asking complex questions during peak intensity; save decisions for the pause when possible.

Be aware of clinical equipment without becoming distracted by it. Monitors, alarms, or changes in staff activity may feel alarming, but not every sound signals danger. If you are worried, ask calmly, "Can you explain what is happening?" This helps you remain informed while allowing clinicians to focus on care.

Advocate without creating conflict

Advocacy in birth is best understood as supporting communication, not fighting the clinical team. Most midwives, nurses, and doctors want the birthing person to feel respected and informed. Your role is to help preferences remain visible, especially when labour is exhausting or events accelerate.

Use concise, respectful questions. The BRAIN decision-making in labor framework can help: What are the benefits? What are the risks? What are the alternatives? What does intuition or the birthing person's values suggest? What happens if we do nothing or wait, if waiting is medically reasonable? In urgent situations, there may not be time for a full discussion, but for non-emergency decisions this structure can create clarity.

If an intervention is suggested, listen for the indication. For example, induction augmentation, continuous fetal monitoring, assisted vaginal birth, or caesarean birth may be recommended for different clinical reasons. You do not need to become an obstetric expert, but you can ask the team to explain the goal and expected next steps in plain language.

Protect consent and dignity. This may include reminding staff of the birthing person's preferred name, pronouns, language needs, trauma-informed preferences, or desire for fewer observers. If the birthing person previously stated that they do not want visitors or social media updates, uphold that boundary.

Also recognize when advocacy means supporting a changed decision. Someone who hoped to avoid pharmacological analgesia may request an epidural. Someone who wanted minimal intervention may feel safer accepting monitoring or operative birth. Do not treat the birth plan as a contract they must endure. Respectful support follows the person, not the paper.

Support the first hours and postpartum transition

Your role continues after the baby is born. The immediate postpartum period can include elation, shaking, tears, perineal repair, uterotonic medication, blood loss assessment, initiation of skin-to-skin contact, infant feeding attempts, and newborn observations. Stay attentive to both parent and baby while allowing the clinical team to complete necessary care.

If the parent wants skin-to-skin and it is clinically appropriate, help protect that time. If they plan to breastfeed or chestfeed, support positioning, hydration, and access to skilled feeding help rather than trying to force a latch. If formula feeding or mixed feeding is planned, support that choice without judgment. Feeding decisions should be guided by the parent's preferences, infant needs, and professional advice.

Postpartum support after birth includes practical care: tracking belongings, helping the parent eat and drink, limiting visitors, communicating updates, and ensuring they can rest. If there was a caesarean birth, significant perineal trauma, postpartum haemorrhage, hypertensive disease, or neonatal admission, the need for calm logistical support may be even greater.

Learn warning signs that should be escalated promptly to healthcare professionals, such as heavy bleeding, fainting, chest pain, severe headache, visual symptoms, seizures, fever, worsening abdominal pain, calf swelling or pain, shortness of breath, or thoughts of self-harm. For the baby, urgent concerns include difficulty breathing, poor feeding with lethargy, blue colouring, fever or low temperature, or reduced responsiveness.

Finally, make space to debrief. Birth can be joyful, frightening, empowering, disappointing, or all of these. Ask the birthing person what they remember, what they need, and how they want to talk about it. Your steady care in the days after birth can be just as meaningful as your support in the delivery room.