How to stay calm and in control

Redefine what being in control means

Many people imagine control during birth as staying quiet, avoiding fear, or ensuring that every event follows a preferred sequence. In reality, control is better understood as participation in decisions, access to understandable information, and the ability to communicate what you need. You may feel frightened, cry, vocalise, ask for pain relief, or change your preferences and still be coping effectively.

The autonomic nervous system responds to perceived threat through increased sympathetic activity. This can raise heart rate, narrow attention, increase muscle tension, and produce rapid or shallow breathing. These responses are not evidence that you are failing; they are physiological attempts to protect you. A calm response often begins with noticing the response without judging it.

Use a brief internal statement such as, "This is intense, and I can take one step at a time." The aim is not to guarantee a particular birth experience. It is to create enough psychological space to breathe, receive information, and decide what support is useful in the moment.

Prepare your mind and body before birth

Calming techniques are easier to use when they have been practised in ordinary circumstances. Set aside a few minutes on several days each week to rehearse slow breathing, mindful attention, progressive release of muscle tension, or a short grounding exercise. Practising when you are already relatively settled helps establish a familiar response that may be easier to access during labor.

Slow breathing can be simple: breathe in gently, then allow the exhalation to be slightly longer and unforced. Avoid forceful overbreathing, which can cause light-headedness or tingling. If a technique feels uncomfortable, stop and ask a healthcare professional or qualified childbirth educator for guidance. The purpose is comfort and regulation, not achieving a particular breathing pattern.

General stress-management measures also matter. Adequate rest where possible, regular nourishing meals, appropriate physical activity, and time away from pregnancy-related information can support emotional resilience. These measures cannot remove uncertainty, and they should be adapted to individual medical advice. A short walk, music, or a quiet sensory routine may be more realistic than an elaborate programme.

Use attention, grounding, and movement during labor

During a contraction or another intense moment, reduce the task to what is immediately manageable. You might focus on the sensation of air leaving your lungs, a fixed point in the room, a repeated phrase, or the pressure of your feet against the floor. Grounding during medical procedures can also help when monitoring, examinations, cannulation, or other interventions increase anxiety. Describe five things you can see, four you can feel, or one sound you can follow, provided this does not interfere with clinical care.

Movement and position changes may support comfort for some people. Depending on your circumstances and the advice of your maternity team, options can include standing, walking, leaning forward, rocking, kneeling, sitting upright, or using water. If you have an epidural, continuous monitoring, complications, or mobility restrictions, ask the clinical team which movements and positions are appropriate.

Between contractions, deliberately release your jaw, shoulders, hands, and

pelvic floor if comfortable. Recovery breathing between contractions gives your attention a clear transition point and may help you conserve energy. Relaxation between contractions is not wasted time; it is an opportunity to rest, drink if permitted, and reset before the next demand.

Build a communication plan with your support people

Support is most effective when the people around you know how to respond to stress. Before birth, discuss whether you prefer quiet reassurance, touch, practical prompts, or brief factual explanations. Agree on a small number of phrases that are easy to process, such as "Breathe out slowly," "You are safe right now," or "Would you like information or a moment?" Repeated questions, rapid instructions, or unsolicited reassurance may be unhelpful when concentration is narrowed.

A support person can help protect your attention by reducing unnecessary conversation, communicating questions to staff, helping you change position, and reminding you of agreed preferences. Support person cues during labor should remain invitations rather than commands. You retain the right to accept, modify, or decline suggestions.

Your maternity team is also part of the communication plan. Ask how urgent information will be explained, who can answer questions, and how consent will be handled. When time permits, request a clear explanation of the purpose, benefits, risks, alternatives, and consequences of a proposed intervention. If you do not understand, ask for the information to be repeated in different words.

Prepare for uncertainty without losing your voice

A birth preferences document can record what matters to you, including preferred forms of comfort, who you want present, communication needs, pain-relief preferences, and what helps you feel respected. It should be concise and shared with the relevant maternity professionals in advance. A plan is most useful when it distinguishes firm values, such as informed consent and respectful communication, from options that may need to change for clinical reasons.

Flexible birth preferences are not a sign that preparation was pointless. Labor may evolve, fetal or maternal observations may change, or a treatment may become advisable. Adaptation can involve asking for time to think, requesting a second explanation, involving your chosen support person, or accepting an intervention while still expressing how you want care delivered.

Try to separate the outcome from your worth. Needing analgesia, induction, assisted birth, cesarean birth, additional monitoring, or neonatal support does not mean you lacked courage or control. Afterward, you may want a debrief with your maternity team to clarify what happened and discuss any emotional impact. A trauma-informed approach should take your account seriously and avoid blame.

Respond to panic, fear, or overwhelming sensations

If fear rises sharply, start with the body. Place both feet or another stable point of contact where possible, soften your exhalation, and orient to the room. Ask one person to speak slowly and use short sentences. Rather than trying to solve the entire situation, identify the next safe action: breathe out, listen to one explanation, change position, or tell the team that you need a pause if clinically feasible.

Tell your midwife, obstetrician, anaesthetist, or other maternity professional when anxiety is becoming difficult to manage. They can assess the situation, explain what is happening, offer appropriate clinical support, and consider whether additional psychological or perinatal mental health support is indicated. Previous trauma, panic attacks, obsessive fears, or difficult medical experiences are relevant information, not inconveniences.

Do not use alcohol, non-prescribed drugs, or someone else’s medication to manage distress. These substances can affect judgment and may create risks during pregnancy, labor, anesthesia, or recovery. If distress continues after birth, interferes with sleep or daily functioning, or includes thoughts of harming yourself or your baby, seek urgent professional help through local emergency services or a crisis service.

Create a practical calm plan for the day

Write a short plan that can be used when you are tired or distracted. Include

the names and contact details of your maternity service, the people you want contacted, relevant medical information, preferred calming cues, and questions you want answered before non-emergency decisions. Keep the wording simple enough for a support person to read aloud.

Prepare a small set of low-barrier tools: water if permitted, lip balm, comfortable clothing, music or headphones, a familiar scent only if the clinical environment allows it, and a written reminder of your breathing or grounding sequence. Practical preparation can reduce avoidable decisions, although it cannot control how labor unfolds.

Review the plan with your healthcare professional, particularly if you have a high-risk pregnancy, hypertension, diabetes, bleeding, a planned cesarean birth, medication requirements, or concerns related to anesthesia. Ask what symptoms should prompt a call and where to go if labor begins. Calmness is supported by knowing when to seek advice, not by trying to manage every situation alone.