What to say and how to encourage

Begin with presence, listening, and belief

Encouragement starts before the first reassuring sentence. A person approaching birth may be managing physical discomfort, uncertainty about labor, concern for the baby, prior trauma, or worry about losing control in a clinical setting. Pause, listen without interrupting, and treat their experience as real. This is particularly valuable when symptoms fluctuate or when the person is unsure what they need.

Reflective statements communicate that you understand the emotional meaning, not merely the facts. Try, "You have a lot on your mind, and you are trying to make decisions that feel right for you," or, "That sounds exhausting; I am here with you." These phrases avoid arguing with fear or rushing toward a solution. They also invite the person to say more.

Ask open questions rather than assuming what would help: "What feels most supportive right now?" "Would you like quiet, information, touch, or help contacting your care team?" and "What are you most concerned about at this moment?" The answer may change repeatedly. Accepting that change is part of responsive care.

In evidence-informed communication approaches such as motivational interviewing, partnership and autonomy are central. You can encourage without directing: acknowledge strengths, ask permission before offering ideas, and help the person identify their own priorities. For example, "You have thought carefully about your options. Would it help to talk through what you want to ask at your next appointment?"

Use language that supports autonomy and informed consent

Birth support should reinforce that the pregnant person is the decision-maker for their own body and care, unless an emergency prevents meaningful participation. Clinical recommendations may be urgent, but encouragement still matters. A support person can help slow the conversation enough for questions, when the clinical situation allows, without positioning themselves against the maternity team.

Useful phrases include, "Can you explain the reason for this recommendation?" "What are the benefits, risks, and alternatives in my situation?" "How urgent is this decision?" and "Could we have a moment to discuss this together?" These questions can help clarify whether there is time to consider options and what monitoring or intervention is intended to address.

A birth preferences document can be a helpful communication tool, but it is not a contract and should never replace real-time clinical assessment. Encourage flexibility without implying that preferences were unimportant: "Your preferences still matter. Let us ask what parts can be honored now and what has changed medically." This approach recognizes that induction, continuous fetal monitoring, operative vaginal birth, cesarean birth, or neonatal evaluation can alter the plan.

Avoid speaking over the birthing person, answering for them, or framing a clinician’s recommendation as a test of courage. If they want you to advocate, clarify the role beforehand: taking notes, asking for plain-language explanations, reminding them of stated preferences, or requesting a pause for questions.

Encourage effectively during labor

During labor, long explanations and broad praise can become hard to absorb. Focus on the next contraction, the next breath, or the next small interval of rest. Concrete observations are often more grounding than statements such as "You are fine." Consider, "That contraction has passed," "Your shoulders softened when you exhaled," or "You do not have to do the whole labor right now, only this moment."

Match your voice and actions to the person’s cues. Some people want verbal coaching; others find conversation overwhelming. Ask between contractions, "Do you want words, quiet, or practical help?" If they are unable to answer, keep language brief and observe whether your support seems welcome. Offer water if permitted, help change positions, reduce environmental stimulation, or ask staff what is appropriate.

Use strength-based language carefully. "You are doing something difficult" recognizes effort without suggesting that pain must be endured silently. "It makes sense that this feels intense" validates the experience. If the person chooses or needs analgesia, an epidural, induction methods, or surgery, affirm the decision rather than presenting intervention as failure. The goal is safe, informed care and a supported experience, not performance.

Physical support should be explicit and revisited. Ask, "Would you like pressure on your lower back?" or "May I hold your hand?" Consent-based touch during labor remains essential, including between familiar partners. Stop immediately if the person pulls away, says no, or appears uncomfortable.

Respond when fear, pain, or plans change

Unexpected developments can bring grief, fear, anger, or a sense of disorientation. A change in fetal heart rate pattern, slow labor progress, severe hypertension concerns, postpartum hemorrhage risk, or a recommendation for cesarean birth may require rapid clinical attention. Do not try to interpret monitoring findings or reassure someone that a concern is harmless. Instead, help them receive clear information from qualified clinicians.

Supportive responses acknowledge emotion and reality together: "This is not what you expected, and it is okay to feel upset," "We can ask the team to explain what they are seeing," and "You are not alone while they take care of

you and the baby." When procedures are necessary, remind the person that asking for explanation, consent, and pain management remains appropriate whenever circumstances permit.

Avoid phrases such as "At least the baby is healthy," "Do not panic," or "You should be grateful." Even when well intended, these statements can dismiss a difficult experience. Likewise, avoid comparing their labor with another person’s or suggesting that a different choice would have produced a better outcome. Birth outcomes arise from many clinical and personal factors.

After an urgent event, practical encouragement can be simple: write down questions, ask who will update the family, protect privacy, and make sure the person knows who is present. If they appear overwhelmed, you can say, "I can stay quiet beside you, or I can ask the nurse to explain the next step again."

Offer practical support without taking over

Encouragement becomes credible when it is paired with useful action. Before birth, discuss communication preferences: who may receive updates, which words feel reassuring, whether photographs are welcome, and when the person wants you to involve staff. A designated support person can also learn the facility’s policies and help keep essentials accessible, while remaining responsive to the birthing person’s changing wishes.

During care discussions, take notes only with permission. Repeat back key information to check understanding: "I heard that the team recommends this because of X. Did I understand correctly?" This can reduce confusion without substituting your judgment for the person’s. Do not delay emergency care to pursue a lengthy conversation; clinicians can explain what they can while acting promptly to protect parent and baby.

Practical support continues after birth. Rather than asking, "Tell me if you need anything," make bounded offers: "I can bring food at 6 pm," "I can handle the laundry this week," or "Would you like me to hold the baby while you shower or sleep?" Respect a no. Recovery may involve perineal pain, abdominal incision discomfort, bleeding, feeding challenges, sleep deprivation, and major emotional adjustment.

A clear postpartum support plan can include meals, household tasks, visitor boundaries, transport to appointments, and check-ins that ask about the parent’s wellbeing as well as the newborn’s. Encourage contact with the maternity team or another qualified professional for physical symptoms, distress, or feeding concerns rather than attempting to manage medical issues at home.

Prepare phrases and boundaries before the due date

It is easier to find supportive words before stress is high. Invite a brief conversation in late pregnancy or earlier: "When you are in pain or anxious, what tends to help?" "Are there phrases you do not want to hear?" "How would you like me to respond if the plan changes?" Record the answers alongside contact information for the care team and practical preferences.

Some people prefer direct reminders, such as "Relax your jaw," while others experience coaching as pressure. Some want their partner to speak with staff; others want privacy and minimal interaction. There is no universal script. The most effective approach is collaborative, flexible, and led by the person giving birth.

Family and friends also need boundaries. You can protect the birthing person’s energy by saying, "We will share news when they are ready," "Please do not visit until we confirm it is a good time," or "They need rest, so we are keeping messages brief." This is not rude; it is part of protecting recovery and reducing unnecessary demands.

Finally, remember that encouragement does not require perfect words. A steady presence, honest listening, and willingness to seek help are often enough. Say, "I am here," "I believe you," and "We can ask for support." Those messages communicate safety without making promises that no support person can guarantee.