

Stages of Labor

This handout will explain each stage of labor to help you understand what is happening, choices available, and how you and your partner can help.

Early First Stage - Latent Phase

What is happening?

Your cervix is softening and preparing for labor. It will begin to efface (thin) and dilate (open). The cervix will open from 0cm to 3-4cm in this stage. The mucous plug in the cervix may be dislodged (a show) and you may have a heavy discharge or light bleeding. The bag of waters may begin to trickle or you may have irregular and mild contractions. The contractions usually last between 10 and 40 seconds. If you are able to still talk through contractions you are most likely to be in early labor. Your baby may begin to settle down and not move around so often.

How long will this stage last?

The early phase of labor may occur over several hours, days, or weeks. Some women find that they have periods of regular contractions for some time before labor becomes established while others have no signs of early labor at all. There is no real way of knowing how long this phase will last nor is the length of this phase any indication as to how long established labor will last.

How might you be feeling?

During this stage you may be feeling excited as well as apprehensive and anxious. This is a good time to carry on as normal, eat and drink as you like, and generally prepare yourself for labor. Get plenty of rest since you will need your energy for active labor later on. Make sure your bag is packed and everything is ready for you to go to hospital.

What choices may you have to make?

At this stage there is little that you have to do. Think about the type of labor you would like, considering how you feel about pain relief and interventions. Some caregivers may offer a vaginal examination at this stage to determine whether or not your cervix is dilating, or opening. Having the examination may be reassuring to you. However, there is an increased risk of infection and your membranes rupturing if you choose to have the examination. In addition, the examination will not be able to tell you how long it will be before established labor starts nor will it tell you how long your labor will be.

How can you help yourself?

Keep everything as normal as possible. If you are sitting down, make sure you are upright and leaning forward. You will probably be able to talk through the first contractions that you have. As they become stronger, breathe deeply and slowly, focusing on your out breath. Practice some relaxation techniques, thinking about points of tension and breathing them away. If you begin early labor at night try to rest or sleep for as long as possible to conserve your energy. Lying on your side and resting is less exhausting than pacing the floor attempting to establish labor.

What can your partner do to help?

Ensure the car has petrol for the journey to hospital. Stay within reach by telephone. Remind the mother that this is the early stages of labor and even if it takes several days it is helping to soften the cervix and prepare her for the stronger contractions to come. Make sure she is resting and eating well.

Established First Stage - Active Phase

What is happening?

The contractions will now be stronger and more regular. The cervix is fully effaced and is opening from 4cm to 10cm. Your baby is moving deep down into the pelvis and into a position that will help him to be born. Contractions at this point will be lasting for about 45-60 seconds and will gradually become longer and closer together. The peaks will seem sharper and more painful.

How long will this stage last?

The active phase for first labors usually lasts from 10-16 hours. If you are having a second (or third!) baby it may be considerably shorter. If your previous birth was a caesarean your labor may be more like a first labor than a second one.

How might you be feeling?

By now you may have to concentrate on your breathing through each contraction. As contractions become stronger you may feel frightened. If you are feeling contractions in your back or have backache very low down, your baby may be lying in a posterior position, where the baby's spine is lying against yours. Most babies in this position will turn so that they are facing your spine before the second stage of labor. If this occurs, labor can be very long and tiring. Adopting an all-fours position and doing pelvic rocking may help to speed up the turning of your baby, which will also assist the progress of labor. With a backache labor, remember that you should be regularly emptying your bladder to ensure plenty of space within your pelvis for your baby to move around.

What choices may you have to make?

Sometime during this stage you will probably make your way to hospital. It can be difficult to determine when is the right time to leave for hospital – see our handout on “Beginning of Labor” for more information. Once you arrive there you will need to decide whether or not you want the routine procedures offered by your local unit. These may include any of the following:

- an enema
- electronic fetal monitoring or Doppler (hand-held) monitoring
- a vaginal examination
- mobility and upright positions or lying down on the bed
- wearing a hospital gown or your own clothes
- having your waters broken if they are still intact
- having a syntocinon drip to speed up (augment) labor
- an epidural or pethidine for pain relief

How can you help yourself?

Stay upright for as long as you can. Try movements like gentle pelvic rocking or swaying your hips. Consider having a bath or a shower to help with the pain. Try to smile after each contraction and breathe out – that is one less contraction that you have to have. You will need to really concentrate on your breathing through this stage of your labor. You will no longer be able to talk through contractions and may find it easier if you close your eyes. Focus on your baby and remind yourself that each contraction is one step closer to holding him. Still try to breathe as deeply as feels comfortable, imagining that each breath is stroking the top of your baby's head. Picture your baby during each contraction, imagining his smell and how he feels in your arms. Listening to music that relaxes you can help at this stage.

What can your partner do to help?

- Don't try to have a conversation or ask questions during contractions – she needs all her energy to focus on getting through the contraction.
- Firm massage with the palm of your hand on her lower back can help during contractions, especially if she is feeling contractions in the lower back.
- Use touch relaxation to help remove tension from her shoulders, hands, feet, and face.
- Give lots of encouragement, telling her how well she is doing.
- Don't leave her on her own at this stage – even sitting on the other side of the room can be distressing for her.
- Communicate with your caregivers so they are aware of what you both want.
- Help her to eat light snacks if that is what she wants and to drink frequently
- Remind her to empty her bladder every 1-2 hours.
- A warm compress on the lower part of her back or tummy may help ease the pain in each contraction.
- Simple comfort measures will probably be the most reassuring - stroking her hair, gentle hugs, light kisses, holding hands, and smiling.
- Remember not to suggest pain relief to her - if she feels she wants some help with the pain, she will ask for it herself.
- Try not to be concerned by any noises she is making - labor does usually hurt and this may be her way of dealing with very strong and powerful contractions.

Transition

What is happening?

Transition is part of the active stage of labor. Your cervix is now dilated between 8cm and 10cm. Contractions are at their strongest, lasting for 90 seconds and coming every 2 minutes. The gap in between each contraction only gives you time to get your breath back and have a sip of water. The peak of each contraction is very strong and some contractions feel that they lead one into another or even have double peaks. It is at this stage that your waters will most likely break on their own. This stage can last for anything from a few minutes to one hour.

How long might this stage last?

Transition is not noticed at all by some women, while others feel this phase lasts up to an hour or more.

How might you be feeling?

Transition is usually the most frightening and difficult time during labor. You may be feeling very vulnerable and doubt whether you can get through it. You may decide you definitely need some strong pain-relieving drugs to get you through. You may begin to feel the urge to push. You will probably notice a bulging feeling in your bottom and this sometimes feels like a need to pass a bowel motion.

Common signs of transition are:

- shaking legs
- cold feet
- nausea and vomiting
- suddenly feeling very cold
- hiccupping
- helplessness and wanting to give up
- anger, being bad-tempered and aggressive
- not wanting to be touched at all
- suddenly removing your clothes
- not caring what you look like

What choices may you have to make?

Firstly you need to decide what you want to do about pain relief. The second stage of labor is imminent and this is not the best time to have either pethidine or an epidural. Many women who have not had drugs by this stage will start to feel as though they cannot manage without pain relief. A shower or going to the toilet, a change of position, or making noise may all be helpful. If you really want pain relief, entonox (gas and air) is available in hospital and may help you to get through the last few contractions before you begin pushing. Just knowing you are almost there is beneficial for many women and gives them the encouragement and

support they need to cope with these difficult contractions. You may need to change position frequently, although you will probably need help to do so.

How can you help yourself?

You will need to really focus on your breathing. You may begin to hyperventilate as you feel panicky with each contraction. Try to stay upright or lie on your side to give your baby plenty of space within your pelvis. If you feel an urge to push, try to get onto all fours with your bottom in the air to take away the sensation. You may find breathing in entonox (gas and air) at this stage helps – remember to breathe in at the beginning of a contraction and stop breathing the gas once the contraction reaches its peak. That way you will still feel clear-headed when the contraction has finished. It is very difficult to relax at this stage of labor.

Practice breathing patterns to help you get through each contraction:

- breathe in a "hoo-hoo-ha-ha" pattern through the contraction
- pretend you are trying to make a candle flame flicker with very light breathing
- practice distraction techniques – counting backwards, saying nursery rhymes, chanting, or moaning
- say “I can” during each contraction rather than “I can’t”
- really focus on your baby – you’re nearly there

What can your partner do to help?

She will need all your support and encouragement at this stage. You can identify transition by her change in behaviour, and you may notice a line appearing from her bottom up to her lower back. This means that the baby has moved low down into the pelvis and is pushing the sacrum back. If she begins to hyperventilate, try breathing in front of her lightly so she can follow your breathing. If you notice her grunting during the contraction, remind her to try not to push. Try to sponge her face between contractions and pass her a glass of water to sip. She may find she needs to squeeze your hand during the contractions. Keep telling her she is doing well and is nearly ready to push her baby out. Remember she may not want to be touched, may begin to sound like she is defeated and cannot continue, or may become abusive – this is normal.

Rest and Be Thankful

What is happening?

After the stormy stage of transition, labor may appear to stop altogether for some time. This is a chance to have a rest and get your breath back.

How long will this stage last?

Like transition, some women do not notice this stage at all – they go straight from strong contractions lasting 90 seconds to feeling an urge to bear down or push. Other women have a very distinctive rest phase that can last an hour or more. During this time the contractions may space out or stop altogether.

How might you be feeling?

By this stage you may be feeling exhausted. Take the opportunity to relax and rest. Have something to drink and empty your bladder.

What choices may you have to make?

Your doctor may want to attach the electronic monitor again at this stage. You will need to decide if you want this or if you prefer hand monitoring with a Doppler. In most cases, your doctor will now want you to be on the bed with your legs raised. If this stage lasts for a long time with no contractions, your doctor may want to intervene. Discuss the pros and cons of this with him.

How can you help yourself?

Rest and relax. Drink something and wait for the contractions to build up again. If you go through this stage, you will not be having any contractions so will not have the need for breathing. Enjoy the break.

What can your partner do to help?

Share the rest and wait. Talk to the doctor about interventions if he is suggesting them, and ask lots of questions.

Second Stage

What is happening?

The cervix is now fully dilated, and the nature of the contractions changes as the womb starts to push your baby down through the birth canal. Contractions last for about 60-90 seconds and may be about 2-5 minutes apart. With each contraction your baby moves forward then slips back slightly at the end of the contraction. As your baby's head crowns, the perineum is stretched to its fullest. From this point he will not slip back after a contraction. The head is born, then the shoulders, usually with the next contraction. If your baby is being born in the breech position, the feet or bottom are born first. There may be a delay of a few minutes before the head is born. The second stage usually lasts for about 2 hours for a first baby and anything from a few minutes to one hour for subsequent babies. If you are having twins, there may be a gap (like the rest and be thankful stage) between the birth of your first and second baby.

How long might this stage last?

On average the second stage lasts for 1-2 hours for a first baby and less than an hour for subsequent births. If your previous birth was a caesarean your second stage may be more like a first labor. Listening to your body and choosing a position that you feel most comfortable may help to reduce the time in second stage – your body usually knows what position is the most effective for birthing your baby.

How might you be feeling?

Most women do not feel pain with contractions at this stage in the same way as they did in the first stage. During each contraction you will probably feel an urge to push or bear down. This will happen several times during each contraction. It feels a little like you are passing a bowel motion. You may find yourself grunting with each push. You will probably be very

focused on the birth at this stage and not really thinking about anything except pushing your baby out. As his head crowns you may feel a burning or stinging sensation around the vagina. This may make you want to tense up the pelvic floor muscles. Try to release those muscles instead.

What choices may you have to make?

You may be able to choose the position you deliver your baby in. If the second stage is taking a long time, or your baby is showing any signs of distress, your doctor may suggest intervention to help him being born using either forceps or ventouse (vacuum). As your baby's head crowns, your doctor may suggest an episiotomy to create more space. Check the hospital policy on routine suctioning of a newborn baby and whether the baby is placed on the mother's tummy immediately after his birth.

How can you help yourself?

An upright position will help your baby to be born, but this may not be possible in the hospital where you are having your baby. If it feels right, don't worry about making noise. This is normal at this stage and will help you to push and release tension. Push as you feel the need. You may find it distracting if your caregivers are shouting at you to push and hold your breath. Try to listen to your own body. When you feel your baby's head slip back after a contraction, try not to feel despondent. This movement helps your perineum to stretch slowly, reducing the likelihood of a tear. As your baby's head crowns and you feel the stinging sensation, imagine yourself opening up, and try not to tense the pelvic floor muscles. You will find that panting your breath at this stage will help to slow down the delivery of your baby's head. You might like to use a mirror to see the progress of your baby – it can help to encourage you if you are feeling exhausted. As your baby's head crowns you may want to reach down and touch him then lift him toward you as he is born.

What can your partner do to help?

It is very exciting to see the baby slowly appear. She will be working very hard with each contraction – keep encouraging her. Try to keep everything calm and quiet. As you see the baby's head appear, tell her how she is progressing. If she has an episiotomy you may want to move to the head of the bed so that you cannot see it being done – and the same for forceps or a ventouse delivery. When the baby is born, he may appear very blue or grey. This is common; he will soon pink up as he starts breathing on his own.

Third Stage

What is happening?

Once your baby has been born, you need to deliver your placenta. If you have an injection to speed up the delivery of the placenta, your baby's umbilical cord will be clamped immediately after he is born. Your doctor will place one hand on your tummy and hold the umbilical cord with the other hand. As you have a contraction he will put pressure on your tummy and pull gently on the cord. If you don't have the injection, the cord will be left intact and there will be no pushing on your tummy or pulling on the cord. You will feel a contraction and will probably feel the placenta slip into the vagina.

How long might this stage last?

A managed third stage with drugs and cord traction usually takes about 4-5 minutes. If you have a natural third stage it can take anything from a few minutes to an hour or more.

How might you be feeling?

You may feel a mixture of excitement, relief, exhaustion, elation, or pride.

What choices may you have to make?

The following are all options available to you at this stage:

- where your baby is placed immediately after birth
- whether you have an injection to speed up the delivery of the placenta
- whether or not your baby is washed and by whom
- who cuts the umbilical cord
- who discovers the sex of your baby
- whether or not your baby's footprints are taken
- whether your baby has a vitamin K injection
- whether your baby is routinely suctioned
- how your baby is fed and how soon

How can you help yourself?

If you have the injection to speed up the delivery of the placenta, there is little that you need to do. If you choose not to have the injection, remember this is only possible if you have had a normal labor with no complications and have not had pethidine or an epidural for pain relief. With a natural third stage (i.e., no injection), you can help speed up the delivery of the placenta by moving into an upright position, having skin contact with your baby, and giving him his first breastfeed. If you have had an episiotomy or a tear, the doctor may need to repair it with stitches. You may find you need to breathe entonox (gas and air) to help you through this.

What can your partner do to help?

Enjoy your baby. She may want to cuddle the baby or may be so exhausted that she is not interested. She may start to feel cold and shaky, so place a blanket around her shoulders. If your baby has to go to special care, try to get there to see him as soon as possible so that you can return to the mother and let her know how he is doing. She will be very worried if she can't see what is happening to him.