

STAGES & PHASES of LABOUR

STAGES OF LABOUR

Braxton Hicks: 2-3 weeks (sometimes more) before labour. Uterus is practicing contracting.

- **Stage 1**: Effacement (thinning) and Dilation (opening) of Cervix
 - **Phase 1**: Early/Latent Labour: Cervical effacement/softening occurring; 20-40sec contractions; rest intervals 15-20min (lots of time for rest!! Take it!!); irregular intervals.
 - **Phase 2**: Active/True Labour: Cervix dilates from 0cm-7cm; 30-60sec contractions; rest intervals 4-5min (sometimes more); intervals becoming more regular, but maybe still irregular.
 - **Phase 3**: Transitional Labour: Cervix dilates from 7cm to 10cm; 60-90sec contractions; 2-3min rest intervals; intervals now regular
- **Stage 2**: Pushing and Delivery of Baby
- **Stage 3**: Delivery of Placenta

Ref: <https://www.whattoexpect.com/pregnancy/labor-and-delivery/>

PHASE 1: EARLY (LATENT) LABOR

The first of the three stages of labor is usually the longest, but thankfully it's also the least intense, by far. Over a span of time from several hours to several weeks, often without noticeable or bothersome contractions, or over a period of no-doubt-about-it contractions, your cervix will dilate (open) to 3 centimeters and efface (thin out).

How to know you're in early labor

You'll experience mild to moderate contractions that last 30 to 45 seconds, though they can be shorter, and can be regular or irregular. They may be spaced 20 minutes apart, more or less, and become progressively closer together, but not necessarily in a consistent pattern. You may not even notice them until the final two to six hours; if you're dilating gradually over a period of days or weeks, you probably won't feel them at all until labor starts in earnest. During early labor, you also might experience any of the following labor signs:

- Backache (constant or with each contraction)
- Menstrual-like cramps
- Lower abdominal pressure
- Indigestion
- Diarrhea
- A sensation of warmth in the abdomen
- Blood-tinged mucous discharge (also known as [bloody show](#))
- Rupture of the amniotic membranes (i.e. [your water will break](#)), though it's more likely to happen sometime during active labor

What you can do during early labor

You may feel excitement, relief, anticipation, uncertainty, anxiety or even fear. You might be relaxed and chatty or tense and apprehensive. All of these reactions are normal. It's important to try to relax as much as you can during the early phases of labor — you'll need to save your strength for later on.

- **If you're feeling anxious:** At nighttime, try to get some sleep (when your contractions become more insistent, you won't be able to). If you can't, get up and try to distract yourself. Cook a few more dishes to add to your freezer stash, fold some baby clothes, do the rest of the laundry. During the day, go about your usual routine, or try taking a walk, which might even kick up the contractions a notch. Just don't stray too far from home, and don't go anywhere without a cellphone. Got nothing planned? Find something relaxing — watch TV, email friends, finish [packing your hospital bag](#) — to do to keep busy.
- **Alert your birth partner.** You'll definitely want to put your partner or whomever you plan to have with you at the hospital (including your doula, if you have one) on alert. That person probably doesn't have to rush to your side just yet, since there's not much to do this early on.
- **Eat a light snack.** If you're hungry, [eat a light, energizing pre-labor meal](#) (toast with jam, plain pasta or rice, a banana or anything else your practitioner has recommended). Just avoid fatty foods (burgers, potato chips) and don't overeat. Skip anything acidic (orange juice) and drink some water. It's important to stay hydrated!.
- **Keep an eye on contractions.** But don't worry about obsessively timing them at this point, as it may just frustrate you. Instead, check periodically to see whether they're getting closer than 10 minutes apart. Most women and their nervous coaches will head to the hospital between the first two phases of labor — as the early phase ends and the active phase begins.
- **Pee often.** Use the bathroom often — a full bladder can get in the way of labor.
- **Use relaxation techniques** if they help, but don't start any breathing exercises just yet or you may become exhausted long before you really need them.

When to call your practitioner

You and your practitioner should have discussed when to call (usually when you're in more active labor). However you should definitely contact him or her right away if:

- Your discharge becomes bright red or if you think you've released more than two tablespoons of it, since actual bleeding could indicate a problem with the placenta, like [placenta previa](#) or another condition that needs to be addressed as soon as possible.
- Your membranes rupture and the amniotic fluid is greenish
- You feel no fetal activity (though it may be hard to notice because you're distracted by contractions – in which case have a snack or some juice, walk a bit, even jiggle your belly, then lie down, relax and [try counting your kicks again](#)).

PHASE 2: ACTIVE LABOR

The active phase of labor usually lasts from two to three-and-a-half hours (with a wide range of what's considered normal) as your cervix dilates to 7 centimeters. You'll usually be in the hospital or birthing center by this phase, or if you're delivering at home, your midwife should be with you by now.

How to know you're in active labor

Your contractions will grow more concentrated and increasingly more intense – in other words, painful. As they become stronger and longer (typically lasting 40 to 60 seconds, with a distinct peak halfway through) and more frequent (coming every three to four minutes, though the pattern may not be regular), you can expect to feel all of the following (though you won't feel pain [if you've had an epidural](#) by this point):

- Increasing pain and discomfort with contractions (you may not be able to talk through them now)
- Increasing backache
- Leg discomfort or heaviness
- Fatigue
- Increasing bloody show
- Rupture of the membranes if they haven't already (or [your membranes might be ruptured artificially now](#) though according to 2017 recommendations by the American Congress of Obstetricians and Gynecologists (ACOG), some women with low-risk pregnancies who are progressing normally through labor and whose babies aren't getting internal fetal monitoring may not need their water broken by doctors.

What the health care staff will do

Assuming everything is progressing normally and safely, the hospital staff will leave you alone, or stay out of your way but in your room, checking and monitoring you as needed, but also allowing you to work through your labor with your coach and other support people without interference. You can expect them to:

- Take your blood pressure
- Time and monitor the strength of your contractions
- Evaluate the quantity and quality of bloody discharge
- [Monitor your baby with a Doppler or fetal monitor](#) (ACOG now says that only intermittent, not continuous, fetal monitoring may be necessary in low-risk pregnancies)
- [Get an IV going](#) if you want an epidural
- Possibly try to [augment your labor](#) if it's progressing very slowly by the use of Picotin or by [artificially rupturing the membranes](#) (if they're still intact), though the new ACOG guidelines now call for fewer or delayed labor interventions like augmenting or artificially rupturing membranes in low-risk pregnant women whose babies aren't showing signs of distress and who are progressing normally through labor unless or until absolutely necessary. They recommend trying various other pain management techniques like massage and changing positions before getting an epidural or other pain medication.

What you can do during active labor

With fewer breaks in the action, there's less opportunity to rest between contractions. Emotionally, you may feel restless and find it more difficult to relax, and your concentration may grow more intense as you become absorbed in your labor efforts. Your confidence might waver along with your patience, or you may feel excited and encouraged. Whatever your feelings are, know that they're normal — just get ready to start getting “active.” It's all about your comfort now, so:

- **Ask for help.** Don't hesitate to ask your coach for whatever you need to get and stay as comfortable as possible, whether it's a back rub, ice chips to suck on or a washcloth to cool your face. As much as your coach is going to want to help, he or she is going to have a hard time anticipating your needs — especially if this is your first baby together or it's your coach's first time doing this.
- **Start your breathing exercises.** If you're planning on using them, start as soon as contractions become too strong to talk through. Didn't plan ahead and practice? Ask the nurse or doula for some simple breathing suggestions. Remember to do whatever relaxes you and makes you feel more comfortable (if they aren't working for you, don't stick with them!).

- **Use relaxation techniques.** Especially if you're having an unmedicated birth, relaxing between contractions will become increasingly difficult – but also increasingly important as your energy reserves are taxed.
- **Stay hydrated.** You might be offered light, clear beverages or ice chips frequently to replace fluid and keep your mouth moist.
- **Ask for a snack.** If you're hungry and have your practitioner's OK, have a light snack (a popsicle, for example).
- **Stay on the move if you can.** Walk around a bit (though you won't be able to if you've had an epidural) or change positions.
- **Pee periodically.** Continue to urinate regularly, too. You may not notice you need to because of the pelvic pressure, but a full bladder can keep you from making as much progress. If you've been given an epidural, you'll already be hooked up to a catheter.

PHASE 3: TRANSITIONAL (ADVANCED) LABOR

During transitional labor – the last, most intensive phase of labor – your cervix will dilate from 7 to its final 10 centimeters. Fortunately it's also the shortest, generally lasting from 15 minutes to an hour (though it can sometimes take up to three hours).

How to know you're in transitional labor

Suddenly, the intensity of contractions picks up. They may become very strong and 60 to 90 seconds long, and with very intense peaks that last for most of the contraction. Some women, particularly those who have given birth before, may experience multiple peaks. Because they're spaced only about two or three minutes apart, it may seem as though you barely get to relax before the next contraction begins. During transition, unless you're numbed by an epidural or other pain relief, you may feel:

- Strong pressure in the lower back and/or perineum
- Rectal pressure, with or without an urge to push
- An increase in bloody show as capillaries in the cervix rupture
- Feeling very warm and sweaty or chilled and shaky
- Crampy legs that may tremble uncontrollably
- Nausea and/or vomiting
- Drowsiness between contractions
- A tightening sensation in your throat or chest
- Fatigue or exhaustion



Erika Nabuurs, Medicine Woman

Erika@MECA.Life • www.MECA.Life

604.388.MECA • 778.834.5204

Merville, BC

What you can do during transitional labor

This last of the three stages of labor can be a physically demanding and draining time, but it can also be exhilarating. You may feel exhausted, impatient, disoriented or overwhelmed – or none of the above and feel only excitement and elation if you've had pain medication or have had a smooth labor so far. No matter what you're going through, hang in there – baby's almost here! By the end of this phase, your cervix will be fully dilated and it'll be time to begin pushing baby out. Try to focus on how far you've come.

- **Continue breathing techniques.** If they've helped, of course. If you feel the urge to push before your cervix is fully dilated, ask your practitioner or doula for some guidance. Panting and/or blowing can help stop you from pushing if your practitioner says you're not ready yet – pushing before dilation is complete could cause your cervix to swell, which can delay delivery.
- **Speak up.** If you don't want anybody to touch you unnecessarily, or if your coach's once comforting hands now irritate you, don't hesitate to speak up.
- **Breathe.** Try to relax between contractions with slow, deep, rhythmic breathing.
- **Keep your eye on the prize.** That bundle of joy will soon be in your arms!