

## Stages of Labor

This handout is a summary from Heather's Childbirth Preparation Class.

### Prelabor

**How long:** May be unfelt or may last up to several days.

**Cervix:** 0cm dilation- possible 3cm dilation.

**Frequency:** Variable, ranging from 3-30 minutes, usually no long lasting pattern.

**Duration:** Variable

### **How you may feel:**

**Physical-** Low abdominal cramps, backache, soft bowel movements, non-progressing contractions. Low chance of membranes rupturing. (Call your care provider when your membranes rupture.)

**Emotional-** Confusion about whether this is labor or not, mixed feelings, and distractible during contractions.

### **Suggestions for activities:**

- Check packed bags for any last minute items needed.
- Sleep or rest!
- Do upbeat relaxing projects- read, crafting, prepare baby room, visit friends, gentle walk, take a bath, play cards or board games, cook meals for postpartum, watch a funny or uplifting movie.
- Eat healthy food- avoid energy draining foods like caffeine, high sugar, fried foods.
- Drink water to thirst.
- If needed, use coping techniques for contractions.
- For contractions all in the back, try being on your hands and knees and do pelvic tilt rocks.
- Ask for what you need.

### **What your partner can do:**

- Check packed bags for any last minute items needed. Make sure you have packed and extra outfit, toothbrush, toothpaste, snacks and beverages in a cooler for yourself!
- Take care of last minute chores- gas for the car, batteries for the camera, food preparation, household chores.
- Sleep or rest.
- Eat healthy food- avoid energy draining foods like caffeine, high sugar, fried foods.
- Encourage her to do upbeat and relaxing activities, to get extra rest, to drink plenty of water and prepare her healthy meals.
- Distract her with going for a gentle walk, watching a funny movie, conversation, and card/board games.
- If needed help her with coping techniques for strong contractions- breathing, positioning, visualizations, focal points, massage, counter pressure, and encouraging words.

## **First Stage: Early Phase**

Time for relaxation and making oxytocin.

**Average length:** 4-12 hours

**Cervix:** 0-4cm

**Average frequency:** 5-20 minutes apart

**Average duration:** 30-50 seconds

### **How you may feel:**

**Physical-** Low abdominal cramping (possibly like menstrual cramps), backache, gas like pains, abdominal tightening. Contractions that become closer, stronger and more frequent with time.

Possibly a little vaginal discharge that is brownish, pale or pink mucous.

**Emotional-** Nervous, excited, talkative, uncertain if this is the real thing, confident, optimistic, possibly distractible during contractions, may 'overreact' to early labor.

**Possible activities for early phase-** Sleep, rest, relaxation. Intimacy- cuddling, kissing, etc.

Visualizations, meditation, prayer. Watching a movie or reading a book that is funny or uplifting. Cook something to take with you to the hospital, or to freeze for a later meal. A gentle walk in a peaceful setting. Playing card/board games.

**Food-** Eat to hunger. Avoid energy draining foods such as caffeine, high sugar, fried foods. Citrus often times upsets the stomach, foods that take a long time to digest can be bothersome too.

**Drink-** Drink water to thirst, do not let yourself get dehydrated!

**Bathroom-** Try to empty the bladder every hour. Spend sometime relaxing on the toilet.

**Suggestions for imagery/ relaxation-** Your body is melting with each contraction. Your body feels heavy, comfortable and at peace. Visualize fear, pain and tension floating away in a balloon or on a feather. Try a visualization of your favorite place, progressive muscle relaxation, color imagery, or mindfulness on your breath.

**Suggestions for affirmations-** My body is healthy and strong; it knows what to do. I trust my body and baby. My mind and body relax more with each contraction; I am at peace. My baby is safe, healthy, and ready to be born.

**Suggestions for positioning/ movement-** Restful/ relaxing positions or gentle upright positions. Gentle stretching or yoga.

**Suggestions for breathing-** Slow breathing. Breathe with your belly and chest. Remember to take in a cleansing breath at the beginning and end. Focus on the act of breathing. How does it sound, smell, taste, feel?

**Suggestions for touch-** Touch relaxation. Intimate hand holding or cuddling. Gentle stroking or massage.

**Extras-** Lighting (low light, candles, outside), room temperature, birth ball, music, aromatherapy, one glass of wine if very anxious. A warm long bath if you are having long early labor. Start TENs unit.

**Tips for labor support-** Rest when she rests, you may be up for a long time. Help her with any of the relaxation, breathing, positioning, affirmations, touch techniques and the extras listed above. Use distraction or engage her in pleasant activities. Offer her healthy snacks and assure she is drinking plenty of water. Offer her encouragement and positive feedback through strong contractions. Pack up the car with labor bag, snacks, your birth plan, and anything else that needs to come with you.

**When you no longer can walk and talk through contractions:**

During contractions-

- Begin slow breathing.
- Explore comfortable positions and movements.
- Release tension from your body with each breath.
- Think of positive, calming thoughts and visualizations.

## **First Stage: Active Phase**

Active phase means get up and move. Move/dance the baby down.

**Average length:** 4-6 hours long

**Cervix:** 4-7cm

**Average frequency:** 3-5 minutes

**Average duration:** 45-60 seconds

### **How you may feel:**

**Physical-** Progressing contractions: stronger, longer, and more frequent. Vaginal discharge may be scant to moderate pink to bloody mucous. High chance of membranes rupturing. Peak of pain intensity reached around 7cm.

**Emotional-** Serious, quiet and internal. More physically active and vocal during contractions. Upon realizing you are making progress- encouragement, renew in confidence and optimism, a positive perspective on contractions. If progressing slowly- discouragement, tired, or overwhelmed.

**Food-** Most woman do not feel hungry at this point. However if labor is long, you will need nourishment to make it through. See guidelines from the early phase.

**Drink-** Drink water to thirst or 100% juice.

**Bathroom-** Empty bladder every hour. Spend some time relaxing on the toilet.

**Suggestions for imagery/ relaxation-** Visualize your baby moving down through the pelvis. Visualize your pelvis shifting and and expanding giving your baby the perfect space to travel easily through. Visualize your cervix stretching and thinning. Visualize your contractions as waves that you float over and down, gently, calmly. Visualize yourself as a powerful animal like a lioness, tigress, dragon, or dolphin. Release and relax with your contractions. In between contractions become completely limp and rest. Try focal points.

**Suggestions for affirmations-** I release to my body/ I trust my body/ My body is doing the work it needs to do/ etc. My body is strong/ I am strong/ My baby is strong. With each contraction I am closer to holding my baby. I ride the rushes or waves of my contractions with calm gentleness and peaceful strength. My body is opening and stretching (blooming) with ease.

**Suggestions for positioning/ movement-** Your pelvis is circular- move around it. Rock, sway, dance, walk. Use the birth ball and/or your partner to help. Utilize gravity to your advantage.

**Suggestions for breathing-** Let your body guide you. Slow breathing to light breathing. Make low, deep noises that vibrate your chest. Remember your cleansing breaths. Focus on your breath.

**Suggestions for touch-** During the contractions partner gives: Lower back pressure with whole hand, heels of the palm or fist. Continuous pressure or rolling pressure, whatever she likes. Stroke that starts below the bra line, drags over her lower back, bottom, over the hips, down the outer thighs to her knees. Between contractions try a hand/ foot massage, stroking her hair/face, holding her hand, whatever she likes.

**Extras-** Lighting, temperature, birth ball, heat packs on lower abdominal area or lower back, aromatherapy/ essential oils (lavender for calm, reducing anxiety, relaxation. citrus for nausea or vomiting. peppermint for energy and pushing), TENs.

**Tips for labor support-** Remain calm, show your love, offer her words of encouragement, help her feel safe and secure. Use soothing touch. Help her with any of the relaxation, breathing, positioning, affirmations, touch techniques and the extras listed above. Give her your undivided attention during

contractions. Offer sips of water after every few contractions. Remember to keep yourself well hydrated and eat snacks to keep your energy up. Time and record a set of contractions when she seems to get serious about her contractions. If it is time to go, call the hospital to let them know you are on your way.

**At the hospital-** Once initial check in at the hospital partners can help her by setting up the 'mood' of the room. Things you may do to create a relaxed, comfortable, secure feeling environment- dim the lights or open the curtains, turn on desired music, set up her aromatherapy, unpack comfort tools (heat pack, focal points, etc), discuss birth plan with nurse. Remember not to neglect the laboring mom during set up- helping her cope with her contractions takes priority to room set up.

**Possibly time to go to your birthing location when-**

First time mom contractions are four minutes apart, lasting one minute long, and this pattern has happened for about an hour. 4-1-1 (2nd time mom 5-1-1).

Other things to consider- lying down, or a 45 minute shower/bath, or drinking a cup of water does not slow it down. She has to work through her contractions and she is generally serious and internal during contractions. If you have special instructions from your caregiver, then go when they say to.

**What to expect upon check in-**

Nurse/Midwife asks what is happening, gets a medical history, checks pulse, blood pressure and temperature. The nurse or midwife will attach an external monitor for baby's heart rate and frequency of contractions. Sometimes a vaginal exam is done to check dilation, effacement and pelvic station.

## **First Stage: Transition**

Short and intense- use the shower and/or bath.

**Average length:** 10 minutes-2 hours (longer times usually indicates a posterior baby or pain medication).

**Cervix:** 7-10cm

**Average frequency:** 30 seconds-3 minutes

**Average duration:** 60-120 seconds

### **How you may feel:**

**Physical-** Very intense, long contractions with little rest in between. May hiccup, grunt, or belch. Nausea, vomiting, leg cramps, trembling in the legs and body, pressure on the vagina and rectum, sensitivity to touch, drowsiness, cold feet, hot flashes. Vaginal discharge moderate to copious bloody mucous. Rupture of membranes likely.

**Emotional-** Encouraged by quick progress. Restless, weepy, easily upset, angry, panicky, afraid of pain or intensity of labor. Difficulty with relaxation and possibly overwhelmed and expresses the wish to give up.

**Suggestions for imagery/ relaxation-** Your body is a tunnel and your baby is entering the end of the tunnel. The releasing of the pelvic floor- elevator, waves spreading on the shore, flower blooming, etc. Visualizing yourself as a powerful animal- tigress, dragon, dolphin, etc.

**Suggestions for affirmations-** My body is strong and knows what to do. My baby is strong and knows what to do. My body is gently stretching for and releasing for my baby. Pressure is a good sign that I am almost done. My body communicates to me how to move. Strong waves/ rushes/ contractions means that my body is doing a great job.

**Suggestions for positioning/ movement-** No pressure- use gravity enhancing positions to bring baby down. Pressure- continue what you were doing. Pressure and premature urge to push- restful anti-gravity positions.

**Suggestions for breathing-** Light breathing, patterned breathing for the panicky moments.

**Suggestions for touch-** During the contractions partners use: Lower back pressure with whole hand, heels of the palm or fist. Continuous pressure or rolling pressure, whatever she likes. Stroke that starts below the bra line, drags over her lower back, bottom, over the hips, down the outer thighs to her knees. Shaking/ jiggling the thighs and buttocks. Double hip squeeze. May want no touch during contractions. May only like to have her hand held or a hug in between contractions.

**Extras-** Get her in the shower or bath. She can sit on the ball with her belly toward the water, her back toward the water, hands in knees with water hitting her lower back, or reclined in the bathtub. The water should be warm and covering as much of her body that is possible.

**Tips for labor support-** Knowing the signs of transition will help you reassure her that everything is ok. This is an intense time! Remain calm, show your love, help her feel safe and secure. If she says she can not do it, wants to give up, or protests about the strength of contractions- take charge and give simple directions. Guide her and help her focus on one contraction at a time. Breathe with her, get into positions with her, get her into the bath/ shower, tell her she is strong and you know she can do it! Give her undivided attention with every contraction whether that is with touch, a few gentle words, or just your silent presence.

## **Second Stage: Pushing and Birth**

**Average length:** 15 minutes-3 hours

**Cervix:** fully dilated

**Average frequency:** 2-5 minutes apart

**Average duration:** 60-120 minutes

Baby gradually leaves the uterus, descends through the vagina, and is born.

## **Second Stage broken down into sub-categories**

### **Second Stage: Resting Phase**

Only 5% of woman experience this stage, the rest go straight into descent phase.

**Cervix:** fully dilated

**Average frequency:** No contractions or light and infrequent.

**Average duration:** 15- 60 minutes

### **How you may feel:**

**Physical-** Relief from contractions, renewed energy, relaxation and drowsiness.

**Emotional-** Enthusiasm, readiness to get on with it, more awareness of surroundings.

**Suggestions to encourage the return of contractions if desired-** Squat during contractions or in between. Nipple stimulation- partner can gently suckle the breast or mother can gently massage areola toward the nipple. Be sure to stop if this creates contractions that are too strong or too long.

### **Second Stage: Descent Phase**

Baby moves down during pushing efforts and retreats some between pushing efforts. You will see more of the baby's head with the progress of pushing efforts.

### **How you may feel:**

**Physical-** Strong contractions that lead to an urge to push. Increasing pressure on the vagina, perineum, and rectum. Involuntary breath holding, straining and/or grunting.

**Emotional-** Exhilaration to be doing something to hasten the birth, relief to push with the contractions. Alarm at the growing pressure. Appreciation of encouragement and calm reminders of what to do. Discouragement or impatience if progress is slow.

**Suggestions for imagery/ relaxation-** Visualize your baby moving under the bridge of your pelvis and coming closer with each push. Visualize your body opening and stretching gently, blooming flower imagery. Visualize yourself as a powerful animal- tigeress, dragon, dolphin, etc. Focus on releasing and relaxing your perineum, thighs, and bottom while pushing. Keep your face, jaw and eyes loose while pushing. Relax completely in between pushing efforts, let yourself melt and rest.

**Suggestions for affirmations-** I am strong and powerful. I am stretching gently. I will meet my baby very soon. Pressure means progress. I trust my body to stretch and birth my baby gently.

**Suggestions for positioning/ movement-** Use gravity to your advantage! Squat, dangle, hands and knees, leaning over the back of the bed, sitting on the toilet or birth stool.

**Tips for labor support-** Offer ice chips to suck on between pushing efforts. Juice or honey on the ice chips can help with energy. Put on energetic pushing music. Dab some peppermint essential oil on her gown for energy. Offer chapstick and a hair tie for comfort. Smooth her brow with a cool wash cloth and/or fan her face. When you begin to see baby's head, let mom know, she loves to hear about progress! Offer her to have a mirror so she can watch or encourage her to touch the top of the baby's

head as the baby emerges. Encourage and help her with pushing positions. Remind her that she is strong and that she will be holding her baby very soon.

### **Second Stage: Crowning Phase**

Baby's head crowns and no longer slips back in between bearing down efforts. Head steadily emerges, crown first, then brow and face; head rotates; shoulders are born; then baby quickly slides out.

#### **How you may feel:**

**Physical-** Stretching of the perineum and/or burning sensation at vaginal outlet. Pressure in the vagina, rectum, and possibly back. Possibly numb in the vaginal region. Vaginal discharge copious bloody mucous.

**Emotional-** Confusion or alarm with stretching or burning sensations. concentration, anxious and eager to push the baby out. Awe and relief as the baby is born. Amazement and emotional roller coaster meeting baby for the first time.

**See suggestions for Imagery, relaxation, affirmations and tips for partner in the descent stage.**

**Suggestions for positioning/ movement-** Squatting, dangle, hands and knees, leaning over the back of the bed, birth stool, side lying.

### **Third Stage: Delivery of Placenta**

Umbilical cord pulsates with extra blood and oxygen for the baby. Umbilical cord stops pulsating as the placenta separates from the uterine wall and is expelled. Umbilical cord is clamped and cut.

**Average length:** 5-30 minutes

#### **How you may feel:**

**Physical-** Mild to moderate contractions. Strong contractions with fundal massage. Uncontrollable shaking.

**Emotional-** Excitement, engrossment with baby, and relief. Fatigue, surprise or dismay if contractions are painful.

**Suggestions for this time-** Skin to skin contact with your baby! Breastfeed if placenta is taking a long time to birth. If possible, let the umbilical cord pulsate for at least one minute before cutting the cord.

**Tips for labor support-** Share in the joy of your baby being born! Help with breathing techniques if needed while placenta is being expelled or fundal massage is being performed. Help mom hold baby if she is shaking. Praise mom on a job well done. Take pictures. Cut the umbilical cord if you want.

#### **Fourth Stage: Recovery (first hours after birth)**

Mother, partner, and baby enjoy first contact and breastfeeding. Mother's perineum is checked and stitched if necessary. Mother and baby's vital signs are checked. Mother's uterus is frequently checked for firmness (fundal massage) and vaginal flow (lochia) evaluated.

After 1-2 hours of skin to skin contact with mom, baby is weighed, measured, and bathed. Baby is given medications- eye prophylaxis, vitamin K, and hepatitis B shot. Baby's blood will be drawn to check for rare diseases and possibly to check glucose levels.

#### **How you may feel:**

**Physical-** Tired, discomfort with inspection of the vagina, after pains, heavy lochia, perineal discomfort and swelling, possibly difficulty with urination, and hungry.

**Emotional-** Excitement, elation, fatigue, exhaustion, relief, surprise and fascination with baby, desire to hold baby, disappointment if there is still pain, desire to talk about and review labor.

**Suggestions for this time-** Rest and relax! Skin to skin contact with your baby, breastfeed, dim lights and talk quietly (helps triggers baby's reflexes). Drink and eat. Ask for what you need- food, pain medications, ice packs, shower, etc.

**Tips for labor support-** Hold your baby skin to skin. Dim the lights and ask people to talk quietly. Encourage mom to hold baby skin to skin. Offer mom food and water. Talk about the birth, praise mom for her hard work. If baby is taken to a nursery at this time, go with your baby. Touch and talk to baby while procedures are being done. Call family and friends. Take care of your needs too!

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#### Reference used:

*The Birth Book* by Dr Sears

*The Birth Partner* by Penny Simkin

*The Complete Book of Pregnancy and Childbirth* by Sheila Kitzinger

*Pregnancy, Childbirth, and the Newborn* by Simkin, Whalley, Keppler