

Stages of Labour

Stage	What's happening	What the labouring woman may be feeling	Non medicated pain relief strategies	What may happen when in hospital
Pre-labour (Braxton Hicks contractions)	<ul style="list-style-type: none"> • Painless irregular contractions "practising" for labour • Baby's head moving into the pelvis • The cervix may thin and dilate (open) slightly • The mucous plug (show) may come away 	<ul style="list-style-type: none"> • Excited • Braxton Hicks contractions • A burst of energy • Urge to "nest" • Baby may seem quieter • Diarrhoea • Backache 	<ul style="list-style-type: none"> • Rest • Eat light, nourishing meals 	<p>During this part of labour it is usually safe to remain at home unless there are complications. However, a midwife can answer any question you have while you are in labour, 24 hours a day, so don't hesitate to call.</p>
1st stage – Early labour	<ul style="list-style-type: none"> • Uterus contracts rhythmically • Cervix thins and begins to dilate (open) • Baby's head flexes onto the chest 	<ul style="list-style-type: none"> • Mild contractions that may be like menstrual cramps • The membranes (waters) may rupture any time during labour • Contractions gradually getting stronger, longer and closer together 	<ul style="list-style-type: none"> • Stay upright, rest between contractions • Warm bath • Empty bladder frequently • Long, slow deep breaths • Massage 	<p>During this part of labour it is usually safe to remain at home unless there are complications. However keep in contact with the hospital and call prior to your arrival.</p>

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1st stage – Active labour	<ul style="list-style-type: none"> • Contractions establish a pattern • Cervix dilates from 4cm to 8cm 	<ul style="list-style-type: none"> • Contractions become noticeable, lasting up to 60 seconds and may be 3-4 minutes apart • The abdomen feels tense during contractions • Back pain • May start to feel quite tired, needing support to stay upright • May find distractions annoying 	<ul style="list-style-type: none"> • Supported positions, try to remain upright e.g. sitting, kneeling or pelvic rocking • Massage • Breathe with long, slow, deep breaths • Relaxation techniques/ visualisation • Hot packs 	<ul style="list-style-type: none"> • Blood pressure, temperature and pulse are checked • Timing of contractions and the baby's heart rate will be checked regularly • Your abdomen will be palpated (felt) • A vaginal examination will be conducted to assess the progress of the labour (always done prior to pain relief being given)
1st stage – Transition	<ul style="list-style-type: none"> • Cervix dilates from 7cm to 10cm (fully dilated) • The baby's head is flexed and deep in the pelvis 	<ul style="list-style-type: none"> • Very strong contractions lasting up to 90 seconds (all-encompassing and powerful) • Irritable 	<p>Listen to advice from the midwife regarding the best position to aid the descent of your baby – all fours or upright and leaning forward</p>	<ul style="list-style-type: none"> • Maternity staff will listen regularly to the baby's heart beat

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1st stage - Transition (continued)		<ul style="list-style-type: none"> • May have urge to push at the height of each contraction and you may have anal pressure • Nausea and vomiting are common at this stage 		<ul style="list-style-type: none"> • The midwife will stay with you during pushing and encourage both you and your support person
2nd stage - Pushing	<ul style="list-style-type: none"> • Cervix is fully dilated (10cm) • Baby rotates in the pelvis, trying to find the easiest way out • Gradually more of the baby's head becomes visible. The head crowns and is born • With the next contraction, the shoulders and body are born 	<ul style="list-style-type: none"> • Urge to push • May feel a burning sensation as the perineum stretches • A sense of relief is generally felt when the birth of your baby is complete 	<ul style="list-style-type: none"> • Get into a comfortable pushing position • Work with the urges, relax all parts of your body not directly involved with pushing, particularly the pelvic floor, mouth and throat • Push only with contractions 	<ul style="list-style-type: none"> • The midwife will stay with you • The doctor will ease the baby's head out and check that the cord is not around his/her neck • The doctor will support the baby's shoulders and the rest of your baby will be born and placed on your chest

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3rd stage - Delivery of the placenta	Placenta separates from the wall of the uterus	<ul style="list-style-type: none"> • Milder uterine contraction • An intense interest in your baby 	Push if asked to	<ul style="list-style-type: none"> • The cord is then clamped and cut, often by the father or the support person • An injection of oxytocin is given to help your uterus contract and separate the placenta