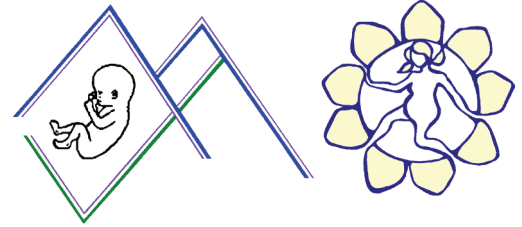


First and Second Stages of Labor



Stages of labor defined

- First: Dilation phase. Cervix opens up to 10 cm.
- Second: Pushing phase. 10 cm, pushing the baby, and delivery of baby.
- Third: Placental delivery. From delivery of baby to delivery of placenta.
- Fourth: Stabilization of mom and baby. Initially 2 hours but ultimately 24 hours...or 18+ years....

You may be approaching labor if:

- Backache
- Soft stools and flu-like symptoms
- Burst of energy, “nesting”
- You may also experience “lightening” as baby drops lower and you can breathe better, increased waddling as baby descends, and loss of memory or spaciness
- You have some dilation and effacement. We feel these internally at one of your exams, if you request it. You may be dilated and/or effaced for days or weeks before going into labor.

Signs of labor

- Loss of mucus plug, “bloody show”
- Rupture of membranes (ROM): the amniotic sac breaks, releasing fluid. The baby’s head drops farther down in the pelvis and contractions get stronger or start. Call us if you suspect ROM! Be sure to note the color and amount of fluid, and the time.

Warm-up labor (a.k.a. latent or prodromal labor)

- The uterus begins contracting but does not progress to become more regular and stronger. The contractions are light, like menstrual cramps, with a variable and irregular pattern.
- You may have “bloody show” or lose your mucus plug.
- Try to rest, eat well, drink plenty of fluids. Latent labor can continue for hours or days. You want to be rested and hydrated when active labor starts.
- Latent labor will sometimes stop in a bath or with a small glass of alcohol; active labor will not.
- If it’s nighttime and you have these light, irregular contractions, don’t call us. If it’s daytime, you can give us a courtesy call to let us know what is going on.
- When the contractions progress to 5-7 minutes apart and last 1 minute (give or take), then you are getting into active labor. Or your water may break. Now call us again!
- You will also want to notify your support team if you are planning for one; friends, relatives, or doula (people who will be there for the sole reason of making it easier for you).

Active labor

- Consists of regular contractions about 5 minutes apart that last about 1 minute. This is “first stage” of labor.
- It gets harder to talk through contractions and they are definitely more painful. You need to find breathing patterns/coping mechanisms that work for you. They are DO-ABLE, especially with all those endorphins your body is building up.
- Remember to drink small sips of water frequently. Eat as you wish.
- Remember to get up and urinate every hour or two.
- You might like a hot shower, a walk outside, hot or cold compresses, being alone, having company, being with your partner, back or foot massage, back pressure (from partner) during contractions.
- Relaxation is necessary. Visualization exercises or remembering good times together is helpful.
- Realize that labor is unlikely to be just what you imagined; try to minimize your expectations, take care of your body’s needs and let go of the process.

Transition

- This is the part of labor they love to show in sit-coms.
- It can be a very emotional time and many women say, “I can’t do this!” Many spend it on the toilet because it is safe, allows good pelvic relaxation. In transition, you can get shaky, hot, cold, scared, tired, and energized.
- At this point we wouldn’t make it to the hospital before the baby arrives!

Second stage

- This is pushing! Technically, it is from 10 cm dilatation to arrival of baby. Be gentle.
- Paradoxically, it often feels good since it’s active and you get to do something with the contractions. But there is the “ring of fire” and resistance. We’ll help you through this.
- Relax; the uterus is doing all of the effective pushing, especially for second time moms.
- There are lots of helpful positions; squatting, semi-sitting, tub, stool, ball, hands-knees.
- The head descends down the vaginal canal, stretching tissues as it goes. Stretching occurs bit by bit as the head descends, retracts, descends further, etc. This can be frustrating to the mother but it is protective of her and her baby. You can touch the baby’s head at this point!
- “Crowning” is when the largest diameter of the head comes through and the head doesn’t retract at all. This is the greatest stretching. Often we’ll ask you to pant and not push, to allow for a slow delivery of the head and prevention of tears.
- Once the head is out, we check for the cord (a pretty common occurrence). Then we help guide the top and bottom shoulders out and the rest of the body follows in one swoop. Dad is welcome to help us, or to do this part himself - we will talk him through it! Then baby goes right up to mom’s abdomen/breasts.
- The room needs to be kept warm (about 75 degrees) to help the baby stay warm. Mom, however, is the best radiant heater available anytime, anywhere!

See the sheet on “Third stage of labor” for info on getting the placenta out.