



Stages of Labor

Stages of labor defined

- ◆ First: Dilation phase. Contractions pull the cervix up, to open it 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. First 2 hours or until stable.

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”, can happen before labor starts or during labor.
- ◆ Rupture of membranes (ROM), “water breaks”: the amniotic sac breaks, releasing fluid. The baby’s head drops farther down in the pelvis and contractions get stronger or start. Call me if you suspect ROM! Be sure to note the color and amount of fluid, and the time.

First Stage

Warm-up labor (“false” labor, pre-labor, latent labor, or prodromal labor, which all do lots of work)

- ◆ The uterus begins contracting but does not progress to become more regular or stronger. The contractions are light, like menstrual cramps, with a variable and irregular pattern, and may be short (about 30 seconds) and far apart. They may be felt in your low back as a dull ache that comes and goes, or low in front as cramps or twinges in your cervix.
- ◆ 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, days, or weeks. You want to be rested and hydrated when active labor starts.
- ◆ Latent labor will often stop in a bath or with a small glass of alcohol; active labor will not. Epsom salts in the bath will help to relax your muscles, so you can tell the difference.
- ◆ If it is nighttime and you have these light, irregular contractions, call me in the morning. If it is daytime, please give me a courtesy call to let me know so that I can change plans if needed to stay readily available to jump in my car and come when you need me.
- ◆ When the contractions progress to 5-7 minutes apart and last about 1 minute, then you are getting into active labor. Call me and let me know, please do not wait!
- ◆ 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 less than 7 minutes apart that last about 1 minute. This is the “first stage” of labor. It will not stop with a warm Epsom salt bath or a nap.
- ◆ It gets harder to talk through contractions and they are definitely more painful. You need to find breathing patterns and other coping mechanisms that work for you. These contractions are manageable, especially with all of the endorphins your body will start producing.
- ◆ Remember to drink water frequently, eat whatever you can hold down, and urinate hourly.
- ◆ 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, or back pressure (from partner) during contractions. Sleep if you possibly can, and save your energy for the birth!
- ◆ Relaxation is necessary in order for your hormones to do their job, and create endorphins for pain relief. 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, and never in a realistic way.
- ◆ 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, or energized. Endorphins which reduce pain can also make you feel tired and disoriented, so remember that this is actually a good sign, and not a reason to panic! It may become difficult to talk, because labor takes all of your concentration.
- ◆ At this point we would not 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.
- ◆ Pushing often feels good because you get to work with the contractions and feel progress.
- ◆ 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, which may feel like burning; do not fight against this, just relax and let baby out. 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 now.
- ◆ “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 I will ask you to pant and not push, to allow for a slow gentle delivery of the head and prevention of tears, best for you and baby.
- ◆ Once the head is out, I check for the cord (which is common, not an emergency). Then I help guide the top and bottom shoulders out and the rest of the body follows in one swoop. Dad is welcome to help, or to do this part himself - I will talk him through it! Then baby goes right up into mom’s arms.
- ◆ The room needs to be kept warm (about 75 degrees) to help the baby stay warm. Mom is the best heater for baby, who needs to be on mom’s chest, skin-to-skin for the first hour.
- ◆ It is very important for baby to hear mom’s voice, then dad’s voice, so quiet is encouraged.

The baby is here in your arms! You're in love! Now what??

- ◆ First, the baby must breathe. Most do this completely on their own with no intervention from me, and I try not to do anything that is unnecessary. Baby's head needs to stay facing straight forward to keep the soft cartilage in the throat open at first. If needed, I rub the baby's back to stimulate nerves to the diaphragm. Every once in a while, a couple of breaths with the bag and mask and/or oxygen is needed.
- ◆ I can assess
- ◆ everything while baby is on your chest; there is no need to take him or her away from you. I can listen to his heart and lungs, check his color, assess his well-being, and even give oxygen, all with minimal disturbance to you.
- ◆ At 1 and 5 minutes, the Apgar score is assessed. It measures respiratory effort, color, heart rate, reflex activity and tone, which indicates baby's state of wellbeing.
- ◆ I will dry your baby off, or cover baby as needed, change blankets as necessary.

Third Stage

- ◆ This is from delivery of the baby to delivery of the placenta. This process can take minutes, or well over an hour. There is no hurry.
- ◆ Often you feel painful contractions again and a "heaviness" that are both relieved by the passage of the placenta. I help it out but do not force it.
- ◆ The uterus must contract strongly to detach the placenta and clamp down the open blood vessels that have been supplying the placenta. Breastfeeding, or even trying to let baby learn to latch, helps this process! I need to check often that your uterus is clamping down as it should and that there is no blood built up inside. It can be painful when I check this; I try hard to keep discomfort to a minimum.
- ◆ I will use Pitocin, other meds, and/or herbal tinctures if you are bleeding too much!
- ◆ Your placenta will be inspected to make sure it is normal and complete, and I will show it to you. If you plan to encapsulate, it will be frozen or refrigerated quickly.
- ◆ At some point, the cord may be clamped and cut. This is done only after the cord stops pulsating and/or after delivery of the placenta. The longer we wait to cut the cord, the better it is for your baby. If you chose a lotus birth, the placenta will be prepared with sea salt and herbs.

Fourth Stage

- ◆ This is the stabilization of mom and baby. The immediate stabilization is for 2-3 hours after birth (I stay for this) and then I check on you again at 24-72 hours.
- ◆ I get you cleaned up, dry and comfortable. If you have any vaginal tears which would benefit from suturing, I will do this for you now, with a local anesthetic. You will be monitored to make sure that your uterus is firm and bleeding is minimal.
- ◆ Nursing and bonding are the most important activities for the first minutes, hours and days of your baby's life. Everything that I do and recommend supports this. Adequate nursing is the best way to gauge baby's health and provide necessary stimuli and nutrition. Nursing early and often encourages successful breastfeeding.

Resting and bonding

- ◆ Your baby's job is to learn to breathe, eat, and interact with you. He or she does this through nursing as much as possible, being on or next to mom and/or dad, having lights and voices low, pooping and sleeping. Coconut oil or olive oil rubbed lightly onto baby's skin helps to keep baby from losing fluids to evaporation.
- ◆ Mom's job is to make sure she is available to provide food, warmth, and comfort to her baby. She can do this by nursing frequently, resting, eating well, holding her baby often, and reducing stimuli to her baby. Your baby's day and night is often mixed up, so be sure to sleep when he or she sleeps!
- ◆ Dad/partner's job is to make sure mom and baby are able to do their jobs and to bond with his new family. He needs to make sure that mom is able to rest, has food prepared for her and brought to her if needed, has someone to look after the other children or pets, and has household chores done. Right now the mother needs to be mothered and to get rest, not entertain visitors or spend time talking to anyone but her baby, so dad gets the important job of keeping visitors at bay! He needs to be free to lavish love and attention on his wife and baby and relish in the bonding.
- ◆ Other family and friends' job is to be helpful around the house so that the new family can bond and take care of each other's emotional and physical needs.
- ◆ Visitors should be kept to a minimum because they bring micro-organisms and over-stimulation. Be very prudent about who you allow to visit and keep visits to under 20 minutes. We have a semi-humorous Visitor Instructions for New Families notice that can help your visitors to understand and appreciate this without hurt feelings.
- ◆ You will bleed like a heavy period during the first 24 hours, then it will slow quite a bit and should stop being bright fresh red blood. Drinking lots of water and emptying your bladder frequently will help your uterus contract well. Until bleeding stops completely, you still have an open wound deep inside and an open cervix. That is why we recommend no tub baths (sitz baths for perineal care are ok), no intercourse, and no exercise more vigorous than a brief stroll until after 3 weeks AND cessation of all bleeding for 4 days.
- ◆ Breastfeeding, breastfeeding and more breastfeeding! Newborns need to nurse no less than once **every 2 hours** including at night, and more often is better because mothers milk digests completely in less than 2 hours. Newborn stomachs are tiny, and can only hold a few drops of the precious colostrum that you make before your milk comes in, so nursing often prevents them from becoming hypoglycemic and dehydrated, and also stimulates your breasts to start producing milk. If baby is lethargic and difficult to wake up to nurse, it is usually because their blood sugars are low, which makes it all the more important to get a few drops of colostrum into them. If feeding them often is not making them perk up, call me.
- ◆ Did I mention enough times that everyone's job is to make breastfeeding successful and possible? This is your baby's best bet (well, after homebirth!) for being healthy in the short and long-term. I am open to questions at any time and want to make mothering a happy and successful relationship for you and your family.