

## SIGNS OF IMPENDING LABOUR

In the last weeks of pregnancy, you may notice some of the following signs that your body and the baby are getting ready for labour:

- The baby's head engages into the pelvis. This happens 2–6 weeks before labour begins, but may not happen until labour starts (especially if this is not your first baby).
- Braxton-Hicks contractions: usually painless tightenings of the uterus, but occurring more often than in the earlier months of pregnancy, perhaps as 'sets' of contractions.
- Increased mucous discharge from the vagina.
- Weight loss of around 500g–1kg in the week before labour begins, due to a reduction of amniotic fluid around the baby.
- Baby may be less active, as it runs out of space and also prepares for the labour to come.
- Spurt of energy in the mother: nesting behaviour.
- Slight diarrhoea.
- Pelvic pressure due to the baby's position low in the pelvis.
- A 'show' of pinky mucous discharge from the vagina, perhaps streaked with blood.
- Waters breaking with no subsequent labour contractions.

## HOW WILL YOU KNOW YOU ARE IN LABOUR?

Following some of the signs listed above, contractions will develop. These feel different from the Braxton-Hicks contractions of pregnancy. Labour contractions:

- Have a rhythmic quality, with each one gradually building to a peak and then fading.
- Develop into a pattern of increasing intensity over time. The length of time between each one is less important than the length and strength of the contraction itself.
- Require concentration. You will not want to talk or continue with daily activities.
- Will encourage you to find a comfortable position to ease the pain.
- Are strong enough that you will want to rest in between.
- Sometimes are felt as a constant minor backache, with regular bouts of stronger back pain.

Until the contractions are feeling like this, you are probably not in labour.

Occasionally, the membranes leak or break (about 10–15% of labours). Contractions may start immediately, but often they take hours or even days to become established. Once the symptoms described above are

present, you will know that labour truly has begun, and until then you should carry on as usual with your daily life. For further ideas, see *Preparing For Birth: Fathers*.

## WHEN TO GO TO HOSPITAL

During the first part of labour you will be most comfortable at home, in a familiar environment where you can make yourself comfortable. As the contractions become more productive they will begin to settle into a pattern. The best guide to the intensity and strength of contractions is their length, and once they are lasting 60 seconds or more, dilatation will be occurring.

You will know when you feel you need to go to hospital and as soon as you no longer feel comfortable in your own home, then you should ask your partner to take you. It is wise to stay at home as long as possible to avoid many unnecessary hours in the hospital, especially if this is your first baby.

You may be more comfortable travelling on hands and knees on the back seat or sitting on the back seat leaning forward onto the back of the passenger seat, if this can be pushed right forward. See *Preparing For Birth: Fathers* for more suggestions.

When you get to the hospital, go to the admission desk and complete the formalities. You will be shown to the labour ward by a staff member.

If you are having a home birth you will naturally stay at home and call the midwife when you want her to be with you. In the very unlikely event of a complication, your midwife will indicate when it is appropriate or necessary to go to the hospital.

## ADMISSION INTO HOSPITAL

When you arrive in the labour ward, basic observations will be taken: blood pressure, urine check, temperature, obstetric history, pregnancy history. The midwife will listen to the baby's heartbeat and feel its position in the abdomen. An internal examination will be made to assess progress. You can sit on a chair for these examinations, and your partner will be able to stay with you while they are done.

Some hospitals have a policy of recording a 20–30 minute trace on the electronic fetal monitor as part of their admission procedure. There is no need to lie down for this – sitting or standing is healthier for the baby as it reduces the risk of jeopardising the baby's blood supply from lying on your back. There is no research to prove that a benefit in birth outcome results from using routine electronic monitoring in labour.

When these admission procedures are completed you will be shown to your labour room or to the first stage area where you can make yourself comfortable.

Sometimes, labour can slow down when you get to the hospital, and can even stop altogether. If this happens, it is your body's natural reaction to the change of environment. Give yourself time to adjust to the surroundings and the staff. Labour will re-establish when you are feeling comfortable. Alternatively, you might want to go home again, especially if you are in very early labour. The midwife will be able to tell you how dilated you are after she examines you. There is no need to speed up labour that has slowed in this way unless the baby shows clear signs of being distressed, which is rare.

**HOW LONG IS LABOUR?**

Every mother would like to know how long her labour will be, before she begins. Unfortunately, it is impossible to anticipate how long labour will take, because each woman has her own individual way of giving birth. In general, giving birth to your first baby takes longer than giving birth to subsequent children, but each labour will still vary, and keeping an open mind will help you prepare for all eventualities.

The average length of the first stage of labour with your first baby is from 12-14 hours, and for second stage, from 1-2 hours. Labour and birth can take much longer than this and still be normal and as long as mother and baby are in good health, the length of labour itself need be no cause for concern.

With subsequent births, the average length of first stage is 6-8 hours with second stage taking from 5 minutes to 1 hour to complete.

Remember that your body knows how to give birth, just as your body knows how to grow the baby in the first place. Trust in your instincts and allow yourself time to explore the sensations you will feel. How long it will take depends on many factors, such as your comfort, emotional support, the position of the baby, the position you assume and how you feel about becoming a mother. Having a baby is an adventure into the unknown, but one that is enormously rewarding.

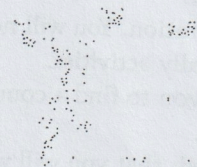
The diagram illustrates the general pattern of labour. It is often difficult to pinpoint when labour has actually begun as there can be quite a long period in which some early warning signs are present, but little other action. This is an outline of an average first labour. There are many variations on this theme, and you will have to wait until the contractions start to discover how your body will undertake the task of giving birth. Be prepared to accept whatever your particular labour brings and allow yourself time to adjust and to appreciate the powerful energy that is yours as you give birth.

**MAKING LABOUR EASIER**

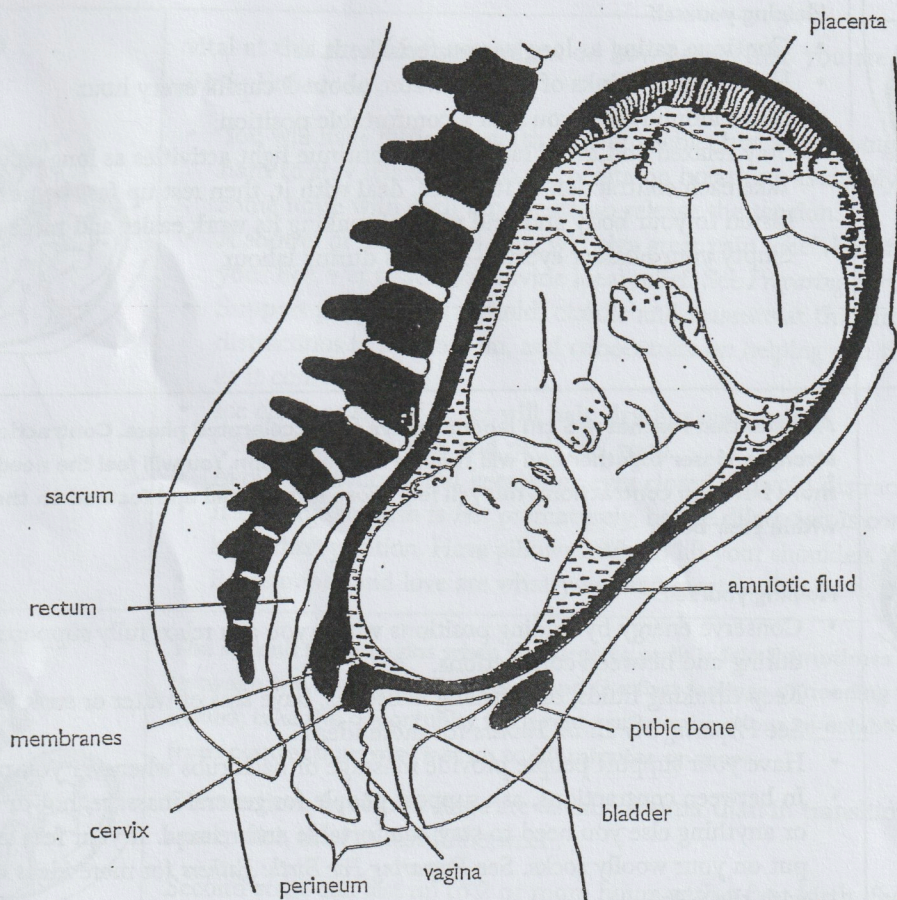
In general, your body will work best if you feel safe and secure as you labour. This can be achieved through:

- Having the close, continuous support from your partner or close friends or relatives during labour. Having suitable support has been shown to shorten labours and reduce the need for pain killing drugs.
- Finding a place to labour that is dark, quiet and cosy. The labour ward can be altered to provide these conditions: dim the lights, keep the door closed and move the bed to give yourself more floor space for mats, bean bags, chairs etc.
- Stay as vertical as you can to stimulate the labour and make the contractions more comfortable. The positions on the following pages show how this can be done.
- Have regular drinks during labour and eat light snacks in the early stages.
- Stay focused on what you are doing and respond to our instinctive urges as necessary. This is the one time when you can be the complete centre of attention, and your every wish will be readily fulfilled!

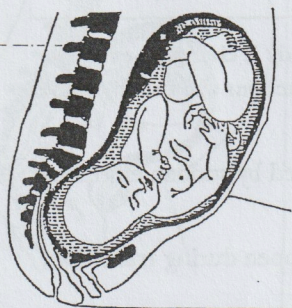
Further information on setting up an appropriate labouring environment in the hospital is included in *Preparing For Birth: Fathers*.



	Contractions: 5-30 minutes apart 15-40 seconds long, mild, feel like cramps, back pain, pressure.	Contractions: 2-3 minutes apart 45-60 seconds long, stronger & more intense.	Contractions: 1 1/2-3 minutes apart 45-90 seconds long, the strongest that they will get.	Contractions: 3-5 minutes apart 45-70 seconds long, less aware of contractions, more aware of urge to push and fullness in vagina and bowel as baby moves down.	Contractions: irregular A feeling of fullness as placenta separates, cramping. A time to hold & enjoy your baby!
First stage thinning and opening cervix	Early labour (0-4cm)	Accelerated labour (4-8cm)	Transition (8-10cm)	Second stage (10cm-birth)	Third stage



### FIRST STAGE



During this stage the cervix dilates from closed to open (0-10 cms). The baby moves down deeper into the pelvis, and the face gradually turns towards the mother's back.

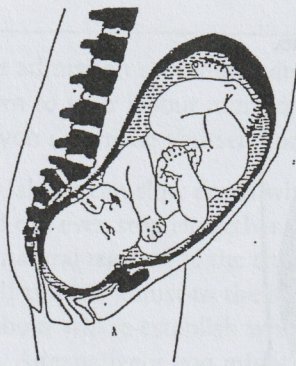
#### Helping yourself

If you think that labour might be about to start:

- Conserve your energy, but keep on with your usual activities if it is daytime. If labour begins at night, try to rest, or sleep.
- Take a shower, go for a walk, but don't get tired.
- Don't skip any meals, particularly if labour starts during the night or early in the morning. Have something light, nourishing and easily digested such as scrambled eggs, tea and toast, soup.
- Pack the car with the things you wish to take to hospital, and also your labour 'goody bag'.
- Carry on with your usual daily routine until contractions become well established and you can be sure that labour really has begun.
- Contact your support people to alert them that you labour may be starting soon.

If the waters break note the colour of the fluid. It should be clear or milky white. If it is yellow/brown/green, then you should go to a hospital immediately, as this is a sign of possible fetal distress. See *Preparing For Birth: Fathers*.

If you begin labour before 37 weeks you should go to the hospital straight away as the baby may be born prematurely.

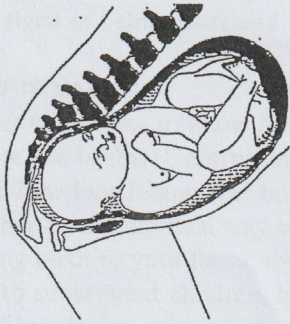


During this part of labour the cervix softens, shortens (effaces) and begins to dilate.

#### Helping yourself

- Continue eating as long as you feel like it.
  - Have regular drinks of juice or water, about 1 cupful every hour.
  - Move around until you find a comfortable position.
  - Stay relaxed and avoid fatigue, but continue light activities as long as you feel able.
  - Take each contraction as it comes, deal with it, then rest up for the next one.
- Listen to your body and find ways of making its work easier and more comfortable.
- Empty your bladder every 1–2 hours during labour.

#### ACCELERATED PHASE

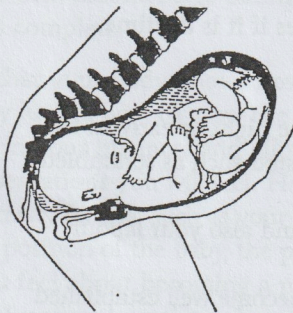


As dilatation reaches 4–5 cm labour enters the accelerated phase. Contractions will be stronger, closer together and will require concentration. You will feel the need to rest more between contractions. You will feel more introverted and focused on the activity within your body.

#### Helping yourself

- Conserve energy by finding positions where you can relax, fully supported, both during and between contractions.
- Keep drinking fluids, or if feeling nauseous, have sips of water or suck on ice chips. See *Preparing For Birth: Fathers* for more ideas.
- Have your support people provide massage or back rubs whenever you need them.
- In between contractions, ask support people for general massage, hot or cold packs or anything else you need to stay comfortable and relaxed. If your feet are cold, put on your woolly socks. See *Preparing For Birth: Fathers* for more ideas on dealing with the pain.
- If you are offered medication, request an internal examination to determine progress, before making a decision.
- A shower or bath at this time will help you to stay relaxed. Keep changing positions until you are comfortable.

#### TRANSITION



Transition is normally the most difficult part of labour, as your body is changing over from the opening up phase to the bearing down phase and contractions are usually very long (sometimes with double peaks) and close together.

It is a time of turbulent emotional feelings, and is often announced by sudden emotional change and feelings of being 'out of control'.

If the membranes haven't ruptured earlier this will probably happen during transition, and the release of pressure may ease some of the discomfort.

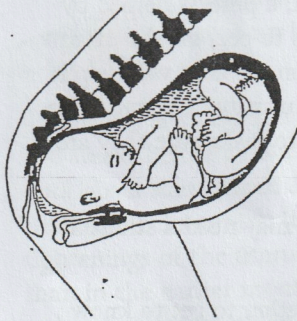
There may be an urge to push before the cervix is fully dilated. If pushing hurts at this time, then you should assume the knee-chest position until the cervix is fully retracted.

Other symptoms of transition are shivering, cramps, nausea, vomiting, hiccups. You may feel pressure on your bowel as the baby's head moves deeper into the birth canal. Transition usually lasts from a few contractions to around 1½ hours.

#### Helping yourself

This is a very turbulent time for most women, and feelings of panic, loss of control and annoying physical side-effects are all common. The support of your partner will be

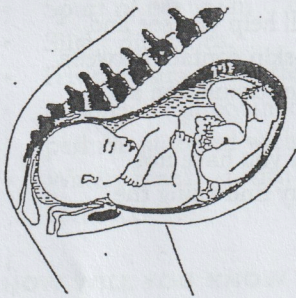
**TRANSITION**  
(continued)



vital at this time, and suggestions on how he can help you are included in *Preparing For Birth: Fathers*.

- You will have difficulty getting comfortable, but keep changing positions. It will be hard to stay relaxed, but concentrate on breathing as deeply as you can, making some noise with each out-breath to release the tension.
- A shower or bath at this time will give great pain relief, but if this is not available, use your hot, wet towels to provide local relief. See *Preparing For Birth: Fathers* for details.
- Support people need to hold, cuddle and reassure at this time. They need to keep distractions to a minimum, and concentrate on helping you through each contraction as it comes.
- Ice chips or sips of water will help dry lips and nausea.
- Cool sponges on face and neck feel good.
- Avoid eye contact and keep your eyes closed to avoid distractions.
- If the urge to push is felt prematurely, before dilatation is complete, move into the knee-chest position. Have pillows ready to lift your shoulders in between contractions.
- Reassurance and love are what you need most at this time.

**SECOND STAGE**



The second stage begins when the urge to push is felt. Sometimes there may be a lull between the end of the first stage and the first feelings of needing to push. If this lull occurs, take the opportunity for a rest until contractions re-establish strongly. This break from contractions may last up to 30 minutes or more.

Contractions in second stage are usually shorter than in transition, and more spaced apart, with time to rest in between.

Second stage can last up to 2 or more hours with a first birth. Subsequent births are much shorter and stronger, usually about 1/2 hour for second stage.

The urge to bear down is usually irresistible. With each pushing action, the baby moves down the birth canal. Pressure will be felt on the bowel as the head presses on the rectum.

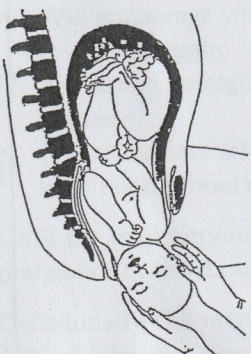
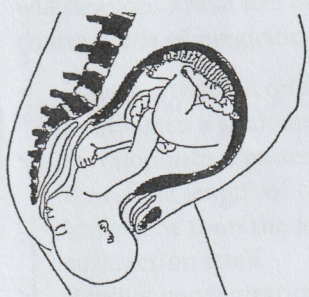
As the head presses on the perineum and the vaginal tissues open out, a burning sensation will develop as the skin stretches to its maximum. This is a signal to push gently as the baby's head crowns, to allow a gradual stretching and easing of the skin over the baby's face.

Once the head is born, it turns to one side to line up with the shoulders. The shoulders are born one at a time, and the baby's body slips out.

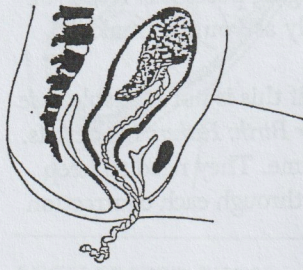
**Helping yourself**

Once the second stage begins the turbulent feelings of transition will pass and you will notice renewed energy: your second wind. Pushing usually feels quite satisfying as you work with your body and excitement is high as the moment of birth approaches.

- The uterus will dictate when and how much to push – you need to listen to these messages from within and concentrate on letting your body open up. Find a comfortable position for pushing with your body upright and the sacrum free to move. In between contractions you can stand, kneel or flop forwards on to hands and knees.
- As you feel the burning sensation developing (crowning) concentrate on easing the baby out slowly. The burning sensation lasts less than a minute and will soon pass.
- Put your hand down to feel the top of the baby's head emerging from your vagina. In between contractions rest completely and keep sipping water.



### THIRD STAGE OF LABOUR



Once the baby is born, the cord usually stops pulsating within a few minutes. It can be clamped and cut either then or after the placenta has been born.

Meanwhile the uterus shrinks in size and continues to contract, a process helped by the baby nuzzling or sucking at the breast. The placenta begins to peel off the uterine wall and when free, slides into the vagina. Very gentle pulling on the cord will help it out, together with some pushes by the mother. The placenta is usually delivered after about 20 minutes. The placenta and membranes are examined to make sure they are complete and that no pieces have been trapped in the uterus.

The perineum is inspected to check for any grazes or tears that may need a stitch. If an episiotomy has been performed, then this will be repaired.

The baby is given to the mother to hold and the family left together to get to know their new baby.

During the first hour the baby will usually show signs of wanting to nurse at the breast. Encouraging the baby to suckle will help establish lactation and the sucking reflex in the baby, as well as helping the uterus to stay firmly contracted (important for preventing excessive bleeding).

#### Helping yourself

- Sit up while you are waiting for the placenta to come. This will help you see and hold the baby and facilitate latching on to the nipple. Skin-to-skin contact between you and the baby will help keep the baby warm, provide nipple stimulation and enhance the closeness.
- If you require stitches you will be offered a local anaesthetic (if you have not already received this in preparation for an episiotomy). You may find using the mask helps to relieve the pain of the anaesthetic injection.