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## Stages of Labor

This handout will explain each stage of labor to help you understand what is happening, the choices available, and how you and your partner can help.

### Early First Stage - Latent Phase

#### *What is happening?*

Your cervix is softening and preparing for labor. It will begin to efface (thin) and dilate (open). The mucus plug in the cervix may be dislodged (a show) and you may have a heavy discharge or light bleeding. The bag of waters can begin to trickle or you may have irregular and mild contractions. The contractions usually last between 10 and 40 seconds. If you are able to comfortably talk through contractions you are most likely to be in early labor. Your baby may begin to settle down and not move around so often.

#### *How long will this stage last?*

The early phase of labor may occur over several hours, days, or weeks. Some women find that they have periods of regular contractions for some time before labor becomes established while others have no signs of early labor at all. There is no real way of knowing how long this phase will last nor is the length of this phase any indication as to how long established labor will last.

#### *How might you be feeling?*

During this stage you may be feeling excited as well as apprehensive and anxious. This is a good time to carry on as normal, eat and drink as you like, and generally prepare yourself for labor. Get plenty of rest since you will need your energy for active labor later on.

#### *What choices may you have to make?*

At this stage there is little that you have to do. Think about the type of labor you would like, considering how you feel about pain relief and interventions. Some caregivers may offer a vaginal examination at this stage to determine whether or not your cervix is dilating, or opening. Having the examination might be reassuring to you. However, there is an increased risk of infection and your membranes rupturing if you choose to have the examination. In addition, the examination will not be able to tell you how long it will be before established labor starts nor will it tell you how long your labor will be.

#### *How can you help yourself?*

Keep everything as normal as possible. You will probably be able to talk through the first contractions that you have. As they become stronger, breathe deeply and slowly, focusing on your out-breath.

Practice some relaxation techniques, thinking about points of tension and breathing them away. If you begin early labor at night, try to rest or sleep for as long as possible to conserve your energy. Lying on your side and resting is less exhausting than pacing the floor attempting to establish labor.

#### *What can your partner do to help?*

Ensure the car has gas for the journey to hospital. Stay within reach by telephone. Remind the mother that this is the early stage of labor and even if it takes several days it is helping to soften the cervix and prepare her for the stronger contractions to come. Make sure she is resting and eating well.



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### Established First Stage - Active Phase

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#### *What is happening?*

The contractions will now be stronger and more regular. The cervix is fully effaced and is opening from 6cm to 10cm. Your baby is moving deep down into the pelvis and into a position in preparation for birth. Contractions at this point will be lasting for about 45-60 seconds and will gradually become longer and closer together. The peaks will seem sharper and more intense.

#### *How long will this stage last?*

The active phase for a first labor usually lasts from 10-16 hours. If you are having a second or subsequent baby it may be considerably shorter. If your previous birth was a cesarean your labor may be more like a first labor than a second one.

#### *How might you be feeling?*

By now you may have to concentrate on your breathing through each contraction. As contractions become stronger you may feel frightened. If you are feeling contractions in your back, or have backache very low down, your baby may be lying in a posterior position, where the baby's spine is lying against yours. Most babies in this position will turn so that they are facing your spine before the second stage of labor. If this occurs, labor can be very long and tiring. Keeping your pelvis nice and wide may help to speed up the turning of your baby as it gives the baby more space to move. With a backache labor, remember to regularly empty your bladder to maximize space for your baby.

#### *What choices may you have to make?*

If you are planning to have your baby in a birth center or hospital, sometime during this stage you will probably make your way there. It can be difficult to determine when is the right time to leave for hospital – see our handout on “Beginning of Labor” for more information. Once you arrive you will need to decide whether or not you want the routine procedures offered by your local unit. These may include any of the following:

- an enema
- electronic fetal monitoring or Doppler (hand-held) monitoring
- a vaginal examination
- lying down on the bed as opposed to being upright and mobile
- wearing a hospital gown rather than your own clothes
- having your waters broken if they are still intact
- having a pitocin drip to speed up (augment) labor
- an epidural, stadol or demerol for pain relief

#### *How can you help yourself?*

Stay upright if you are able to and this is comfortable. Try movements like gentle pelvic rocking or swaying your hips. Consider having a bath or a shower to help with the intensity of the contractions. Try to smile after each contraction and breathe out – that is one less contraction that you have to have. You will need to really concentrate on your breathing through this stage of your labor. You will likely find it more difficult to talk through contractions and may find it easier if you close your eyes. Focus on your baby and remind yourself that each contraction is one



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step closer to holding them in your arms. Still try to breathe as deeply as feels comfortable, imagining that each breath is stroking the top of your baby's head. Picture your baby during each contraction, imagining that new baby smell. Listening to music that relaxes you can help at this stage.

### *What can your partner do to help?*

Don't try to have a conversation or ask questions during contractions – she needs all her energy to focus on getting through the contraction.

Firm massage with the palm of your hand on her lower back can help during contractions, especially if she is feeling contractions in the lower back. Use touch relaxation to help remove tension from her shoulders, hands, feet, and face.

Give lots of encouragement, telling her how well she is doing.

Don't leave her on her own at this stage – even sitting on the other side of the room can be distressing for her.

Communicate with your caregivers so they are aware of what you both want.

Help her to eat light snacks if that is what she wants and to drink frequently.

Remind her to empty her bladder every 1-2 hours.

A warm compress on the lower part of her back or tummy may help ease the discomfort in each contraction.

Simple comfort measures will probably be the most reassuring – stroking her hair, gentle hugs, light kisses, holding hands, and smiling.

Remember not to suggest pain relief to her – if she feels she wants some help with the pain, she will ask for it herself.

Try not to be concerned by any noises she is making – this may be her way of dealing with very strong and powerful contractions.

## Transition

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### *What is happening?*

Transition is part of the active stage of labor. Your cervix is now dilated between 8cm and 10cm. Contractions are at their strongest, lasting for 90 seconds and coming every 2 minutes.

The gap in between each contraction only gives you time to get your breath back and have a sip of water. The peak of each contraction is very strong and some contractions feel that they lead one into another or even have double peaks. It is at this stage that your waters will most likely break on their own.

### *How long might this stage last?*

Transition is not noticed at all by some women, while others feel this phase lasts up to an hour or more.

### *How might you be feeling?*

Transition is usually the most frightening and difficult time during labor. You may be feeling very vulnerable and doubt whether you can get through it. You may decide you definitely need some pain-relieving drugs to get you through. You may begin to feel the urge to push. You will probably notice a bulging feeling in your bottom and this sometimes feels like a need to pass a bowel motion.

Common signs of transition are:

- shaking legs
- cold feet
- nausea and vomiting
- suddenly feeling very cold



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- hiccupping
- helplessness and wanting to give up
- anger, being bad-tempered and aggressive
- not wanting to be touched at all
- suddenly removing your clothes
- not caring what you look like

### *What choices may you have to make?*

The second stage of labor is imminent and this may not be the best time to have demerol, stadol or an epidural. Demerol and stadol are both opioid drugs and can cause breathing problems in the baby if taken shortly before the birth. An epidural at this stage can make it difficult to push and increase the likelihood of further interventions. Many women who have not had drugs by this stage will start to feel as though they cannot manage without pain relief. A shower or going to the toilet, a change of position, or making noise may all be helpful. Just knowing you are almost there is beneficial for many women and gives them the encouragement and support they need to cope with these difficult contractions.

### *How can you help yourself?*

You are likely to find that you need to really focus during this stage. If you begin to feel panicky, or start to hyperventilate, focus on your out-breath. Try to stay upright, or lie on your side, to give your baby plenty of space within your pelvis. If you feel an urge to push, moving onto all fours with your bottom in the air can relieve the intensity of the sensation.

Practice breathing patterns to help you get through each contraction:

- breathe in a "hoo-hoo-ha-ha" pattern through the contraction
- pretend you are trying to make a candle flame flicker with very light breathing

- practice distraction techniques – counting backwards, saying nursery rhymes, chanting, or moaning
- say “I can” during each contraction rather than “I can’t”
- really focus on your baby – you’re nearly there

### *What can your partner do to help?*

She will need all your support and encouragement at this stage. You can identify transition by her change in behavior, and you may notice a line appearing from her bottom up to her lower back. This means that the baby has moved low down into the pelvis and is pushing the sacrum back. If she begins to hyperventilate, try breathing in front of her lightly so she can follow your breathing. If you notice her grunting during the contraction she may be feeling an urge to push.

Try to sponge her face between contractions and pass her a glass of water to sip. She may find she needs to squeeze your hand during the contractions. Keep telling her she is doing well and is nearly ready to push her baby out. Remember she may not want to be touched, may begin to sound like she is defeated and cannot continue, or may become disagreeable – this is all normal.

## Rest and Be Thankful

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### *What is happening?*

After the stormy stage of transition, labor may appear to stop altogether for some time. This is a chance to have a rest and get your breath back.

### *How long will this stage last?*

Like transition, some women do not notice this stage at all – they go straight from strong contractions lasting 90 seconds to feeling an urge to bear down or push. Other women have



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a very distinctive rest phase that can last an hour or more. During this time the contractions may space out or stop altogether.

### *How might you be feeling?*

By this stage you may be feeling exhausted. Take the opportunity to relax and rest. Have something to drink and empty your bladder.

### *What choices may you have to make?*

Your caregiver may want to attach the electronic monitor again at this stage. You will need to decide if you want this or if you prefer hand monitoring with a Doppler. Your caregiver may now want you to be on the bed with your legs raised. This may not be the most comfortable position - you could discuss with your caregiver about staying upright. If this stage lasts for a long time and you are in a hospital that imposes time limits you could talk to your caregiver about waiting for a period and allow you to rest.

### *How can you help yourself?*

Rest and relax. Drink something and wait for the contractions to build up again. If you go through this stage, you will be having fewer contractions. Enjoy the break.

### *What can your partner do to help?*

Share the rest and wait. Talk to the caregiver about interventions if they are suggesting them, and ask lots of questions.

## Second Stage

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### *What is happening?*

Your cervix is now fully dilated, and the nature of the contractions changes as you push your baby down through the birth canal. Contractions last for about 60-90 seconds and

may be about 2-5 minutes apart. With each contraction your baby moves forward then slips back slightly at the end of the contraction. As your baby's head crowns, the perineum is stretched to its fullest. From this point the baby will not slip back after a contraction. The head is born, then the shoulders, usually with the next contraction. If your baby is being born in the breech position, the feet or bottom are born first. There may be a delay of a few minutes between the shoulders and the head being born. The second stage usually lasts for about 2 hours for a first baby and anything from a few minutes to one hour for subsequent babies. If you are having twins, there may be a gap (like the rest and be thankful stage) between the birth of your first and second baby.

### *How long might this stage last?*

On average the second stage lasts for 1-2 hours for a first baby and less than an hour for subsequent births. If your previous birth was a cesarean your second stage may be more like a first labor. Listening to your body and choosing a position that you feel most comfortable with may help to reduce the time in second stage - your body usually knows what position is the most effective for birthing your baby.

### *How might you be feeling?*

Most women do not feel pain with contractions at this stage in the same way as they did in the first stage. During each contraction you will probably feel an urge to push or bear down. This will happen several times during each contraction. It feels a little like you are passing a bowel motion. You may find yourself grunting with each push. You will probably be very focused on the birth at this stage and not really thinking about anything except pushing your baby out. As the head crowns you may feel a burning or



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stinging sensation around the vagina. This can make you want to tense up the pelvic floor muscles. Try to release those muscles instead. Relaxing your jaw and focusing on making low, deep sounds can help to release your pelvic floor muscles.

### *What choices may you have to make?*

You may be able to choose the position you deliver your baby in. If the second stage is taking a long time, or your baby is showing any signs of distress, your caregiver might suggest intervention to help using either forceps or ventouse (vacuum). As your baby's head crowns, your caregiver may suggest an episiotomy to create more space. Talking to your caregiver before the birth to understand their policy on these interventions is important. Asking open questions to determine under what circumstances they might be needed and also to find out how often your caregiver carries these out helps you to know whether they are done routinely or only when there is a medical problem. Staying upright can help to prevent the need for these. Check the hospital policy on routine suctioning of a newborn baby and whether the baby is placed on the mother's tummy immediately after his birth.

### *How can you help yourself?*

An upright position will help your baby to be born. If the staff at the hospital are used to women being on their back with their legs held back, or in stirrups, they may be uncomfortable with you choosing an upright position. It can be helpful to discuss this with your caregiver earlier in labor if this is what you would like so everyone understands how you want to approach second stage.

If it feels right, don't worry about making noise. This is normal at this stage and will help you to push and release tension. Push as

you feel the need. In some hospitals, it is normal practice to tell women to hold their breath and push hard. Many women find it helpful to listen to their body and push when it feels right to do so. When you feel your baby's head slip back after a contraction, try not to feel despondent. This movement helps your perineum to stretch slowly, reducing the likelihood of a tear. As your baby's head crowns and you feel the stinging sensation, imagine yourself opening up, and try not to tense the pelvic floor muscles. You will find that panting your breath at this stage will help to slow down the delivery of your baby's head. You might like to use a mirror to see the progress of your baby - it can help to encourage you if you are feeling exhausted. As your baby's head crowns you may want to reach down, touch your baby and lift them to you as they are born.

### *What can your partner do to help?*

It is very exciting to see the baby slowly appear. She will be working very hard with each contraction - keep encouraging her. Try to keep everything calm and quiet. As you see the baby's head appear, tell her how she is progressing. If she has an episiotomy you may want to move to the head of the bed so that you cannot see it being done - and the same for forceps or a ventouse delivery. When the baby is born, it may not be immediately pink - once the baby takes its first breath it's color will change.

## Third Stage

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### *What is happening?*

Once your baby has been born, you need to deliver your placenta. If you have an injection to speed up the delivery of the placenta, your baby's umbilical cord will be clamped immediately after the birth. Your caregiver will place one hand on your tummy and hold the umbilical cord with the other hand. As



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you have a contraction they will put pressure on your tummy and pull gently on the cord. If you don't have the injection, the cord will be left intact and there will be no pushing on your tummy or pulling on the cord. You will feel a contraction and will probably feel the placenta slip into the vagina.

### *How long might this stage last?*

A managed third stage with drugs and cord traction usually takes about 4-5 minutes. If you have a natural third stage it can take anything from a few minutes to an hour or more.

### *How might you be feeling?*

You may feel a mixture of excitement, relief, exhaustion, elation, or pride.

### *What choices may you have to make?*

The following are all options available to you at this stage:

- where your baby is placed immediately after birth
- whether you have an injection to speed up the delivery of the placenta
- whether or not your baby is washed and by whom
- who cuts the umbilical cord
- who discovers the sex of your baby
- whether or not your baby's footprints are taken
- whether your baby has a vitamin K injection
- whether your baby has eye ointment applied
- whether your baby is routinely suctioned
- how your baby is fed and how soon

### *How can you help yourself?*

If you have the injection to speed up the delivery of the placenta, there is little that you need to do. If you choose not to have the injection, remember this is only possible if you have had a normal labor with no complications and have not had drugs for pain relief. With a natural third stage (i.e., no injection), you can help speed up the delivery of the placenta by moving into an upright position, having skin contact with your baby, and giving the first breastfeed. If you have had an episiotomy or a tear, the caregiver may need to repair it with stitches. Having someone help with you focusing on breathing can be helpful.

### *What can your partner do to help?*

Enjoy your baby. She may want to cuddle the baby or may be so exhausted that she is not interested. She may start to feel cold and shaky, so place a blanket around her shoulders. If your baby has to go to special care, try to get there to see them as soon as possible so that you can return to the mother and let her know how the baby is doing.