

LABOUR AND BIRTH

Signs that Labour May Begin Soon

What is actually happening to your body in the build up to the big day?

Lightening: You can breathe again!

This is an indication that the baby has dropped, settling deeper into your pelvis and relieving some of the pressure on your diaphragm, so you are not as short of breath. You may feel increased pressure on your bladder, which means more trips to the bathroom. Others may comment on your changed appearance, or you might not be aware of it at all.

Effacement: Thinning of the cervix

A gradual softening and ripening of the cervix at the base of the uterus needs to happen before labour can begin. This can take many days, or can happen overnight. Once the cervix is soft and stretchy, contractions, which have been occurring anyway in late pregnancy – “called Braxton Hicks”, draw it up bit by bit so that it changes from a long canal hanging in your vagina to being a dip in the bottom of the uterus. You are not considered to be in labour when all this is happening. Your labour has not started in medical terms until you are having regular contractions that are effectively dilating the cervix; it is work that has to be done before the cervix can open wide. Usually you are 3 cm dilated before you are considered to be in labour.

Bloody show: Loss of mucus plug

During pregnancy, a thick plug of mucus protects your cervical opening from bacteria entering the uterus. When your cervix begins to thin and relax, this plug is expelled. Some women think the plug will look solid like a cork, but it is actually stringy mucus or thick discharge. It can be clear, pink or blood tinged and can appear minutes, hours or even days before labor begins. Not all women notice this sign.

Rupture of membranes:

Your water breaks. Only 1 in 10 women experience a dramatic gush of the amniotic fluid and even then it usually happens at home, often in bed. Sometimes the amniotic sac breaks or leaks before labor begins. This may be just a small trickle. It is common to be uncertain about whether leaking fluid is amniotic fluid or urine - many pregnant women leak urine in the later stages of pregnancy, so be sure to have it checked. Until you see your physician or midwife do not use tampons, have sexual intercourse or do anything that would introduce bacteria to your vagina. Let your caregiver know if the fluid is anything other than clear and odorless, particularly if it's greenish or foul smelling, because this could be a sign of infection.

Prodromal Labour / Pre- Labour

SOMETIMES THE MOST DIFFICULT PART FOR COUPLES IS DUE TO THE UNCERTAINTY OF IT ALL!

A very normal experience for women getting ready to labor is to have rhythmic contractions for a few hours or a few days that come and go without actually beginning labor. The best term for these contractions is Pre-Labor. These contractions are a normal part of labor and they are getting work done. The more work you get done during pre-labor, the less work you have to do in actual labor.

During these pre-labor contractions your cervix may be softening and effacing, it may also be dilating a centimeter or two. Your body is being washed in relaxin, a hormone that allows your pelvis to stretch to let the baby fit through. Your body may also be adjusting the levels of hormones so that labor can start.

Some women lose their mucus plug during pre-labor, and some women have bloody show at this time as well. These are both normal occurrences as your body begins to open the cervix.

Contractions at this point are generally 10 minutes apart or more. However, it is possible to have them closer together and still be in pre-labor. The key to distinguishing between labor and pre-labor is time. Over a few hours or days, have your contractions gotten closer together, are they lasting longer and feeling more intense and are they coming **consistently** every xx min and lasting xx long. If not, it is not yet what the medical field describes as labour. Do not be discouraged though as your body is working!

The biggest difficulties for women experiencing a long pre-labor are the emotional and physical fatigue that accompanies it. To avoid this, it is important that you ignore it for as long as you can. Follow your normal routine. Sleep if you are tired, eat if you are hungry and go about your normal day until your contractions demand your full attention. If you can be distracted from your contractions then today is just another day.

Stage 1: Early Labour / Latent Phase

Early Labour. Cervix fully effaced, dilates up to 4 - 6 cm. Contractions 4 - 8 minutes apart lasting approximately 30-45 seconds long but are manageable. Early labour may last up to 24 hrs especially for first time moms.

When you are in early labour, you may feel any of the following:

- Anxious
- Uncertain
- Relieved
- Scared
- Excited
- Nervous
- All of the above at once!

After a few hours, days or weeks of pre-labor contractions, your body will begin to have rhythmic contractions that seem "different" to you. After a few hours you may realize that the contractions are becoming longer and stronger, and they are happening closer together. These are all signs that you have moved from pre-labor into early labor.

In early labour, most women feel excited. The wonder "could this be it?" At the same time, their behavior displays this nervous excitement. Some women find that they feel restless, a little hungry and want to talk to someone.

Many women find that this is when they experience bloody show and lose their mucus plug. You may also experience a runny nose and an increased need to urinate. Your body will empty itself through several bowel movements that seem like a mild diarrhea.

At this point contractions are generally less than 10 minutes apart and last 30 to 45 seconds long. Contractions will get stronger, closer together and longer with time. These contractions may be moderate to strong, and might feel like pressure in the pelvis, menstrual cramping or a dull backache. At this point, most women are more comfortable moving through their contractions.

How helpful is early labour in regards to labour progressing?

Early labour is definitely a very important part of the labour process, even if it feels like it's taking forever and is resulting in nothing but anxiety for you! It's easy to become disappointed when early labour doesn't step up as fast as we would like, but your body is using this wonderful early labour process as crucial preparation. Especially for your cervix, this early dilation is paving the way to reach 10 centimetres for your baby to be born! Early labour contractions are not like a headache, they don't just make you feel uncomfortable with no result. Early labour contractions are your body working very hard, building up to stronger, longer contractions. So this is very little reason to feel disappointed!

What can you do to help yourself / your partner in early labour

Tips & Suggestions

1. Avoid telling family and friends!

You're probably already tired of people asking you if and when the baby has arrived, so you can imagine how frustrating things could get if you tell them you are in early labour. This often heightens the anticipation, comments like, *'You're still going?'* or, *'Gees that's a long time, shouldn't they induce you / put you out of your misery by now?'* which can be very discouraging. Often this can result in mom feeling even more determined to accept intervention to hurry labour along due to everyone else's anticipation. It's important to understand what early labour really means – especially that it could take days – so if you can, avoid telling family and friends at least until labour is established (active labour which is 4-7cms).

2. Rest, rest, rest!

If your labour begins at night, rest as much as you can. It may be hard to sleep if you're excited, but you'll need as much rest as you can get for the more demanding times in your labour – using it all up now is not a good idea. Depleting what energy you have now can lead you to feeling exhausted much earlier and this can lead to interventions later if you don't have any energy to go on and / or push your baby out.

3. Start some projects you have been meaning to do

Early labour is a great time to have some distractions, especially in the form of projects you have been meaning to do. Write in your journal, scrapbooking, painting, file away photos or recipes, rearrange things you have been meaning to in a while. This way time will pass a little faster and you will have achieved something at a time when you might feel like you aren't achieving much at all! Even though you most definitely are!

4. Keep eating and drinking

Keep up your water levels to avoid dehydration, having regular toilet trips too, to make room for baby to come down. Food wise, you want to eat foods that are going to give you lasting energy, so carbs are a great option.

Some women might say that they don't like to eat prior to labour, out of concern they will only throw up, but it's very important for your energy levels and for baby to eat in early labour. Some women will throw up regardless due to hormones – I'm sure most of us would rather throw up food than bile! Some women also like to eat spicy food or curries to hurry things along but be warned, if it normally gives you diarrhoea imagine what that might be like later in labour. Same with castor oil – often this causes diarrhoea for the pregnant mother. "If you don't think you will remember, ask your partner to remind you to drink at least 300mls of water every couple of hours to avoid dehydration, which can result in fatigue and a poorly functioning uterus. Eating and drinking during labour has been shown to reduce the total length of labour by as much as 90 minutes. Eat light, easily digested food."

5. Stay at home as long as possible

Unless you are concerned, don't feel safe or feel you cannot cope at home for much longer, staying home as long as you can will keep you off the clock in hospital. What I mean by this is as soon as you arrive in hospital, they will be keeping an eye on how long you have been in labour for and if you do not progress as fast as they would like (usually they are after around 1cm an hour which is not very generous) then you may sooner be offered inductions or other interventions to hurry things along.

6. Keep yourself distracted

Hopefully you've planned some things to do in early labour prior to now; having a chat to your partner earlier so he can arrange some activities for you would be great! Perhaps you could hire your favourite movies, eat out at your favourite restaurant, have a massage, go out for a picnic, get your nails done – anything that will take your mind off things for a while is of great benefit in early labour.

7. Don't feel disappointed

If your labour is taking longer to establish than you hoped, don't feel disappointed! Your body is still working very hard and women sometimes find that when they have long early labours, they have a shorter active labour, which is not so bad at all! Remember, feeling anxiety or stress can slow or stall your labour – and that's the last thing you want to do! Enjoy this very special time before your baby arrives – you've got a great big job ahead of you.

Stage 1: Active Labour

Active Labour. Cervix fully effaced, dilates from 4 to 6 cm to fully dilated (10 cm). Contractions are 3 to 4 minutes apart, lasting 45-90 seconds long, more painful. Active labour may last up to 8 hours or so.

When you are in active labour, you may feel any of the following:

- scared
- overwhelmed
- go within yourself
- concentrated

During this time, your body is opening the cervix so the baby can move into the birth canal. At this point your body is also preparing for your baby to be born by stretching the pelvis, preparing the colostrum and stimulating the baby's nervous and respiratory systems. You will find that as active labour progresses, you will become more serious or "focused" during your contractions. You may find yourself slowly moving from not talking during the peak of a contraction - to not talking during a contraction - to barely talking even between contractions. You may also find that your movements become slower and more deliberate as you progress through active labour. Eventually you may even be at the point that moving between contractions is uncomfortable and difficult to manage.

These are normal physical reactions to labour. As your body works harder to contract the uterus, you will naturally spend less energy on "non-labour" activities such as moving and talking. You will also find that your hunger naturally disappears so your body will not waste energy trying to digest food. For most women, the increased focus it takes to labour also prevents them from being concerned with societal norms leading to a decrease in modesty and the pleasantries of conversation.

Although the desire for food disappears during labour, it is important to stay well hydrated. Dehydration will decrease the amount of work your muscles are able to do with each contraction, and it will decrease your ability to handle the stress and contractions. Research shows that women who stay well hydrated during labour have shorter labours.

During active labour, mothers find that changing their activity and position as desired helps them to remain comfortable. This may be due to two factors. First, it prevents over stressing one or two muscle groups by varying the way you hold your body. Secondly, it allows you to respond to changes in the way your body feels, which may be caused by the movement of the baby through the pelvis.

During active labor, some women find that making noise, called vocalization, with contractions helps to keep them relaxed during the contractions. Many women also find that tuning out the world around them, sometimes called "going inside yourself," helps them to stay relaxed and handle contractions more effectively.

Most women will develop some form of pattern or ritual during active labor. This means that she will repeat the same responses to contractions for several contractions in a row. An example of a ritual may be walking in a circle between contractions; as the contraction begins she takes a deep breath and begins to moan; she leans over on her support person until the contraction is done; then she walks in a circle again until the next contraction begins. There appears to be some comfort afforded a woman by repeating what worked from the previous contraction.

Transition (End Part of Active Labour)

Transition: Cervix dilates from 8 to 10 cm, contractions: 2 minutes lasting 90 seconds, very intense and may have double peaks.

Signs at a Glance

- Mother may Give up
- Unable to relax
- Shaking
- Hot/Cold Flashes
- Neausea/Vomiting
- Burping or Hiccups
- Cold sweating

As the body adjusts to accommodate the last few centimeters of dilation, just before you begin pushing, the hormone levels are so high that you will see undeniable physical signs. Observation of these signs alert you to the fact that you are in transition. Transition is generally the shortest part of labour, lasting 15 minutes to half an hour on average. However, this is also the most intense part of labour for many women. Some women find that being reminded that they are in transition increases their ability to handle the intensity.

The major emotional marker for this stage is giving up. It is in this part of labour that most women ask for medication. This is unfortunate since the shortness of this stage of labour may cause the mother to be pushing

before she has received any medical pain relief. When physical signs indicate transition, it may be best to hold out, handling the contractions as best as possible.

Physical signs of transition include shaking or trembling which may resemble shivering or could be stronger. Nausea and vomiting are also common signs. In addition to these, some women will feel hot and cold flashes or have cold sweats. Other women may begin burping or hiccupping as the body prepares.

Another physical sign is the inability to relax or be comfortable. A woman who was handling labour well may suddenly find that she has no idea what to do and nothing is comfortable any more. At this point, it is the job of her coach or labour partner to assist her into various positions in an attempt to find the one that will keep her most comfortable.

During transition, contractions will be long and close. They may be 90 seconds long and two minutes apart, which gives you a 30 second rest time between contractions. The contractions may double peak, or they may seem to be one right after the other without any break.

Transition is the time when the mother is the most emotionally needy as well. Some women need constant reassurance that they are ok and the baby is fine. This may be due to the overall "giving up" and feeling that she is out of control. Most women will respond well to positive encouragements and some require no special consideration other than giving them the physical and emotional space to labor.

The "giving up" or feeling out of control may be recognized by comments the mother makes. It is not uncommon for a mother to say, "I can't do this," or "I need something." It is important for labour partners to recognize that this is not the mother asking for medication, but for help. She can no longer handle the labor the way she has been, and she needs to do something different.

Stage 2 Labour: Pushing and Birth

Pushing: Signs at a Glance

- Regains Energy
- Feels Better to Push
- May talk again
- Contractions: Space out
- Include urges to push

Often women will have a "rest and be thankful" period before they have the urge to push. This period allows mother's to have a much needed break and rest and allows baby's to get into the optimal position for coming into the world.

One of the most common questions among first time mothers is, "When will I know it's time to push?" The most common answer among experienced mothers is, "You'll just know!" The body is designed to begin pushing when pushing will provide assistance at getting the baby out. As the baby descends into the birth canal, the head or other presenting part puts pressure on the rectum. This pressure stimulates the nerves of the rectum which send a signal to bear down and empty the bowels. Sometimes the pressure is overwhelming, and the mother's body pushes involuntarily, bearing down, grunting, bracing yourself against a sturdy object or by you exclaiming "I have to push!" Other times the urge to push begins mildly, with urges to push only at the peak of the contractions.

If the urge is only at the peak, changing position will either take the urge away, or will allow the baby to slip further into the birth canal and begin strong urges to push. Some women find that simply leaning forward is enough to remove the pressure from gentle urges to push. If the urge to push is not strong, it may be better to change position or lean into the contraction until the pushing urge is strong. This helps to prevent fatigue and allows the strongest pushing to be done when it will be the most effective.

When left alone to push as necessary, most women will do between 3 and 5 pushes that last approximately 6 seconds in one contraction. The variation in length, duration and number of urges in a contraction is due to the position of the baby. Sometimes the baby moves enough with a push that for the next contraction the uterus needs to contract to get tight against the baby again to push on the baby and put pressure on the rectum. Every contraction will have a different pushing pattern.

Some mothers find that they have no urge to push, the baby is simply pushed out by the contractions of the uterus. Most women find that some form of breath holding and contracting of the abdominal muscles similar to a bowel movement feels the most comfortable.

Pushing is done when the baby is outside of the mother. This can take anywhere from 20 minutes to over three hours. After the baby is out, the third stage of labor begins. This is the expulsion of the placenta. It is generally less than 20 minutes and is no more uncomfortable than giving a moderate push when the pelvis feels full.

The Evidence for Pushing Upright

<https://evidencebasedbirth.com/what-is-the-evidence-for-pushing-positions/>