

# EARLY VERSUS ACTIVE LABOUR

EARLY LABOUR	ACTIVE LABOUR
<ul style="list-style-type: none"> <li>• Contraction pattern is erratic</li> <li>• Contractions don't move closer together or get longer in length</li> <li>• Contractions remain irregular</li> <li>• Contraction pattern changes with activity or position</li> <li>• Contractions are not intense</li> <li>• Contractions don't get stronger with gravity</li> <li>• Often there is no bloody show</li> <li>• No bulging forewaters with contractions</li> <li>• Minimal changes in cervix</li> <li>• Warm bath usually slows down or stops contractions</li> </ul>	<ul style="list-style-type: none"> <li>• Regular contraction pattern emerges</li> <li>• Contractions consistently become longer, stronger and closer together</li> <li>• Contractions become regular</li> <li>• Contractions pattern remains constant with changes in activity or position</li> <li>• Contractions increase in intensity</li> <li>• Contractions become stronger with gravity</li> <li>• Frequently you will see bloody show</li> <li>• Forewaters bulging with contractions</li> <li>• Cervix effaces and dilates</li> <li>• Warm bath may speed up contractions</li> </ul>

***Thoughts and feelings affect labour through the autonomic nervous system. Relaxation tends to promote rhythmic, effective contractions, whereas high levels of anxiety tend to make contractions less regular and effective.***

## PHASES OF LABOUR

Phase of Labour	What you might feel...	What you can do...	What to remember...
<b>In late pregnancy or pre-labour:</b> <ul style="list-style-type: none"> <li>• Descent of baby, sometimes called "dropping"</li> <li>• Effacement</li> <li>• Possible dilation</li> </ul>	<ul style="list-style-type: none"> <li>• Tired of being pregnant</li> <li>• Burst of energy</li> <li>• Nesting urge</li> <li>• Lightening</li> <li>• Weight loss</li> <li>• Restlessness</li> <li>• Nothing very different</li> <li>• Increased Braxton-Hicks</li> <li>• Loss of mucous plug</li> </ul>	<ul style="list-style-type: none"> <li>• Keep rested</li> <li>• Cook extra food &amp; freeze it</li> <li>• Organize birth supplies</li> </ul>	<ul style="list-style-type: none"> <li>• Save your energy</li> <li>• Pregnancy will end</li> <li>• Your baby will come</li> </ul>
<b>FIRST STAGE</b>  <b>Early Labour</b> <ul style="list-style-type: none"> <li>• Dilation: 0 to 4 cms</li> <li>• Contractions: 30 to 45 seconds and 20 to 5 minutes apart</li> <li>• Longest part of labour</li> </ul>	<ul style="list-style-type: none"> <li>• Increased vaginal discharge</li> <li>• Diarrhea</li> <li>• Light contractions or tightening</li> <li>• Spotting or mucous plug</li> <li>• Excitement</li> <li>• Shivering or shaking</li> <li>• Ruptured membranes (this can happen anytime before birth)</li> <li>• Irregular contractions</li> </ul>	<ul style="list-style-type: none"> <li>• Eat and drink, light &amp; nourishing foods</li> <li>• Time a few contractions</li> <li>• Give your midwife a 'heads-up' if during the day</li> <li>• Have a bath or shower</li> <li>• Get things ready</li> <li>• Rest between contractions</li> <li>• Alternate rest with activity</li> </ul>	<ul style="list-style-type: none"> <li>• Many expectant parents feel energetic, excited, impatient. If it is nighttime try to fall back to sleep.</li> <li>• <b>SAVE YOUR ENERGY!</b></li> </ul>

Phase of Labour	What you might feel...	What you can do...	What to remember...
<b>Active Labour</b> <ul style="list-style-type: none"> <li>• Dilation: 4 to 8 cms</li> <li>• Contractions: 45 to 60 seconds and 3 to 5 minutes apart</li> </ul>	<ul style="list-style-type: none"> <li>• Contractions are longer, stronger and closer together</li> <li>• Need to concentrate on contractions</li> <li>• You stop talking or walking during contractions</li> <li>• Focusing inward</li> <li>• No way out</li> <li>• Increased need for support</li> </ul>	<ul style="list-style-type: none"> <li>• Change breathing pattern if necessary</li> <li>• Continue eating and drinking</li> <li>• Urinate frequently</li> <li>• Change positions, use pillows for support</li> <li>• Hands &amp; knees for back labour may help</li> <li>• Have a bath or shower</li> </ul>	<ul style="list-style-type: none"> <li>• Stay in the present</li> <li>• Massage may help</li> <li>• Alternate between rest and activity</li> <li>• Slow, relaxation breathing</li> <li>• Use your voice, low and deep sounds</li> <li>• Combine techniques and vary them</li> </ul>
<b>Transition</b> <ul style="list-style-type: none"> <li>• Dilation: 8 to 10 cms</li> <li>• Contractions: 60 to 80 seconds and 2 to 3 minutes apart (or 'back to back')</li> </ul>	<ul style="list-style-type: none"> <li>• Total involvement with labour</li> <li>• Fear, feeling of 'can't go on'</li> <li>• 'Sleeping' between contractions</li> <li>• Increased rectal pressure</li> <li>• Increased bloody show</li> <li>• Need for emotional support</li> <li>• Vomiting</li> <li>• Detachment from surroundings</li> <li>• Some women feel: shaky, leg cramps, nauseous, cold, hot</li> </ul>	<ul style="list-style-type: none"> <li>• Light breathing</li> <li>• Eye contact to help with concentration</li> <li>• Stay in the present</li> <li>• Change positions if necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Most women feel they can't go on at this point</li> <li>• Contractions are strong because they are working</li> <li>• Your baby is coming soon</li> </ul>
<b><u>SECOND STAGE</u></b> <ul style="list-style-type: none"> <li>• Pushing: 10 minutes to 3 hours</li> <li>• Contractions: 45 to 70 seconds, 2 to 5 minutes apart</li> </ul>	<ul style="list-style-type: none"> <li>• Contractions may slow down and change character</li> <li>• Urge to push</li> <li>• Pressure in rectum and on perineum</li> <li>• Feeling of the head moving down</li> <li>• Crowning of baby's head causes stretching or burning sensation</li> </ul>	<ul style="list-style-type: none"> <li>• Relax perineum</li> <li>• Change position</li> <li>• Push gently – let body rhythms determine length and intensity of pushes</li> <li>• Relax bum</li> <li>• Be ready to pant when the head crowns</li> </ul>	<ul style="list-style-type: none"> <li>• Squatting encourages rotation of the baby's head and helps the pelvis to open</li> <li>• A cool cloth on your face &amp; neck may help</li> <li>• Reach down and touch your baby's head or look in a mirror</li> </ul>
<b><u>THIRD STAGE</u></b> <ul style="list-style-type: none"> <li>• Birth of placenta</li> </ul>	<ul style="list-style-type: none"> <li>• Contractions continue but are not as painful</li> <li>• Many women are so involved with the baby they don't notice the contractions</li> </ul>	<ul style="list-style-type: none"> <li>• Enjoy your baby</li> <li>• Gently push with contractions</li> </ul>	<ul style="list-style-type: none"> <li>• Your placenta has helped give life to your baby – some women want to look at it</li> </ul>

## The six ways to progress in labour:

1. The position of the cervix changes from posterior to anterior.
2. The cervix ripens (softens).
3. The cervix effaces (thins).
4. The cervix dilates (opens).
5. The baby's head rotates and molds to fit through the pelvis.
6. The baby descends and is born.

Usually the first three steps are well underway before a woman experiences many signs of labour. Occasionally however, you may begin to have strong labour contractions before significant changes have taken place in the cervix. If so, you may be having a slow-to-start labour and may need help pacing yourself and accepting the slow progress.

***Remember, every labour has its own rhythm – no two labours are alike !***

# THREE VARIATIONS OF LABOUR

No one knows exactly how your labour will progress. There are many different and normal ways in which to labour and give birth. This handout discusses three possible variations and what options you may try to cope with labour. Remember, because labour is different than what you imagined, it does not mean there is anything wrong with you or the baby!

	What is happening?	How will it feel?	What helps me?	Partner / Support
<b>FAST LABOUR</b>	<ul style="list-style-type: none"> <li>• The cervix is very soft and thin and may be partially dilated before labour begins</li> <li>• Labour starts with hard and frequent contractions</li> <li>• The cervix quickly dilates and there is little pushing time</li> <li>• Does not happen often when it's your first baby</li> </ul>	<ul style="list-style-type: none"> <li>• Contractions are hard and frequent right away</li> <li>• No early labour felt</li> <li>• Hectic, causes anxiety</li> <li>• Shocked, may not believe this is labour</li> <li>• Panic and loss of confidence if you think these are the easy, early labour contractions</li> </ul>	<ul style="list-style-type: none"> <li>• Call for help</li> <li>• Trust what you feel</li> <li>• Lie down on your side and stay in a gravity neutral position</li> <li>• Use the type of breathing that is most helpful, such as deep breathing or panting</li> <li>• Call an ambulance if you feel the baby coming or want to push</li> </ul>	<ul style="list-style-type: none"> <li>• Believe what you see</li> <li>• Move into a leadership role to help her cope</li> <li>• Help her stay in a gravity neutral position</li> <li>• Don't lose faith in her</li> <li>• Drive carefully, but don't waste time.</li> <li>• Go by ambulance if she is pushing or says the baby is coming</li> </ul>
<b>SLOW TO START</b>	<ul style="list-style-type: none"> <li>• The cervix is thick, long and in a posterior position when contractions start</li> <li>• The baby's position may still be high in your pelvis</li> <li>• The cervix is slow to open, despite contractions</li> </ul>	<ul style="list-style-type: none"> <li>• Contractions may or may not be very painful</li> <li>• May be tiring, discouraging, draining</li> <li>• Worried something is wrong with you or the baby</li> </ul>	<ul style="list-style-type: none"> <li>• Alternate between restful, distracting and labour stimulating activities</li> <li><u>Restful</u> = nap, bath, massage, warm drink</li> <li><u>Distractful</u> = walks, videos, cooking, games</li> <li><u>Labour Stimulating</u> = walks, love making, nipple stimulation, bowel stimulation</li> <li>• Drink and eat, fluids are very important</li> <li>• Use a type of breathing that is helpful</li> <li>• Find ways to wait without worrying</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain her morale</li> <li>• Keep patient and confident</li> <li>• Focus on restful, distracting and labour stimulating activities, not on contractions</li> <li>• Call people or caregivers who are encouraging</li> <li>• Help her alternate her activities</li> </ul>
<b>BACK LABOUR</b>	<ul style="list-style-type: none"> <li>• The baby's back is against your back</li> <li>• the baby's head is pressing against your sacral area (your tailbone)</li> <li>• Strong contractions can help to turn the baby</li> </ul>	<ul style="list-style-type: none"> <li>• Pain is centered in the small of the back</li> <li>• The length of active labour may be increased as your body also has to work to turn the baby</li> <li>• Back pain may become worse in active labour and more painful than contractions until the baby turns.</li> </ul>	<ul style="list-style-type: none"> <li>• Choose positions that encourage the baby to turn:               <ul style="list-style-type: none"> <li>- hands and knees</li> <li>- stand / walk / rocking</li> <li>- pelvic tilt / lunges</li> <li>- let your belly hang</li> </ul> </li> <li>• Change positions frequently</li> <li>• Direct shower on lower back for relief</li> <li>• Pressure or heat or cold on your back may be helpful</li> <li>• Stroke your tummy (or partner can) in the direction you want baby to turn</li> </ul>	<ul style="list-style-type: none"> <li>• Help her change positions</li> <li>• Apply counter-pressure to lower back</li> <li>• Massage</li> <li>• Apply cold or heat to lower back</li> <li>• Ensure she is drinking plenty of fluids and eating to maintain energy</li> <li>• Remind her to go to the washroom every 2 hours or more</li> </ul>

# THREE WAYS TO TIME CONTRACTIONS

At various points in your labour, you may want to know how frequently your contractions are occurring. This page explains three different methods for timing your contractions. Likely, you will use the method that is easiest for you and may even try all three methods at various points in your labour.

Remember, it is important that you don't focus on having to time contractions all through your early labour. The main question you will eventually need to answer is: Am I in active labour now? Trust your instincts and your body, even if you are not timing contractions, you will know when you are in active labour. As your labour changes, watch for the signs we have just described. Watching the clock too closely in early labour won't help your labour progress.

## ① The “How Far Apart” Method

This is the more common method of timing labour contractions. First, find a clock or watch with a second hand, a pencil and piece of paper. Next, write down the time when the contraction starts, including the seconds and then when the contractions ends, also including seconds. For example, the contractions may start at 11:35:10 and end at 11:35:50. This contraction is 40 seconds long so, write (40) after the two times you have just noted. Wait for the next contraction and repeat these steps on the next line of your paper. For example, the second contraction started at 11:45:15 and ended at 11:45:45. It was 30 seconds long.

Now, to calculate “how far apart” your contractions are, determine how much time passed from the start of the first contraction to the start of the second contraction. In this case, it's roughly 10 minutes.

When you are calculating “how far apart” your contractions are, you are counting from the start of one contraction to the start of the next. This means that the length of the first contraction is included in the calculation of time between the contractions. That is to say, if you are having contractions that are 5 minutes apart and 1 minute long (60 seconds), you are experiencing one minute of contraction followed by four minutes of rest in a five minute apart contraction pattern.

## ② The “Ten Minute” Method

You don't need a stopwatch or clock with a second hand for this method. You can simply count how many contractions occur within **a random ten minute period each hour**. In that TEN MINUTES:

- If there are NO contractions, just go about your day normally. It could be pre-labour.
- If there is ONE contraction, your body is working very well. Labour may start in a couple of days or, even later today.
- If there are TWO contractions, you may be in early labour. From now on watch for water breaking, rhythmic and more intense contractions and maybe some bloody show. This may be a good time to call your midwife and give her a ‘heads-up.’ Check in with baby every once and awhile to ensure you feel regular movements.
- If there are THREE contractions, you're probably in labour (if each one is lasting 60 seconds or longer) but, you've probably got enough time to find the rhythm of labour. Start working on the three R's – Rhythm, Relaxation and Ritual.
- If there are FOUR contractions, yahoo! You're cervix is really opening now. You're probably at your birth place and in the rhythm of labour.
- If there are FIVE contractions, this is the shortest but most intense phase. Watch for rectal pressure, you'll want to push soon!

## ③ The “Instinct” Method

Another great way to help access your instinctive side is to take off your watch, turn all the clocks around and “feel” the rhythm of your contractions. For example, you can lean on the kitchen counter for a contraction and then pick a walking circuit around your home. At the beginning, you might have to walk three circuits before another contraction comes. After an hour or two, you may only be able to complete two circuits before the contraction comes again. You will know, “in your body,” the rhythm of your labour and won't need to focus on “time” anymore. Once you are able to flow with the labour, this will encourage a trance-like state and help you go deeper into your labour.