



Maitri Health Care for Women

Obstetrics, Gynecology and Midwifery

Labor Guidelines: What to expect and when to call your provider

There are many variations in the labor process and each labor is unique in itself. The onset of labor is often difficult to determine, even for the experienced couple. This is a general guide of the progress of labor.

Signs you may be having **false labor**:

- Contractions may be regular or irregular in length and frequency over a number of hours, but usually show no progress by not becoming longer, stronger, or closer together.
- Contractions may be affected by change in activity. For example: contractions stop when you sit or lie down but increasing if you walk.
- Usually no bloody show or rupture of membranes.
- Contractions usually felt only in upper abdomen and are mild enough that you can talk through them.
- Contractions stop.

There are 3 different stages of labor:

- **First Stage: DILATION** – this stage begins with rhythmic uterine contractions which result in progressive cervical dilation and effacement. It ends with the onset of the pushing phase.
- **Second Stage: EXPULSION** – this stage begins with complete cervical dilation and ends with delivery of your baby.
- **Third Stage: PLACENTAL** – this begins after the delivery of your baby and ends with expulsion of the placenta.

The first stage of labor is the longest and is broken down into 3 phases:

- **Early labor phase:** The time of the onset of labor until active labor. During early labor, cervical change is made slowly over the course of time. The contractions are often irregular, more than 5 minutes apart, and mild enough that you can talk through them. You may lose your mucus plug during this time and your contractions become more regular, longer and stronger during the course of early labor. This stage can last as long as 8-20 hours.
- **Active labor phase:** This phase lasts from the onset of labor to when transition phase begins. During active labor, cervical change happens more quickly over the course of time, compared to early labor. Contractions become even longer and stronger during this phase, becoming very regular every 5 minutes or less apart. During this phase, you will stop being able to talk through

contractions and will need to stop and breathe through them. This phase can last for 3-6 hours. This is usually the time you should head to the hospital or birthing center.

- **Transition phase:** This phase lasts from 9cm dilation to fully dilated at 10cm. This is the most intense and hardest phase but also the shortest. It can last 10 minutes to 2 hours.

Early Labor Phase:

- What to expect:
 - Remember, this phase of labor can last for around 8-12 hours.
 - Contractions will last about 30-45 seconds, giving you 5-30 minutes of rest between contractions
 - Contractions are typically mild and somewhat irregular, but become progressively stronger and more frequent.
 - Contractions can feel like an aching in your lower back, menstrual cramps, and pressure or tightening in the pelvic area.
 - Your water might break during this time. This is the amniotic sac rupturing and it is important to notice the color of the fluid, if it is odorous, and the time your water breaks. If you are not sure if your water broke or if it was just leaking urine, go to the bathroom to empty your bladder completely. Put on a panty liner and after you empty your bladder, try coughing. With coughing or position changes, if you continue to leak fluid, it is likely that your water broke. If nothing continues to leak, it is more likely it was urine. **It is important to call the provider with any loss of fluid or question of leaking.**
- What to do:
 - You may start to feel excitement or apprehension about labor and birthing your baby. This is the best time to rest and try to relax in the comfort of your home.
 - You can continue mild activity during the day such as short walks and last minute packing or things you would normally do during the day.
 - You can try to use relaxation techniques, deep breathing, massage, or napping to promote rest.
 - You want to conserve as much energy as you can for active & transition phases of labor.
 - You should drink plenty of water and snack lightly to keep hydrated and good energy stores.
 - If early labor starts in the nighttime, it is a good idea to try to get some sleep. If you are unable to sleep in your bed, try moving to a couch or recliner with pillows to prop you up. You can also try dozing in the bath tub.
 - Try taking a shower or bath for pain relief.

- Resist the urge to time every contraction if it is preventing you from resting. Start timing them when they become regular and painful enough that you have to breathe hard to get through them.
- General Considerations:
 - Be sure you are well rested as your due date approaches and keep practicing your relaxation techniques.
 - When labor starts, digestion slows down. If you think labor is beginning, try to eat easily digestible foods like toast, oatmeal, cereal, and applesauce. Stay away from heavy, greasy foods like pizza, burritos, and eggs.
 - Don't begin breathing techniques until you can no longer "walk, talk or joke through a contraction". Stay with each breathing pattern until it is no longer effective. Match your breathing techniques to the strength of each contraction, always keeping in mind that you need to conserve energy.
 - Ask the on-call provider or triage staff when to go to the hospital. We will know if there is something about your individual condition that would warrant going to the hospital different from the guidelines above.

Active Labor Phase:

- What to expect:
 - This phase of labor lasts for about 3-6 hours.
 - Your cervix will dilate more rapidly.
 - You will have an increase in vaginal secretions, may have bloody show and ruptured membranes during this phase. Remember that it is important to notice the color of the fluid, if it is odorous, and the time your water breaks.
 - Contractions during this phase will last about 45-60 seconds with 3-5 minutes of rest between. These contractions will feel longer and stronger. It will become impossible to talk through the contractions.
 - This is usually the time to head to the hospital or birthing center.
- What to do:
 - You will feel like you need to concentrate through contractions and may become more introverted.
 - Change positions often for comfort.
 - Rest in between contractions.
 - Breathing exercises as needed.

- Relaxation techniques in between contractions and massage to the abdomen or lower back.
- Continue to drink plenty of water and urinate periodically.

Transition Phase:

- What to expect:
 - This stage of labor will last about 30 minutes to 2 hours
 - Your cervix will dilate from 9-10cm
 - Contractions during this phase will be 60-90 seconds with a 30 second-2minute rest in between.
 - Contractions are long, strong, and intense and can overlap.
 - You will experience pressure in your back, groin, thighs and rectal pressure that gives you an urge to bear down.
 - This is the hardest phase of labor but also the shortest.
 - You may experience hot flashes, chills, nausea, vomiting or uncontrollable shaking.
- What to do:
 - During this phase you should heavily rely on your support person.
 - Try to focus on one contraction at a time.
 - Notify your health care provider if you feel the urge to push.
 - Hang in there! Know that most patients find pushing to be a lot easier than transition. You are getting close!

When Should I Call The Provider?

You should call the triage labor line (during office hours) or the on-call provider (after office hours) if:

- You think your water broke, especially if you are leaking fluid in brown/green/yellow in color or odorous fluid.
- You notice a decrease in fetal movement.
- You have heavy bright red bleeding.
- You are having persistent vomiting, headache that won't go away, or vision changes.
- You cannot talk through your contractions.
- If for the last hour you have been contracting every 5 minutes or less, they are lasting one minute or longer, and you can no longer talk through the contractions.

Call 802-862-7338 and dial 1 for the Labor line during office hours 7:45am-4:15pm

**If it is past 4:15pm, call the same office number and leave a message with the answering service.
The on-call provider will get your message and return your call.**

Suggestions for Labor Partner

- Provide comfort, support, and reassurance and be a calming influence.
- Encourage comfort and relaxation with back rubs or massage of abdomen.
- Help make her comfortable; prop pillows, help change positions, get water, apply touch.
- It is also important for the partner to get rest in the early stages of labor.
- Provide help in supportive positions.
- Go with her for a walk or offer her a bath.
- Provide distractions from labor such as music, reading a book, or playing a simple card game.
- Time contractions: We suggest not to start timing contractions until they feel very strong in order to preserve energy. Time the start of each contraction to the end of each contraction and monitor how often they are coming. Take notice of her behavior through the contractions (ex: if she is able to talk through them or becomes more focused or unable to breathe through them)
- Don't think that there is something wrong if she is not responding to you. If she can no longer breathe through the contractions, call the labor line or the on call provider.

Early Labor Positioning Tips

There is no one perfect position for labor. There are many different positions you can try during labor that can help you cope with contractions. By involving your partner in some labor positions, you might feel greater support as well. As your labor progresses, you can try different positions until you find one that helps you feel more comfortable at that given time.

Keep in mind that with the use of some pain relief medications in the hospital, you might be restricted to bed or a specific position. If you have preferences for your position during labor, talk to your health care provider.

Positions of Your Baby

The anterior position (also known as occiput anterior or OA):

- Your baby's face is looking toward the floor and the spine is anterior in your body. This is the most common position and the most effective one for his journey through your pelvis. This angle offers the line of least resistance.

The posterior position (also known as occiput posterior or OP):

- In the posterior position, your baby's face is looking at the ceiling (sunny side up) and the spine may be posterior (lying against your spine).

- In this position, your baby may meet with some resistance because of the angle it has begun in. This position presents a larger diameter of the fetal head into the pelvis and can lead to a more painful labor, often with back pain specifically. Cervical change tends to happen more slowly and the pushing phase is often longer than when a baby is OA.
- If you have enough room in your pelvis, baby may pass through without needing to rotate to an anterior position. A baby can rotate out of the OP position at any time during the labor course, but sometimes they become wedged in this position and can't rotate to a more favorable position.
- A few babies can remain posterior and this may not be a problem. When this happens, baby will be born face up or "sunny side" up.

The occiput transverse position:

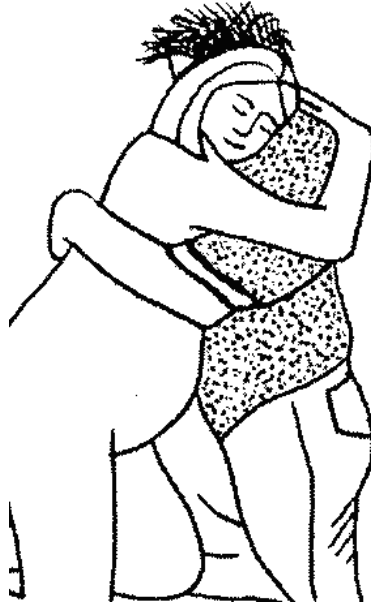
- Your baby may decide to lie in between the anterior (OA) and the posterior (OP) positions. This is called lying in the transverse position, also known as occiput transverse (OT). The baby is looking at one of your hips.
- From this side position it will usually turn to your front into the OA position. This may occur prior to labor beginning or as labor starts.
- Occasionally, he/she will turn to the posterior position.

Breech position:

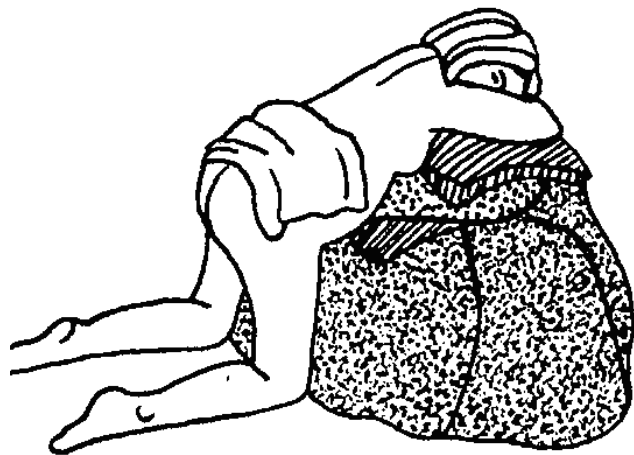
- Half way through your pregnancy your baby can be lying either head or buttocks down position. By the end of the pregnancy a few (3 –4 %) will remain with the bottom presenting first. This is called a breech position. If it is breech, by 36 weeks we can give you literature to give you exercises that can encourage your breech baby to turn to head down.

The best position for baby in labor is the anterior position, with the baby's face looking down and the spine along the front of the mom's belly. This typically results in the least painful, quickest labor. When a mother has consistent good posture and stays flexible with regular exercise, her baby will usually move into this position. This can happen at any time before or during labor. Below are some positions that can facilitate your baby moving into this optimal position and positions that often to help labor progress more easily.

Positions for Labor



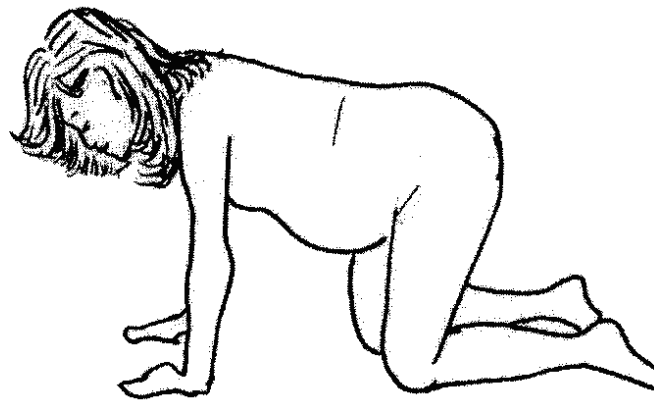
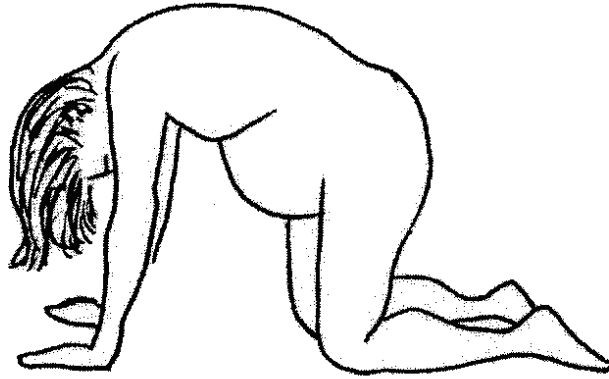
- Standing or walking can help labor gain momentum, especially in early stages of labor. Lean on your partner for support during contractions or wrap your arms around your partner's neck and start swaying (as though you are slow dancing). You can have your partner give you a back rub in this position.
- During labor, rhythmic motions can be soothing. Gently rocking while sitting on a chair, on the edge of the bed or a birthing ball with your knees apart can be helpful. You can then lean forward slightly while you are sitting, and move the ball around under you too, to allow you to change position slightly as needed. It again gives you the chance to stretch your calf muscles when you place your feet flat against the floor, and your inner thigh muscles if you have your legs comfortably apart.



- Kneel on the floor leaning over a large bean bag chair or floor cushion or birthing ball to watch TV. You can make a dent in the bean bag for your belly and rest on it. Remember to keep your knees apart. If you use a supported kneeling or hands and knees postures from time to time during your labor, it will help increase the internal diameters of your pelvis and give your baby more room to maneuver his/her head through your pelvis.



- As second stage approaches, the supported kneeling will allow your pelvis to move forwards, automatically raising your sacrum and tailbone (coccyx) higher than your pubic bone.



- Hands and knees or cat to cow position is helpful in labor. Have hands and knees shoulder and hip width apart starting in a neutral spine position. Round your back, tuck in your pelvis and take a deep breath in. Then let your breath out as you arch your low back and push your pelvis out and away. Do this 10 times in a row, or as long as it feels comforting to you.





- You can also be on your hands and knees and swing your hips forward or try the 'knee to chest' position with your bottom in the air both with hips apart. Support your arms or upper body with pillows or you can have your partner sit in a chair in front of you and lean in on his/her thighs.

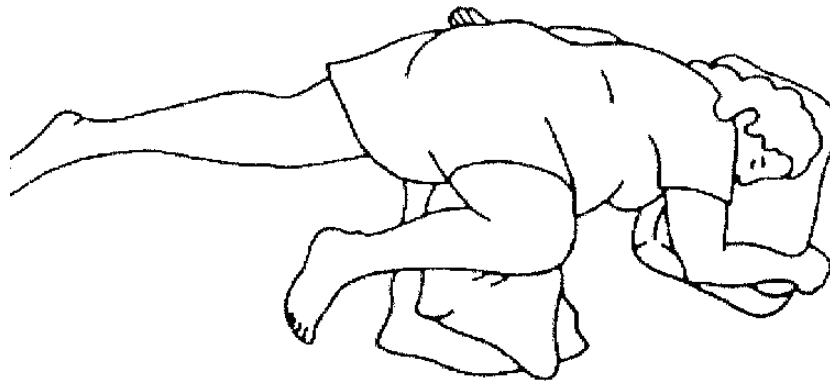
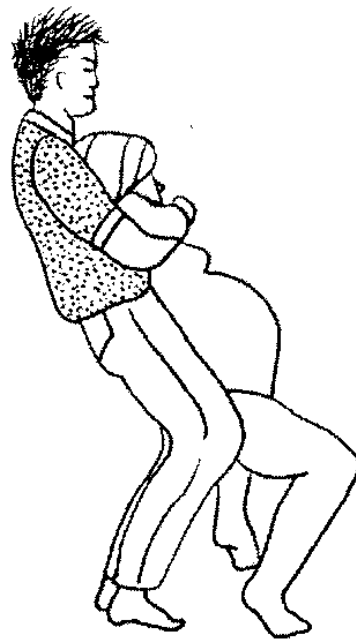
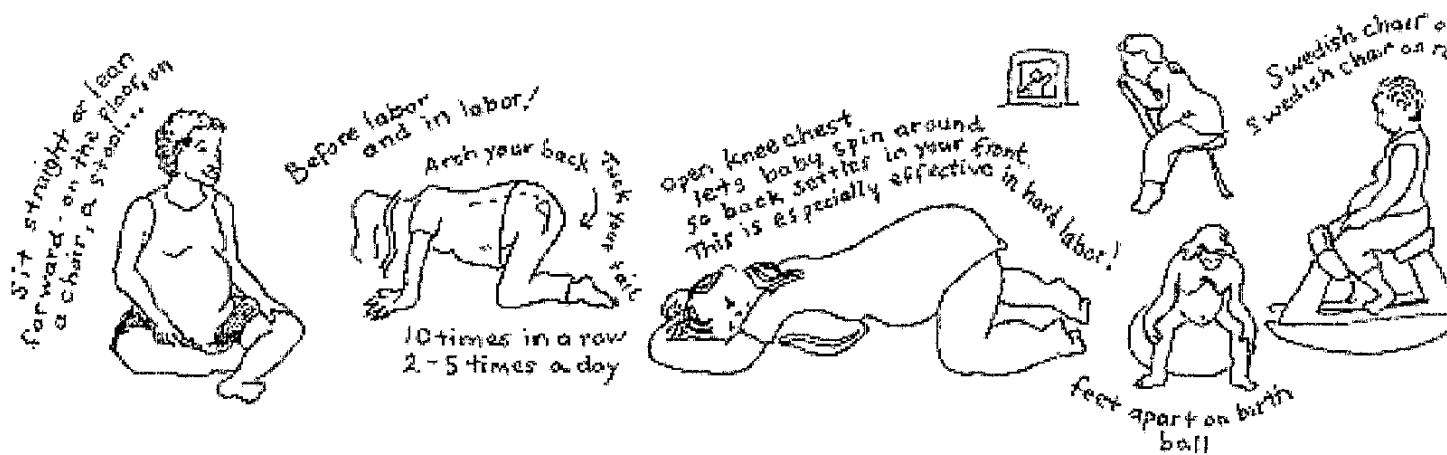


Illustration by Shanna Dela Cruz copyright Ruth Ancheta 1994, 1999 and 2005 reprinted by permission from Simkin. P. & Ancheta R. (2006) The Labor Progress Handbook. Oxford Blackwell Publishing. web site: www.pennysimkin.com/Old%20Site/PDF%20files/Supporting%20the%20Woman%20Epidural%20Complete.pdf

- When resting or sleeping, lie on your left side to encourage your baby to roll over and maximizing blood flow to your uterus and baby. Put pillows behind your back and place your right leg forwards over your left leg until your tummy almost touches the mattress. This ensures that your tummy is leaning forward creating a "hammock" for your baby. You can also use a body pillow shaped into a crescent, or a breast feeding pillow under your torso to support your belly. Or you can lie more to your side and place a pillow between your knees.



- Supported Squatting: If you want to use a squatting posture for birthing, it is best accomplished in a modified supported squat. In this position your feet are flat on the floor with your butt at least 18 inches above the floor. Your hip joints are in front of your ankles and your back is supported either by your partner or labor support person. Squatting in this way allows you to throw your pelvis as your baby's head extends, ready to be born. You can also use a sturdy chair for support and squat down or squat leaning against the wall.



Remember, there is no perfect position for labor. Be flexible and try a variety of positions. You may need to experiment during labor to find the most effective positions in pain relief.

This information and illustrations are derived from 3 sources:

We would like to thank the authors of the books that made this information possible;

Jean Sutton & Pauline Scott - *Understanding and Teaching Optimal Foetal Positioning*

Published by Birth Concepts New Zealand 1995, 1996

Pauline Scott - *Sit Up and Take Notice - Positioning Yourself for a Better Birth*

Published Great Scott Publications New Zealand, 2003

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