The stages of labour and birth

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1st stage of labour

During the 1st stage of labour, contractions make your cervix gradually open (dilate). This is usually the longest stage of labour.

At the start of labour, your cervix starts to soften so it can open. This is called the latent phase and you may feel irregular contractions. It can take many hours, or even days, before you're in established labour.

Established labour is when your cervix has dilated to about 4cm and regular contractions are opening your cervix.

During the latent phase, it's a good idea to have something to eat and drink because you'll need energy for when labour is established.

If your labour starts at night, try to stay comfortable and relaxed. Sleep if you can. If your labour starts during the day, stay upright and gently active. This helps your baby move down into your pelvis and helps your cervix to dilate.

Breathing exercises, massage and having a warm bath or shower may help ease pain during this early stage of labour.

When to contact a midwife

Contact your midwifery team if:

- your contractions are regular and you're having about 3 in every 10-minute period
- your waters break
- your contractions are very strong and you feel you need pain relief
- you're worried about anything

If you go into hospital or your midwifery unit before your labour has become established, they may suggest you go home again for a while.

Once labour is established, your midwife will check on you from time to time to see how you're progressing and offer you support, including pain relief if you need it. You can either walk around or get into a position that feels comfortable to labour in.

Your midwife will offer you regular vaginal examinations to see how your labour is progressing. If you do not want to have these, you do not have to – your midwife can discuss with you why she's offering them.

Your cervix needs to open about 10cm for your baby to pass through it. This is what's called being fully dilated.

In a 1st labour, the time from the start of established labour to being fully dilated is usually 8 to 12 hours. It's often quicker (around 5 hours), in a 2nd or 3rd pregnancy. When you reach the end of the 1st stage of labour, you may feel an urge to push.

Monitoring your baby in labour

Your midwife will monitor you and your baby during labour to make sure you're both coping well. This will include using a small handheld device to listen to your baby's heart every 15 minutes. You'll be free to move around as much as you want.

Your midwife may suggest electronic monitoring if there are any concerns about you or your baby, or if you choose to have an epidural. Electronic monitoring involves strapping 2 pads to your bump. One pad is used to monitor your contractions and the other is used to monitor your baby's heartbeat. These pads are attached to a monitor that shows your baby's heartbeat and your contractions.

Sometimes a clip called a foetal heart monitor can be attached to the baby's head instead. This can give a more accurate measurement of your baby's heartbeat.

You can ask to be monitored electronically even if there are no concerns. Having electronic monitoring can sometimes restrict how much you can move around. If you have electronic monitoring with pads on your bump because there are concerns about your baby's heartbeat, you can take the monitor off if your baby's heartbeat is shown to be normal.

A foetal scalp monitor will usually only be removed just as your baby is born, not before.

Speeding up labour

Labour can sometimes be slower than expected. This can happen if your contractions are not coming often enough, are not strong enough, or if your baby is in an awkward position. If this is the case, your doctor or midwife may talk to you about 2 ways to speed up your labour: breaking your waters or an oxytocin drip.

Breaking your waters

Breaking the membrane that contains the fluid around your baby (your waters) is often enough to make contractions stronger and more regular. This is also known as artificial rupture of the membranes (ARM).

Your midwife or doctor can do this by making a small break in the membrane during a vaginal examination. This may make your contractions feel stronger and more painful, so your midwife will talk to you about pain relief.

Oxytocin drip

If breaking your waters does not work, your doctor or midwife may suggest using a drug called oxytocin (also known as syntocinon) to make your contractions stronger. This is given through a drip that goes into a vein, usually in your wrist or arm.

Oxytocin can make your contractions stronger and more regular and can start to work quite quickly, so your midwife will talk to you about your options for pain relief. You will also need electronic monitoring to check your baby is coping with the contractions, as well as regular vaginal examinations to check the drip is working.

2nd stage of labour

The 2nd stage of labour lasts from when your cervix is fully dilated until the birth of your baby.

Finding a position to give birth in

Your midwife will help you find a comfortable position to give birth in. You may want to sit, lie on your side, stand, kneel, or squat, although squatting may be difficult if you're not used to it.

If you've had lots of backache while in labour, kneeling on all fours may help. It's a good idea to try some of these positions before you go into labour. Talk to your birth partner so they know how they can help you.

Ask your midwife or doctor for more information about what your birth partner can do.

Pushing your baby out

When your cervix is fully dilated, your baby will move further down the birth canal towards the entrance to your vagina. You may get an urge to push that feels a bit like you need to poo.

You can push during contractions whenever you feel the urge. You may not feel the urge to push immediately. If you have had an epidural, you may not feel an urge to push at all.

If you're having your 1st baby, this pushing stage should last no longer than 3 hours. If you've had a baby before, it should take no more than 2 hours.

This stage of labour is hard work, but your midwife will help and encourage you. Your birth partner can also support you.

What happens when your baby is born

When your baby's head is almost ready to come out, your midwife will ask you to stop pushing and take some short breaths, blowing them out through your mouth. This is so your baby's head can be born slowly and gently, giving the skin and muscles in the area between your vagina and anus (the perineum) time to stretch.

Sometimes your midwife or doctor will suggest an episiotomy to avoid a tear or to speed up delivery. This is a small cut made in your perineum. You'll be given a local anaesthetic injection to numb the area before the cut is made. Once your baby is born, an episiotomy, or any large tears, will be stitched closed.

Ask your midwife or doctor for more information about your body after the birth, including how to deal with stitches.

Once your baby's head is born, most of the hard work is over. The rest of their body is usually born during the next 1 or 2 contractions.

You'll usually be able to hold your baby immediately and enjoy some skin-to-skin time together.

You can breastfeed your baby as soon as you like. Ideally, your baby will have their 1st feed within 1 hour of birth.

3rd stage of labour

The 3rd stage of labour happens after your baby is born, when your womb contracts and the placenta comes out through your vagina.

There are 2 ways to manage this stage of labour:

- active – when you have treatment to make it happen faster
- physiological – when you have no treatment and this stage happens naturally

Your midwife will explain both ways to you while you're still pregnant or during early labour, so you can decide which you would prefer.

There are some situations where physiological management is not advisable. Your midwife or doctor can explain if this is the case for you.

What is active management?

Your midwife will give you an injection of oxytocin into your thigh as you give birth, or soon after. This makes your womb contract.

Evidence suggests it's better not to cut the umbilical cord immediately, so your midwife will wait to do this between 1 and 5 minutes after birth. This may be done sooner if there are concerns about you or your baby – for example, if the cord is wound tightly around your baby's neck.

Once the placenta has come away from your womb, your midwife pulls the cord – which is attached to the placenta – and pulls the placenta out through your vagina. This usually happens within 30 minutes of your baby being born.

Active management speeds up the delivery of the placenta and lowers your risk of having heavy bleeding after the birth (postpartum haemorrhage), but it increases the chance of you feeling and being sick. It can also make afterpains (contraction-like pains after birth) worse.

Ask your midwife or doctor for more information about preventing heavy bleeding and what happens straight after the birth.

What is physiological management?

No oxytocin injection is given, and the 3rd stage of labour happens naturally.

The cord is not cut until it has stopped pulsing. This means blood is still passing from the placenta to your baby. This usually takes around 2 to 4 minutes.

Once the placenta has come away from your womb, you should feel some pressure in your bottom and you'll need to push the placenta out. It can take up to an hour for the placenta to come away, but it usually only takes a few minutes to push it out.

If the placenta does not come away naturally or you begin to bleed heavily, you'll be advised by your midwife or doctor to switch to active management. You can do this at any time during the 3rd stage of labour.

The information for this leaflet has been taken from the NHS website, www.nhs.uk

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