**EARLY LABOUR / LATENT PHASE**

During this part of labour the cervix softens, shortens (effaces) and begins to dilate. The latent phase is the time when your body is limbering up for labour.

You may notice any of these symptoms, or a combination:
- Irregular tightenings felt low in the abdomen or groin,
- Constant minor backache, with regular bouts of stronger back pain
- Only 10-15% of labours begin with the waters breaking

Tightenings will typically be irregular and last for different lengths of time.

This stage of labour can be lengthy for first time labours and can stop and start. The best place for you at this time is at home.

**Helping yourself**
- If labour begins at night, try to rest or sleep. If during the day, stay relaxed and avoid fatigue, but continue light activities as long as you feel able.
- Take a shower, go for a walk, but don’t get too tired.
- Don’t skip any meals. Have something light and nourishing.
- Have regular drinks of juice or water, about one cupful every hour.
- Take each contraction as it comes; remember your breathing, note any tension in your body and concentrate on letting it go.
- Empty your bladder regularly.

**ESTABLISHED LABOUR**

As dilation reaches 4-5 cm, labour enters the accelerated phase. Contractions will be stronger, closer together and will require concentration. They will begin to establish a pattern and last between 40-60 seconds at least. Labour will not usually stop once this phase is reached.

You will feel the need to rest more between contractions. You will feel more introverted and focused on the activity within your body.

**Helping yourself**
- Find positions where you can relax, fully supported, both during and between contractions.
- Upright positions and keeping mobile help labour to progress.
- Changing positions regularly also helps labour to progress, follow your instincts as to what feels right.
- Keep drinking fluids, or if feeling nauseous, have sips of water or suck on ice chips.
- In between contractions, ask support people for general massage, hot or cold packs or anything else you need to stay comfortable and relaxed.

**TRANSITION**

Transition is often characterised by emotional changes: irritability or irrational demands. The body is changing from the opening up phase to the bearing down phase and contractions are usually very long and close together.

Other symptoms of transition are shivering, cramps, nausea, vomiting and hiccups. You may feel pressure on your bowel as your baby’s head moves deeper into the birth canal.

**Helping yourself**
- This can be a turbulent time for some women, and feelings of panic, loss of control and physical side-effects are all common.
- You may have difficulty getting comfortable, but keep changing positions.
- Ice chips or sips of water will help dry lips and nausea.
- Cool sponges on face and neck may feel good.
- It can help to close your eyes to avoid distractions.

**SECOND STAGE - BIRTH OF YOUR BABY**

Your cervix will be fully open and your contractions are now helping to push your baby down the birth canal. Your body will move baby down and you will find increasing urges to push and help this process along.

Your vagina is made of muscle that is designed to expand allowing enough room for your baby to pass through. The feelings of being stretched can be frightening remember to remain calm and have faith in your body it was designed to bring your baby into the world.

**Helping yourself**
- Upright positions will help you to bare down gravity is on your side.
- Follow your body; you will instinctively know what to do at this
Don’t tense your bottom, try to relax all the pelvic floor muscles and allow your baby to come.

REMEMBER - You are about to meet your baby and labour is nearly over.

THIRD STAGE - DELIVERY OF PLACENTA
Your baby’s blood has been circulating through the placenta and now needs time to return to him/her. If the cord is clamped too soon after birth as much as one third of the baby’s blood will be left behind in the placenta. It is very important that the cord is left until it stops pulsing then you know all of the baby’s blood has been returned. The placenta will need to be delivered and there are choices to make as to how to do this;

Physiological Management
The uterus will contract and the placenta will drop into the vagina. You will feel a heaviness and may experience a further urge to bear down. The placenta may deliver spontaneously or you may need to give some small pushes.

Helping yourself
- Upright positions gravity will assist
- Having baby in skin to skin
- Breastfeeding stimulates hormones
- Keeping warm and relaxed

Active Management
A drug is injected into the thigh to stimulate a contraction. The midwife will deliver the placenta by gently pulling the cord. The drug can cause a rise in your blood pressure, nausea and vomiting and an increase in after-pains.

National guidance recommends that women have active management of the third stage of labour because it is associated with a lower risk of postpartum hemorrhage and/or blood transfusion.

Here are some useful telephone numbers should you require any further information.

Midwifery Teams:
Coastal 01803 547207
Riviera 01803 654615
Templer 01626 770086
Torview 01626 324530
Waterside 01803 881431

REFERENCES
Begley, et. al., (2011) Active versus expectant management for women in the third stage of labour, Cochrane Database of Systematic Reviews 11, CD007412
The National Institute for Health and Care Excellence (2017) Intrapartum care for healthy women and babies. (Nice guideline CG190)