



What to Expect During Labor

Early Labor- First Stage

7 to 8 hours - Early labor is from the onset of true labor to dilation of three centimeters.

Mother's Feelings & Reactions:

Excitement, eagerness to begin, anticipation of the labor experience, thoughts of fear and anxiety – the mother will think, “Do I remember everything I learned in class?” The mother will be talkative, very social, and want conversation and interaction with her partner. She'll be fully aware of her surroundings and interested in what's happening. She'll be eager to report symptoms and think contractions are not so bad.

Physical Changes in Mother:

- Contractions range from 5 to 15 minutes apart, lasting 2 to 45 seconds.
- They are typically mild, somewhat irregular but progressively stronger and closer.
- Contractions may be experienced as a low back ache, menstrual-type cramps, pressure or tightening in the pubic area. The amniotic sac may rupture. A pink mucous vaginal discharge could be evident, commonly known as show.

Comfort Measures Mother can utilize:

Conserving energy now is vital. This is typically the longest phase within the first stage of labor; the most you should do is rest and relax. Stick to clear liquids, like water, tea, lollipops, popsicles, etc. Do not start any learned breathing techniques in this stage of labor. You could become exhausted early on.

Role of Support Person:

Use encouraging words: Make sure she isn't overdoing it. Remind her to relax and provide her with comfort. Time her contractions. Provide diversions such as music, playing cards or watching a movie. Help her with the breathing and relaxation. Listen actively, praising her efforts, and providing privacy when needed.

Active Labor-First Stage

1 to 4 hours

Active labor is from dilation of 4 centimeters to 7 centimeters.

Mother's feelings and reactions:

It's no longer social. The mother is now very much involved in the work of labor. She is more serious, less talkative and concentrates and focuses on techniques that work for her. She's selectively attentive and unable to understand conversation. She desires and needs the companionship from her support person.

Physical changes in mother:

Contractions become progressively stronger and closer together: 3 to 4 minutes apart and lasting 40 to 60 seconds in duration. There are longer peaks in the contractions, and the mother becomes more uncomfortable as time progresses. There is increased pressure or tightening in the pubic area. She may experience dry mouth and perspiration. She may be annoyed, more restless, unable to relax, may hyperventilate and may experience nausea and vomiting. She also may appear pale or flushed.

Comfort measures the mother can utilize:

Do not fight the contractions. You must allow the contractions to do their job. Continue with breathing and relaxation techniques that work for you. Incorporate abdominal massage and breathing techniques. Use focal points during the contractions which may help you to not focus on the discomfort. When the contraction is over, do not think about the next one coming, which will waste your energy. Close your eyes and relax.

Role of Support Person:

Give her your undivided attention, especially during a contraction. You may have to breathe with her to help her keep her focus. Re-evaluate coping strategies when she seems discouraged or feels like she cannot go on. Keep commands short and to the point. Verbal support and encouragement are not extremely important. Anticipate physical needs, which are many, by providing a cool cloth to her head, moisturizer for her lips and surrounding her with pillows for comfort. Apply pressure to her lower back if needed. Apply touch, massage and other relaxation techniques. Change positions frequently. Remind her to empty her bladder every hour. Offer her ice chips.

Transition

1.5 to 2.5 hours, transition from 8 to 10 centimeters dilated

Mother's Feelings and Reactions:

She may experience the shakes and may be hot or cold. She relies fully on her partner for support. Her emotions are intense, and she may feel out of control and cry. She may fall asleep during contractions. She may be less aware of her surroundings. The focus is very inward.

Physical Changes in the Mother:

Long and strong contractions peak very quickly or double peak. They are every 1 to 2 minutes, lasting 60 to 90 seconds. Many experience rectal pressure or the urge to bear down. The "bloody show" increases, and severe low back ache may persist.

Comfort Measures the Mother can utilize:

Breathe through contractions, and concentrate on relaxing between contractions. Use relaxation techniques and verbal cues from the support person to relax your body.

Role of Support Person:

Remind her that birth is near. Realize that she is more difficult to help during this phase. Remain with her constantly, reducing distractions, maintaining eye contact, using short commands, encouraging appropriate breathing patterns and working with her in a calm manner. Anticipate her contractions.

Remember: This phase is not only difficult for her but for the support person, as well.