



BASIC INFORMATION

DEFINITION

• Normally, labor and subsequent delivery occur 38 to 41 weeks after the start of the last normal menstrual period. If labor occurs before 37 weeks of pregnancy, it is considered premature, and after 42 weeks, is termed postmature (post-term) labor. Labor can be divided into three stages:

The first stage is from the earliest contractions up to the time of birth. It is generally the longest and hardest and involves the effacement (thinning out) and dilation (opening up) of the cervix to 10 centimeters (5 fingerbreadths). Stage one has 3 phases, which are discussed below.

The second stage of labor involves the baby's birth and usually lasts about 1 to 3 hours.

The third stage consists of the expulsion of the afterbirth (placenta) and usually takes less than 30 minutes.

• There is no way to determine how labor will be for any one woman, but with careful preparation and adequate prenatal care, there is no reason to be afraid. The delivery procedures that you have chosen and practiced will help assure a safe and satisfactory birth experience.

STAGE 1 OF LABOR

Phase 1 (early phase):

• This first phase (early labor) of stage 1 takes about 8 to 12 hours (occasionally longer); the cervix begins to efface and dilates to 3 centimeters. This phase may begin with contractions, the rupture of the amniotic fluid (bag of waters), or the passing of the thick, blood-tinged plug of mucus (bloody show) that protects the mouth of the uterus during pregnancy. This plug may pass hours or sometimes several weeks before contractions begin.

• Contractions are the rhythmic, squeezing muscular activity that affects the walls of the uterus during labor. They usually start out lasting 30 to 45 seconds, may be almost imperceptible and come on an irregular basis (up to 30 minutes apart). They then become more regular as time passes.

• During this first phase of stage one, a woman usually remains at home where she can move around, eat lightly, take a walk or shower.

Phase 2 (active phase):

• This is the active labor phase. Contractions start coming every 3 to 5 minutes. The cervix dilates to 3 to 8 centimeters and is effaced close to 100%.

• At this time, a woman should be at the location chosen for delivery (e.g., hospital, birthing center). A physical examination will be done to see how far the cervix is dilated.

• The baby's heart rate will be monitored, usually by Doppler ultrasound monitor, or by an electronic fetal monitor.

• To help with the discomfort of this phase, a woman should practice the relaxation, breathing and distraction techniques learned at childbirth education classes.

• Depending on the severity of the pain, the patient's desire and obstetric provider's advice, pain medication (analgesic) may be considered or a regional (epidural) anesthetic may be administered by an anesthesiologist.

• Generally, an intravenous drip of glucose (sugar water) is administered to women in labor. The glucose provides energy and the IV is available for an anesthetic if an emergency cesarean becomes necessary.

• Pitocin, a drug used to stimulate labor, may be used if labor stalls, or if there is a medical need to speed it up.

Phase 3 (transition phase):

• Transition is probably the most difficult part of labor and lasts about an hour. The cervix usually becomes fully dilated (10 centimeters); contractions switch from the type that open the cervix to the pushing-down type meant to expel the baby.

• Other symptoms may occur—nausea, vomiting, shivers and irritability. It can be a time of self-doubt where a woman feels she cannot go on through labor. A good, supportive birth coach and helpful medical team can aid in overcoming these feelings.

STAGE 2 OF LABOR

• This stage of labor lasts 1 to 3 hours and includes the birth of the baby.

• Contractions continue about every 2 to 5 minutes and last 60 to 90 seconds. Pushing down is done between contractions.

• The baby is moving down through the birth canal aided by the mother's pushing. Depending on how the labor is progressing and the baby's position, different positions for the mother might be tried, such as squatting, sitting or kneeling.

• A surgical incision (episiotomy) may be made in the perineum (area between the vagina and rectum) to widen the birth opening. This procedure may require a local anesthetic or other anesthetic option such as spinal, epidural, pudendal, paracervical, or local in the perineum.

• Toward the end of this stage, the perineum begins to bulge with the baby's head pushing against it (crowning).

• The baby's head emerges and then the shoulders; the rest of the body emerges quickly.

• The umbilical cord will be clamped and cut. The baby is often placed on the mother's abdomen while this is done.

• In some cases, an immediate evaluation of the newborn is necessary. A special nurse or doctor will assess his/her status.

• In some locations, umbilical cord blood is collected and stored so that it can be used for a variety of tests and purposes.

STAGE 3 OF LABOR

• The afterbirth (placenta) is expelled as it separates from the wall of the uterus; this usually takes about 30 minutes.

• A final examination is conducted to be sure the entire placenta is out and there are no tears in the vagina or cervix.



NOTIFY OUR OFFICE IF

You or a family member has questions or concerns about labor and delivery.