

Stages of Labour

First Stage of Labour

The first stage of labour is the longest, lasting from a few hours to a few days. This stage happens in 3 phases: early, active (usually 12 hours or less) and transition. It begins with mild contractions and ends when the cervix is fully opened.

Early first stage of labour

What happens:

- cervix softens and opens to about 4 cm
- baby's head comes down in your pelvis
- you may have diarrhea
- mucus plug falls out of the cervix – you may have pinkish discharge (“show”)
- amniotic sac (“water”) may leak or break

What you might feel:

- backache and pelvic pressure
- discomfort in thighs, hips or belly
- contractions that feel like mild cramps and get stronger, longer (15 to 30 seconds at first, then up to 45 seconds) and more frequent (every 10 to 20 minutes at first, then every 5 to 7 minutes)
- a trickle or gush of fluid

What you can do:

- stay around home if your birth is low risk
- carry on your usual activities, go for a walk or try to sleep or rest
- breathe normally until you can't talk through contractions, then start with slow breathing
- eat a light meal and drink fluids
- take a shower or bath
- use a sanitary pad and call your health care provider if your water breaks

Active first stage of labour

What happens:

- cervix opens to about 4 to 6 cm
- baby's head continues to move down in your pelvis
- “show” remains mucousy and may become heavier, red and bloody
- health care provider listens to baby's heartbeat every 15 to 30 minutes

What you might feel:

- stronger contractions every 3 to 5 minutes that may last 60 seconds or more
- doubt as to whether you can cope with contractions
- quiet focus on yourself and your labour

What you can do:

- go to the hospital if you're planning a hospital birth
- use relaxation techniques
- focus on breathing
- concentrate on one contraction at a time
- between contractions, keep moving and sip fluids or suck on ice chips
- pee frequently
- have a warm shower while sitting on a chair or leaning on your partner

Transition stage of labour

What happens:

- cervix opens from about 7 to 8 cm to full dilation or 10 cm
- baby moves down further into your pelvis
- health care provider listens to baby's heartbeat every 15 to 30 minutes

What you might feel:

- pressure on your bottom
- strong contractions every 2 to 3 minutes that last 60 to 90 seconds
- moments of panic and confusion
- irritability, difficulty saying what you need
- nausea, vomiting
- trembling arms and legs, leg cramps
- hot or cold flashes, sweating on face
- constant discomfort
- strong urge to push



BE AWARE

Throughout your labour, let your nurse or midwife know about changes to your “show.”

What you can do:

- picture your cervix and body opening up to let your baby out
- tell someone if you have the urge to push
- use panting if you have the urge to push before you're fully dilated

What is fetal monitoring?

Listening to your baby's heart rate during active labour to see how it's being affected by contractions. Usually done with a hand-held doppler device. If needed, an electronic monitor may be placed around your belly or clipped onto your baby's head.

Call your health care provider or hospital when:

- your contractions are regular and painful, last 60 seconds each and come every 5 minutes or less for an hour or more
- your water breaks
- you have vaginal bleeding or pinkish discharge ("show")
- you're unsure and worried
- your baby's movement has decreased
- your health care provider has advised you to call early



SEEK CARE

If your water breaks and the fluid is green, brown or yellow, your baby has pooped. This may mean that they're stressed or in a breech position. Go to the hospital.

Second Stage of Labour

The second stage begins with your cervix fully open and ends with the birth of your baby. It can last from 1 to 3 hours for a first baby, and longer if you have an epidural.

What happens:

- health care provider breaks your bag of waters, if it hasn't yet broken
- health care provider listens to baby's heartbeat every 5 minutes or more or after every push
- baby's head pushes down against your perineum – your health care provider will provide guidance to reduce tearing as your baby is being born but you may still tear a bit
- vagina stretches
- you may poop as you push

What you might feel:

- powerful contractions every 2 to 3 minutes that last 60 to 90 seconds
- strong urge to push or poop
- splitting and burning feeling on your bottom
- baby's head slipping back in or rocking back and forth between contractions
- emotional, surprised, overwhelmed, anxious or frightened
- very tired but with a burst of energy

What you can do:

- continue to incorporate birthing ceremonies and traditional protocols
- relax your bottom and go with the urge to push – use the muscles you use for a bowel movement
- use breathing techniques – drop your chin towards your chest and relax your tongue
- change positions as needed
- use relaxation techniques between contractions
- if asked to stop pushing, use panting
- touch your baby's head as it comes out
- look down or use a mirror to watch your baby being born



WHAT YOU CAN DO

During contractions, look your partner in the eyes and help them focus on their breathing. Between contractions, wipe their forehead with cool cloths and offer sips of fluids. Stay with your partner and be calm, confident and encouraging.

Third Stage of Labour

In the third stage, your uterus contracts and the placenta comes out. This is usually the shortest stage of labour – often lasting only 5 to 30 minutes.

What happens:

- umbilical cord is cut and clamped
- health care provider checks baby over, usually while baby is skin-to-skin
- placenta separates from the uterus wall and is pushed out the vagina
- uterus rises in the belly and becomes the size and shape of a grapefruit
- tears or episiotomy are stitched up

What you might feel:

- cramps and a gush of blood as the placenta comes out
- relieved, grateful, joyful or unemotional
- exhausted, shaky, cold, hungry, thirsty



What you can do:

- cuddle your baby skin-to-skin on your chest
- look for baby's feeding cues (see [What are feeding cues?](https://healthlinkbc.ca/pregnancy-parenting/parenting-babies-0-12-months/feeding-your-baby/getting-started-and-feeding-cues) healthlinkbc.ca/pregnancy-parenting/parenting-babies-0-12-months/feeding-your-baby/getting-started-and-feeding-cues)
- bring baby to your breast or chest to see if they're ready to suck – if not, continue skin-to-skin contact

Fourth Stage of Labour

The fourth stage refers to the first 2 or 3 hours after birth.

What happens:

- your body begins to recover
- your baby may breastfeed or chestfeed or nuzzle your breast or chest

What is the Golden Hour?

The Golden Hour is the first hour after birth and a magical time to bond with your baby. It includes:

- immediate skin-to-skin contact
- deferred cord clamping
- early breastfeeding or chestfeeding
- delayed routine care

See the PSBC Golden Hour brochure in the appendix or visit perinataleservicesbc.ca/Documents/Health-info/Newborn-care/PSBC_Golden_Hour_Brochure.pdf

What you might feel:

- very tired, dizzy, shaky, chilled
- difficulty peeing because of swelling
- discomfort

What you can do:

- keep your baby skin-to-skin until they finish their first feeding and then for as long as you wish
- put an ice pack between your legs to reduce swelling
- drink fluids and have a light meal
- have someone help you if you need to get up



DID YOU KNOW?

Waiting 24 hours or more after birth before bathing your baby will help keep their temperature steady and can help get breastfeeding or chestfeeding off to a good start.



BE AWARE

Avoid distractions, such as cell phones, while your baby is skin-to-skin or feeding. If you're sleepy, have a support person with you when you're cuddling skin-to-skin with your baby. If no one is available, put your baby on their back in the crib.

To learn more about safe position for skin-to-skin contact see the appendix or visit: perinataleservicesbc.ca/Documents/Health-info/Newborn-care/PSBC_Skin-to-Skin_Fact_Sheet.pdf