

The latent phase of labour



This leaflet is to help you understand the process of labour, especially the early part of the first stage, which is called the latent phase. Included are suggestions for you and your birth partner on how to cope at home or within the hospital setting during your latent phase. Working out whether you are in the early stages of labour or not can be very confusing. This leaflet was produced to help your understanding of labour and answer any questions you may have.

Remember that every woman's labour is different and sometimes it can take a long time.

This is perfectly normal.

If you think you are in the early stages of labour, the main thing to remember is to stay calm and relaxed.

Stages of Labour:

There are 3 stages of labour:

- The **first stage**, when the neck of the womb (cervix) opens to 10 centimetres.
- The **second stage**, when the baby moves down through the vagina and is born.
- The **third stage**, when the placenta (after birth) is delivered.

Before labour starts, the neck of the womb is long, firm and closed. As the latent phase begins, the neck of the womb begins to shorten and soften (known as effacement) and will start to open (dilate) up to four centimetres. There may be contractions at this point, but they are often irregular, short lasting and not quite as strong as the active phase of labour - although in some cases they can still be quite intense.

The active phase is when the labour has become established, meaning that the cervix is open to four centimetres or more and the contractions are regular, stronger and lasting longer than before.

Both the latent and active phases take place during the first stage of labour. Eventually at the end of the first stage, the neck of the womb has opened up to ten centimetres and is described as being ‘fully dilated’.

Contractions during the Latent Phase

The latent phase is usually the longest stage of labour, especially if it is your first baby, and can, in some cases, last several days or weeks before active labour starts.

Labour can be different for each woman. Most women report cramping, period type pains and lower backache at the start of labour that slowly progresses into bouts of irregular contractions lasting a few hours. This is normal. You may have experienced ‘Braxton Hicks’ contractions throughout your pregnancy – they are the tightening of the womb’s muscles and vary in length but generally last for about 30 seconds. They are usually painless. During the latent phase, Braxton Hick’s may become more noticeable and more frequent, lasting between 35 and 45 seconds. However, some women may not notice anything at all. This can be tiring, but it is important to remember that your body already knows how to give birth. When you begin to understand what helps or hinders the natural process, you can create the right environment around you.

What shall I do in the latent phase?

You can help your labour to carry on smoothly by increasing the levels of your own natural pain relievers – ‘endorphins’. In order to achieve this you need peace, quiet and a feeling of safety to help you relax. Research shows that when a woman feels safe and relaxed the levels of oxytocin in her body (the love hormone that stimulates the uterus to contract) are greater and therefore labour progresses much more effectively.

If you are choosing to birth in hospital, it is recommended that you stay at home until labour is established. (Or for as long as you feel

comfortable doing so). There is evidence to suggest that the further on in labour you are when you come in to hospital, the more likely you are to have a normal birth.

Top tips:

- Keep as mobile as you can, whilst remembering to save your energy for the active phase of labour.
- Try to distract yourself for example by listening to your favourite music, watching a film or going for a walk.
- Have a warm bath or shower.
- Drink plenty of fluids – water, sports drinks such as Lucozade (the use of isotonic drinks will also add to your energy requirements and keep you hydrated), apple juice is also good.
- Eat little and often – carbohydrates (bread, pasta, rice, cereal) for slow releasing energy, plus sugary food for quick releasing energy.
- Put on a TENS machine if you have one.
- It is safe to take paracetamol if you are in pain, you can take one to two tablets every four to six hours, but no more than eight tablets in 24hrs.
- Experiment with different positions that you find comfortable, such as standing, sitting, squatting, kneeling and walking around. Staying upright and mobile encourages gravity to work for you.
- Try relaxation techniques such as keeping your breathing quiet and fluid – ‘breathe in gently, sigh out slowly’. Remember to stay calm.
- If the contractions stop completely, get some sleep and don’t worry or waste energy trying to bring them on again - they will start again when your body is ready.

How can I help as a birth partner?

- Help to distract her to take her mind off things.
- Massage her back.
- Ensure she eats little and often.
- Give lots of support and encouragement.
- Don't spend too much time counting or timing contractions as your partner may feel under pressure or disheartened. Try to make the situation as calm and normal as possible. Labour is a natural process and every mother is unique in how she deals with labour.

For advice of support please call Maternity triage:

Triage allows a quick and efficient assessment of your needs.

The triage midwife is available for advice over the phone 24 hrs a day. When you call triage the midwife will assess your needs and take a full history, the more information the midwife has about you and your pregnancy the better they will be able to support you. The entire interaction will be documented in case you ring back with another query. You can ring back at any time of the day or night whenever you need further advice.

The telephone number is provided below.

When to phone the maternity unit:

- When you want to talk to a midwife.
- If you think your waters have broken. If you are unsure put a pad on and observe any loss over the next 30 minutes. If the colour appears to be blood stained or green or brown in colour you are strongly advised to call the hospital and be planning to come in straight away.

- If you are concerned about your baby's movements.
- Your contractions have intensified to the point you feel you need pain relief.
- When your contractions are strong, regular (coming 3 in 10 minutes) and lasting 45-60 seconds.
- If you feel the urge to push at anytime you are strongly advised to call the hospital to speak to a midwife.

What happens next?

In the latent phase the midwife will be able to give you advice for how to continue at home, offering different suggestions and techniques to try to keep you mobile, encouraged and positive. If it sounds as if you are progressing well (and there are no concerns identified) the midwife will encourage you to stay home throughout the latent phase with the recommendation to call back whenever you need further assistance.

If you are planning a hospital birth:

At the appropriate time – because labour has progressed or your needs have changed – the midwife will invite you into triage for a full assessment. It is important to remember to bring your maternity notes and overnight mum & baby bags with you.

In order for us to maintain safety it is very important that you call triage first before arriving, this is so we can ensure that there is a midwife and a room ready for your arrival.

When you arrive at triage the midwife will take your observations, assess the well-being of you and your baby and assess your progress in labour. This may be done by simply observing you and your contractions or through a vaginal examination done with your consent.

Don't be disappointed if the midwife advises you to go home again after the assessment. It is likely that you will progress better in the privacy of your home environment. (Even if you only manage to have a couple of hours at home before returning, this can make a lot of difference to the progress of labour). This decision will be made jointly with you and your birth partner and further strategies to support you during the latent phase will be explored.

If you are planning a homebirth:

You are still encouraged to call the maternity triage number. As well as being able to offer support, the triage midwife will take your information and pass your details along to the homebirth midwife on call who will develop an individualised plan to suit your needs. This will involve supporting you over the phone for as long as you need and visiting you at home for any assessments required or requested.

Please contact the following number (or any of the numbers on your maternity notes) for advice at any time:

Royal Sussex County Hospital Brighton
Maternity Triage 01273 664793

Princess Royal Hospital Haywards Heath
Maternity Triage 01444 448669

Equality and diversity:

If you have any special requirements for example religion or related to an allergy or disability please contact the Maternity service for further discussion.

If you have vision, mobility or access issues please contact Linda Woods (Maternity Administrator) on: **01273 696955 Ext.4603**, who will be able to direct your call for further advice and information.

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The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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