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. The leaflet includes suggestions for you and your birth partner on how to help you 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 for you. This leaflet has been produced to help you, and will answer some of your questions, and give you lots of suggestions to help you through the early part of your labour.

**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, soften and open up (dilate). The latent phase is the early part of the first stage of labour. During this time the neck of the womb becomes shorter and softer. This is called effacement. It can also open up to about three to four centimetres dilated. There may be contractions at this point, but they are often irregular, shorter lasting and not quite as painful as when you are in the active phase of your labour although in some cases they can be quite painful. The active phase is when the
labour has become established. This means that 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 can last several days or weeks before active labour starts. Some women can feel backache or cramps during this time. Some women will have bouts of contractions lasting a few hours which can often stop and start irregularly. 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. If you find that labour has slowed down, this is a good time for you and your birth partner to get some rest and have something to eat. When your body has built up some energy supplies, your contractions will start again. If you telephone your midwife for advice, and everything sounds normal you will be encouraged to remain at home for as long as possible.

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.

Most women are more relaxed at home in the latent part of the first stage. If you are choosing to birth in hospital, it is recommended you stay at home until labour is established. (As you feel comfortable to
There is also evidence to show that the further on in labour you are when you come into hospital, the more likely you are to have a normal birth.

**During the latent phase, you should:**

- 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 (The use of isotonic (energy) 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. The maternity triage department of your hospital has a small stock which can be loaned out to you.
- 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.
As a partner/birth support person

- 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.

When you initially arrive at the hospital and think you may be in labour or have any concerns you will be asked to contact Triage. The midwife in triage will take your observations, listen to your baby and listen to your concerns if you have any.

A decision will then be made with you as to whether you need to be admitted, be seen by a doctor or if everything is fine you may return home.

The triage midwife is available for advice over the phone 24hrs a day. The midwife can advise you and if needed refer you to the appropriate department for advise or care. Details of your call and the advice that you receive, will be recorded 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 on a pad 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.
- Any pain is becoming more than you feel able to cope with.
- When your contractions are regular, lasting 45-60 seconds and painful.
- 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?

The midwife will take your name and details so that we are expecting you. If you are planning a hospital birth, when you leave home please remember to bring your maternity notes with you and your overnight bag for you and baby. Alternatively if you are planning a homebirth the midwife will assess your progress over the phone and develop an individualised plan to suit your needs.

If you decide to go into hospital, the midwife will assess the well-being of you and baby and your progress in labour when you arrive. Sometimes we find that the active phase of labour has not commenced and the midwife may suggest you return home, until the active phase begins. Don’t be disappointed if the midwife advises you to go home. It is likely that you will progress better in labour 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 strategies to support you during the latent phase will be explored.

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.
If you require this document in a language other than English please inform your interpreter or a member of staff.

إذا كنت تريد هذه الوثيقة بلغة أخرى غير اللغة الإنجليزية، فيرجى إخطار المترجم الفني المخصص لك أو أحد أفراد طاقم العمل.

إنك قد تريد هذه الوثيقة باللغة الأخرى而非 الانجليزية فرجى الرجوع إلى المترجم الشافع أو أحد أفراد فريق العمل.

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Jeżeli chcieliby Państwo otrzymać niniejszy dokument w innej wersji językowej, prosimy poinformować o tym tłumacza ustnego lub członka personelu.

Se precisa deste documento noutra língua por favor informe o seu interprete ou um membro do pessoal.