Guide to Labour
A step-by-step guide for first-time parents
Contents

Introduction 3
Before labour starts 4
Beginning of first stage 5
As first stage progresses 7
Working with pain 10
Late first stage 12
Transition from first to second stage 14
Second stage 16
The birth 17
Third stage 18

This leaflet was written by NCT antenatal teachers and published by NCT.

Illustrations: Helen Chown (with thanks to King’s College Hospital)

To obtain copies of this booklet or to find out about other NCT information or resources available ring NCT Shop on 0845 8 100 100 or visit www.nctshop.co.uk
**Introduction**

*Women’s bodies are beautifully designed to grow and give birth to babies.*

This guide will help you through the last day of pregnancy and into the first day as a new family.

Before labour begins you may have contractions that do not settle into a pattern. These may be painful and could start several days before labour begins. Once labour is fully established it is completed for most women within 12-24 hours. Labour can be divided into three stages:

**The first stage** of labour begins with regular contractions of the uterus (womb) to soften and open the cervix (neck of, or exit from, the womb). Lasting 12-18 hours, this stage ends when the cervix is open wide enough for your baby to move down into your vagina (birth canal).

**The second stage** is the pushing or emerging part of labour. Your baby travels down your vagina and out into the world. This lasts up to about two hours for a first baby.

**The third stage** of labour comes after your baby has been born. The placenta (afterbirth) and membranes come away from the uterus wall and come out through your vagina.

**Your labour may last**

<table>
<thead>
<tr>
<th></th>
<th>First baby</th>
<th>Second or third baby</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st stage</td>
<td>6–20 hours</td>
<td>2–10 hours</td>
</tr>
<tr>
<td>2nd stage</td>
<td>1–2 hours</td>
<td>10 minutes–1 hour</td>
</tr>
<tr>
<td>3rd stage</td>
<td>20 mins–1 hour or 5–15 minutes with injection</td>
<td>20 mins–1 hour or 5–15 minutes with injection</td>
</tr>
</tbody>
</table>
Before labour starts

What is happening

For up to a week before labour starts you may notice:

- increased (clear) vaginal discharge
- the plug of mucus (‘show’) released from the cervix, perhaps with a streak of blood
- feeling unusually energetic etc – you may start cleaning the house (the ‘nesting instinct’)
- frequent ‘practice’ contractions of the uterus felt as a hardening of the abdomen or maybe as backache.

Helping yourself

- Have your bag ready for hospital or your home maternity pack at hand, from 36 weeks. Include some treats for you – massage oils, CDs or tapes and something to play them on.
- Consider having more than one birth companion to support you in labour.
- Go through your birth plan with your birthing partner, making changes if you wish.
- Practise your pelvic floor exercises and take some gentle exercise.
- Consider protecting your bed with a plastic sheet or wearing a pad in case your waters go (only 10% of labours start with the waters breaking).

Birth partner’s role

- Keep a list of necessary telephone numbers including the community midwife and the labour ward.
- Check route to hospital, keep change for car park, or keep the number of a taxi company to hand.
- Collect plenty of change for the phone. Remember mobile phones can’t be used in hospital.
Beginning of first stage

What is happening

• Your cervix is beginning to soften and open up ('dilate') with regular, rhythmic contractions.
• Contractions may last 10 to 40 seconds every 20 to 30 minutes.

Helping yourself

• For a time you may feel unsure whether this is really labour.
• Time contractions occasionally.
• Remember your midwife is an expert in normal labour, call her or the labour ward at any time for information.
• Labour can start at any time of day or night.
• Gentle exercise such as a walk or stretching will help you relax.
• A warm bath or shower can be soothing.
• Try to rest in a comfortable upright position.
• If you want, eat small light meals containing carbohydrates (such as bread, cereal and pasta), avoiding fatty food. Drink as much as you wish.
• Picture your cervix just beginning to respond to the contractions.

Call your midwife if:

• you have a heavy ‘show’ of bright red blood
• your waters break (amniotic fluid leaks out through your vagina).
Birth partner’s role

• Try to enjoy the last day of this pregnancy in a calm, unhurried atmosphere.
• Read through her birth plan together.
• Perhaps take a last photo before the birth.
• Hold her, rub her back, be reassuring.
• You may be going to hospital in a while – light, comfortable clothes are recommended. Take some food and drink for yourself.
• If labour is induced in hospital, the first contractions may be strong and frequent. Your support will be welcome.
• Both of you will probably find that asking the midwife for information helps get rid of the stress of the unknown.

“I wanted to stay at home as long as possible, so I tried to keep my mind occupied by watching a video. I even did the ironing.”
As first stage progresses

What is happening

• Your contractions become stronger and more frequent, maybe lasting 20 to 40 seconds every 5 to 10 minutes.

• When you meet the midwife at hospital, or at your home, she may offer an internal examination to see how dilated you are.

• Your midwife will want to check your baby’s heartbeat from time to time. This can be done with a hand-held stethoscope (Pinard) or sonicaid. If you have any continuous electronic monitoring of your contractions and your baby’s heartbeat, you don’t need to lie down. Ask the midwife to move things around so you can sit or stand, if that is what you want.

• As the contractions get stronger, the cervix may open more rapidly. You will need support and won’t want to be distracted.

Helping yourself

• Be prepared for a stronger and perhaps more painful contraction after an internal examination.

• Remember – an empty bladder is more comfortable and gives your baby more space to move down.

• Picture the cervix opening now, responding to the contractions.

• Ask someone to massage your back.
• Sometimes the monitor will need to be left on — leaning forward positions are often the most comfortable.

• Upright, forward-leaning or kneeling positions tend to be more efficient and can ease pain. There is evidence to show that remaining upright means less need for pain relief, and a shorter first stage in labour.

• Breathing slowly can help release tension, so sigh out slowly (SOS) through a relaxed, open mouth. Sipping water or sucking ice-chips will help keep your mouth moist.

• Try different positions to find what’s most comfortable for you.

• Drink if you feel thirsty and eat if you are hungry.

**Birth partner’s role**

• Remind your partner to go to the toilet about every hour.

• Help her follow what her body tells her.

• She may want to change positions with your help. Often changing position helps women keep comfortable. She may also like to rest for a while.

• It might help to dim lights or play some music.
• Encourage her to relax with slow, steady breathing and massage.
• Make sure that you are in a comfortable position while you rub her back. Ask your midwife to help if you need a break.
• Give her your attention – with reassurance or simply your quiet presence, depending on what she prefers.
• Your awareness of her feelings may help her communicate with the midwife. You may need to answer for her during contractions.
• Support her in any decisions she makes about pain relief – perhaps ask her and the midwife whether an internal examination to assess progress might help with decisions about pain relief.
• Keep yourself as relaxed as possible and look after your own needs. If she’s dozing, try to catch up on some sleep yourself.
• Remember to eat and drink.
• Ask the midwife for any information you need.
• Between contractions you could make her smile. Humour can change and lighten the atmosphere in a second.

“We rigged up the TENS machine and I did some back massage to help Mandy through the contractions. This made me feel very involved, and needed and loved.”
Working with pain

You may want to use complementary therapies, water (bath, shower, birth pool), massage, movement, and breathing awareness and relaxation techniques to help you work with the pain of labour. Studies show that the constant presence of someone giving emotional support helps women to cope and helps the labour to progress well.

**TENS** (Transcutaneous Electrical Nerve Stimulation): 4 flat electrode pads are stuck on your back and you carry a small control box. The stimulation stops some of the pain signals reaching your brain, so the contractions feel less painful. It also encourages your body to produce endorphins (the ‘feel-good’ hormones).

**Entonox** (‘gas and air’) is inhaled through a mask or mouthpiece, it takes about 10 seconds to work, reduces the intensity of your pain and lasts for about a minute. Hold the mouthpiece, take 3 or 4 deep breaths of Entonox as soon as the contraction starts, put the mouthpiece down, then, using movement, massage or distraction...
techniques, work with the rest of the contraction. Avoid using Entonox throughout the contraction as this may make you feel very lightheaded.

**Pethidine, Meptid, Demerol or Diamorphine:** types of synthetic morphine. Given by injection into your thigh, these drugs can help relax your skeletal muscles. Responses to them are individual, and difficult to predict. They are best used several hours before the birth because they cross the placenta affecting your baby’s breathing which makes him sleepy after birth. Research shows that many women don’t get effective pain relief from pethidine, some also feel sick and up to 30% vomit.

**Epidural:** local anaesthetic is injected through a narrow tube into the epidural space alongside your spinal cord. This numbs the nerves from the uterus, abdomen and lower back and takes away painful sensations from the waist down. Your blood pressure, your contractions and your baby’s heartbeat will be monitored. A ‘mobile’ epidural is a combination of local anaesthetic with a drug similar to pethidine. This can mean you have more control over your legs so you can move about a little in labour. An epidural usually gives complete relief from pain, but you will be more likely to require help – forceps or ventouse (suction cap) – to give birth to your baby.
Late first stage

What is happening

• Your cervix is opening up faster now.
• Contractions are now more frequent and stronger and lasting longer.
• If the waters have not broken yet, they may break now.

Helping yourself

• Picture your cervix almost open now, with your baby waiting to come through.
• Deal with your contractions one at a time. Try to relax fully between them.
• Rocking your pelvis during contractions can help reduce the pain and be soothing.
• Whichever position you are in, check that all your muscles are as relaxed as they can be.
• Breathe as is comfortable for you. Slow and steady is calming (remember ‘sigh out slowly’ [S.O.S.]). Smile as each contraction fades.
• Change your position from time to time.
• Take your mind off the pain by singing, counting in threes or backwards from 10, listening to favourite music, looking at a photo of loved ones – all these distraction techniques can help.
• At this stage of labour getting into a birthing pool or a deep bath can be wonderfully relaxing.
Birth partner’s role

- Cope with contractions one at a time. Tell her how well she’s doing.
- Check that she’s as comfortable as possible. Help her to change position if necessary.
- Massage – deep and firm – may help to relieve pain; gentle stroking may aid relaxation.
- Your partner may be withdrawn, concentrating on her contractions, and you might feel shut out and uncertain how to help her. She may prefer you just to be with her without you using any words.
- You may be feeling very tired by now. Remember to look after your own needs too.
- If you are hungry or uncomfortable you can’t support her so well.

“Jon was very supportive; he’ll tell you that he felt like a spare part, but I felt he was there for me.”

“I think I just shut myself off from everything outside, in order to concentrate on what I was trying to do.”
Transition from first to second stage

What is happening

• Your contractions are changing from dilating the cervix to pushing your baby out.
• Contractions may now be very strong and close together.
• You may feel irritable, angry, hot or cold. You may cry, shake or vomit. All reactions are normal, although they can be distressing.
• You may start making a lot of noise.
• You may feel most comfortable sitting on the toilet.

Helping yourself

• Remind yourself that this is the end of the first stage, a bridge into second stage and your baby will be here soon.
• Making a noise can help, try singing ‘la la’ or groaning.
• If you only have a mild urge to push you may not be fully dilated yet (the cervix needs to open a little more).
• If you have a strong urge to push, trust your body, and work with it.
• If your contractions stop altogether, relax, enjoy the rest.
• You may feel more stable with the mattress on the floor.
• Movement and changing position can be helpful.
Birth partner’s role

• If you’re feeling overwhelmed, ask your midwife for support and reassurance.

• Know that transition is a difficult time – there may be tears and mood changes. She may shout or swear at you.

• She may feel out of control or frightened at this point. Don’t leave her alone. Remember these are signs of progress.

• Reassure her and remind her that she’s nearly there.

• Look her in the eyes if she wants you to; your presence, voice and touch are really helping. Support her and help her to change position if she wants to.

“I kept saying: ‘I want to go home! I want to go home!’ I’d really had enough.”

“The labour was far harder than I’d imagined it would be but having Mum and Dave there really helped.”

All fours is good throughout labour
Second stage

What is happening

- The second stage of labour (also called 'the pushing stage') starts when the cervix is fully open and ends when your baby is born.
- At this stage your baby is moving from your uterus into your vagina and out into the world.
- The second stage can last from 10 minutes to 2 hours.
- Contractions during this stage may be several minutes apart.

Helping yourself

- Push when you have a contraction and relax when you don’t.
- It is more effective to get two or three short pushes in with each contraction rather than one long push.
- While you push, try holding your breath for short periods, or blowing out steadily. Try both techniques to see which is best for you.
- Try saying Yes!
- Being upright allows gravity to help you.
- Try not to hold your breath for long periods because this lessens the amount of oxygen available for your baby and your uterus.
- Relax your pelvic floor (the muscles around the vaginal opening).

Birth partner’s role

- Help your partner into the most comfortable position for her.
- Your encouragement is valuable but avoid 'cheerleading'.
- It can be helpful to repeat the midwife’s advice to your partner in a calm, steady voice.
The birth

What is happening

- As you give birth to your baby you will feel a lot of pressure on your bowels, and stretching with a burning sensation around your vagina.

Helping yourself

- As you feel that burning sensation around your vagina, pant and try to relax your pelvic floor muscles.
- Work with the midwife to ease your baby into the world.
- Panting can slow down the stretching as the baby is born and prevent a tear.
- When asked not to push, lift your head and pant, relax mouth, pelvic floor and legs. (If your mouth is relaxed, your vagina will be too.)
- Although it is very hard to move at this stage, a change of position may help your baby to be born.
- If you want to, reach down and touch your baby’s head.
- You may want to pick up your baby and discover its sex yourself.

Birth partner’s role

- Sensations and emotions at this time can be intense and it is exciting and rather awesome to know your baby will soon be here.
- If she wishes to change position, she will need your help.
- If she lies on her side you could help by holding her leg.
Third stage

What is happening

• The third stage is the final stage of labour, during which the placenta (or afterbirth) is delivered.

• If you are having an injection of syntometrine or syntocinon to expel the placenta (active management) the cord is cut just after your baby is born.

• If you have planned not to have the syntometrine injection, being upright will help your body to expel the placenta.

• Any tear or episiotomy (a surgical cut to the perineum – the muscle between your vagina and back passage) will be stitched under local anaesthetic once the placenta has been delivered.

Helping yourself

• Skin-to-skin contact is good for mother and baby.

• Push with the midwife’s guidance to deliver the placenta.

• Make sure you are given adequate pain relief if any tear or cut is being stitched. Tell the staff if it still feels painful.

• Enjoy a peaceful time together with your baby. Relax in a comfortable supported position.

• Some babies may be very alert after birth and will be getting to know his or her new family.

• You may wish to give your baby his or her first breastfeed.

• Encourage the feeding reflexes by stroking the baby’s cheek with your nipple. Your baby will respond with a wide mouth, then bring your baby to your breast.
Birth partner’s role

• You may like to hold your baby while the placenta is delivered, and enjoy your first few moments with this new person.
• You may want to cut the cord.
• You may want to take some photographs.
• Celebrate.

“Then they put her in a towel and gave her to me, and everyone left us alone for 20 minutes. It was just what we needed: to be on our own with our new baby, to gaze at her with nothing else going on to distract us.”

Where to find out more

Visit NCT’s info-centre at www.nct.org.uk/pregnancy

Special features include a timeline graphic which parents can use to find out about the stage of pregnancy or parenthood they are at, and it also enables people to search for information on the key decisions which all parents need to make.

You can also visit the MIDIRS informed choice website on: www.infochoice.org to access a variety of ‘informed choice’ leaflets.
NCT – supporting parents

NCT is here to support parents. We don’t tell them what to do or think – through our classes, branches, and helplines, our volunteers and qualified representatives give parents accurate, impartial information so that they can decide what’s best for their family. Through us, they can join a support network of other parents nearby, which can be a lifeline in the early years. We are the UK’s largest charity for parents, and, being independent, we have an influential voice in campaigning and lobbying on the issues that parents care about.

NCT Helpline: 0300 330 0700

For practical and emotional support in all areas of pregnancy, birth and early parenthood.