

# Dolphin Doula's guide to the Stages & Phases of Labor

## Signs of Labor

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### Possible Signs

Backache  
Menstrual Like Cramps  
Soft Bowel Movements/Diarrhea

### Preliminary Signs

Non progressing contractions  
Bloody show – blood tinged mucus  
Leaking of Amniotic fluid

### Positive Signs

Progressing contractions: longer, stronger and closer together  
Spontaneous rupture of membranes  
Dilation of cervix – only assessed through vaginal exams

## Stage 1: Labor

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### Early Labor

#### Cervix

- Moves forward from a posterior position
- Begins or continues to soften<sup>1</sup>
- Begins to efface (thin)
- Dilation from closed to 3 or 4 cm<sup>2</sup>

#### Contractions

- Irregular
- Increasingly stronger and longer
- Intensify with movement (i.e. walking)
- Do not go away after resting or shower
- Range: 5-30 minutes
- Duration: 30-45 seconds

#### Emotions

- Euphoric, happy, elated
- Anticipatory
- Possible anxiety/nervous that 'this is it'

#### Physical

- Abdominal cramping
- Possible back pain<sup>3</sup>

### Active Labor

#### Cervix

- Cervix is soft & very well effaced
- Dilation from 4 to 8 cm<sup>2</sup>
- Begins to trickle blood as the cervix dilates

#### Contractions

- Regular and more intense
- Require woman's concentration
- Range: 3-5 minutes
- Duration: 45-75 seconds

#### Emotions

- Waning enthusiasm
- Inward focus
- Broad spectrum of emotions

#### Physical

- Abdominal cramping
- Possible nausea
- Pelvic and rectal pressure

## Late Labor (Transition)

### Cervix

- Dilation to 10cm
- Dilation may be uneven and leave a lip or rim
- Continues to trickle blood

### Contractions

- More intense
- May be double peaked
- Range: 2-3 minutes
- Duration: 90-120 seconds

### Emotions

- "Fight or Flight" response kicks in
- Extremely focused

### Physical

- Shaking can occur
- Possible nausea
- Rectal pressure / urge to push

## Stage 2: Birth

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### **Latent (resting) Phase**

- Cervix is almost completely dilated
- Continued rectal pressure
- Woman becomes quiet and begins to relax between contractions

### **Descent**

#### Mother

- Cervix completely dilated
- Involuntary urge to push
- Perineal massage or warm compress to minimize vaginal trauma
- Bearing down (pushing) becomes more focused
- Bear down spontaneously to allow slow opening of vagina
- Intervals of 10 seconds to push followed by rest
- Relax pelvic floor & bulge perineum

#### Baby

- Descends to a +1 or +2 station
- Head rotates as it progresses through the birth canal
- With each push, head moves forward 2 steps and retracts 1

### **Transition (to birth)**

#### Mother

- May become more vocal
- Contractions strong and powerful
- "Rim of Fire"
- Burning sensation in the perineum caused by the stretching of the soft tissues
- Felt when baby's head is crowning
- Lasts a very short time

#### Baby

- Presenting part is on the perineum
- Head moves to a +3 station
- At +3 station, baby's head emerges from birth canal to +4 station (birth)
- Doctor or midwife will suction nose and mouth as head emerges
- Cord continues to pulsate once body is birthed

## Stage 3: After Birth

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### **Delivery of Placenta**

#### Mother

Pitocin may be administered for placenta delivery<sup>5</sup>

Usually delivered within 20 minutes of birth

Must be delivered within one hour of birth

Placenta examined by practitioner to make sure it is complete

#### Newborn

Apgar score

Good condition range from 7-10

Requires medical attention is under 6

Performed twice at 1 minute and at 5 minutes after birth

## Stage 4: Recovery

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#### Mother

Practitioner will examine perineum and repair tears with dissolvable stitches

First breastfeeding occurs – baby's suckling helps with uterine involution

Ice packs are applied to perineum to minimize swelling

Nurse will massage fundus to assess uterus condition and assist with involution

#### Newborn

Vitamin K injection given to assist with blood clotting

Antibiotic eye ointment is administered

Blood test (PKU)

First Hep B shot if agreed to by parents<sup>6</sup>

1 Softening may occur in the final weeks of pregnancy for some women; others will not begin until the onset of labor.

2 NOTE: dilation is not the sole indicator of progress. Some women enter active labor before the cervix has reached 4 cm

3 Back pain common if baby is in occipital posterior position; can also occur if baby is in occipital anterior position

4 NOTE: If an epidural has been administered, most women will not feel an urge to push and would require 'directed pushing.'

5 Woman has right to deny Pitocin for placenta delivery

6 Parents have the right to deny any of these treatments