The latent phase of labour

Introduction
This has been written to help you recognise the start of your labour and offer you advice and tips for coping with the latent (early) phase. You will be encouraged to remain at home during the latent phase, as research has shown that fear and anxiety often inhibit labour and, in turn, may lead to a cascade of intervention; so the best place for most women in this stage of labour is at home with familiar people and surroundings.

Labour is as much a psychological process as a physical one, so relax, create an air of calm, be prepared and informed. Remember that labour is a normal process; it is a journey that can take a long time and all labours are different, even if you have laboured before. The onset and duration of labour varies widely from one woman to another.

There are three stages of labour:
- First stage – (which includes the latent and active phases) from the onset of painful, regular contractions, up to your cervix (neck of the womb) being fully dilated (10 centimetres).
- Second stage – from full dilatation of the cervix to the birth of your baby.
- Third stage – from the birth of your baby until after the placenta (afterbirth) has been delivered.

The first stage of labour
The first stage of labour can be divided into two phases, the latent and active phases. The latent phase is the very first part of your labour, and the active phase is established labour. First time mothers tend to have longer latent phases than mothers who have laboured before.

What happens in the latent phase?
Prior to labour starting, the cervix is long and firm. During the latent phase, the muscles of the uterus (womb) contract and make the cervix shorter, thinner and softer. This occurs before the cervix begins to dilate (open) in women that are having their first baby. Feel your nose; it is firm and muscular. Now feel your lip; it is soft and stretchy. Your cervix starts out firm like your nose and has to become soft and stretchy, like your lip, before it can begin to dilate. The cervix also moves forward to an anterior position in the pelvis and then gradually dilates. The latent phase is slow and steady; it can take from 12 hours to three days, although it is often considerably shorter for second and subsequent babies.

What it feels like:
- You may have backache, or period-type tightenings, which are uncomfortable but not painful for some hours, which may then fizzle out completely. This is normal and is just your body’s way of preparing itself for labour.
- Some women have bouts of contractions lasting a few hours which then stop and start up again the next day. This is normal.
- Your contractions may be irregular in strength and/or frequency.
- The contractions tend to be variable and more than five minutes apart. (Some women will have more frequent contractions during this phase, though they still tend to be mild and last less than a minute).
- For most women, contractions in this early phase will not be as strong as they will be in established labour. You will probably find that you can still talk through your contractions and potter around the house.
- Your contractions will usually become more regular, intense and painful than the earlier so called ‘Braxton-Hicks’ contractions you may have felt during your pregnancy. Sometimes the contractions in the latent phase can be quite painful, though they may be dilating your cervix much more slowly than you would like! If this happens, do not worry – each woman has her own rhythm and pace of labour. Some women may not even be aware of these early contractions and may proceed directly to the established stage of labour.
- You may or may not pass a show (a mucousy plug) from the cervix. A show sometimes has a streak of blood within it. If the blood loss is more than a streak or you are concerned about the amount, you should contact your midwife or the hospital for advice immediately.
- Membranes rupture (waters break), even if you are not having any contractions
- If you have any concerns regarding your baby’s movements.

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Self-help tips
We recommend that you stay at home for as long as possible. There is evidence that the further on in labour you are when you come in to hospital, the more likely you are to have a normal birth. There are things you can do to help yourself, such as:

- Try a relaxing, warm bath or shower.
- Take a mild painkiller for example Paracetamol. Read and follow the instructions given on the packet.
- Distract yourself by listening to music, watching TV, doing some light gardening, taking a walk etc.
- Apply a TENS (transcutaneous electrical nerve stimulation) machine if you have hired or purchased one (do remember to take it off if you get into the bath or birthing pool!)
- Practice any relaxation techniques you may have learnt.
- Try massage – ask your partner or labour supporter to do this for you.
- You may find it helps to make love. Kissing, cuddling and having an orgasm all cause your body to produce oxytocin. This is the hormone which is produced in labour and which makes your uterus contract.
- If you intend to use complementary therapies, this is the time you may find them most beneficial.
- **We strongly encourage you to eat little and often to maintain energy levels throughout labour. Light meals or high carbohydrate snacks are best. If you feel nauseous then either teaspoons of honey or isotonic drinks may be beneficial.**
- Drink plenty of fluids to maintain your hydration.
- Follow your usual activity; if it is at night, try to rest and get some sleep.
- Experiment with positions that you find comfortable. Remaining upright and mobile in labour can help your labour progress more quickly, but adequate rest is also important.
- Chose a supportive birthing partner who can be with you throughout your labour. Your birth partner can encourage and reassure you and help to tell your midwife what you would like.
- Monitor your baby’s movements – call Labour Ward Triage if you feel that the pattern has changed significantly or they have slowed down or stopped.
- Make a mental note of the contractions and how long they are lasting. Time them periodically to get a sense of what is going on but spend time relaxing with the support of your birth partner as it is not necessary to record every contraction. In most cases your contractions will let you know when it is time to take them more seriously!

**The active phase or established labour – when contractions are painful and of equal strength and regularity**
The active phase begins when your cervix is four centimetres dilated and progress becomes quicker. Your contractions will become more frequent, longer and stronger, and your cervix will begin steadily dilating. As a general rule, once you have had regular, painful contractions (each lasting about 60 seconds) every three to four minutes for at least an hour, you are usually considered to be in established labour. It is also the time recorded in the maternity notes as the onset of labour.

**When should I contact a midwife?**
Please call the hospital when you think you are in labour, or if you are concerned for any reason and a midwife will advise you.
Following discussion with the midwife you may be asked to attend labour ward triage where the wellbeing of you, your baby and the stage of your labour will be assessed. If you are planning a home birth the community midwife will be contacted and attend if appropriate. Following assessment you may be advised to return home to relax to help speed up labour, be admitted to the antenatal ward or come in to the Labour Ward if your labour is established/active.

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**How can I find out more about labour?**
Your community midwife will discuss labour at your local antenatal classes.

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