

The Latent Phase of Labour: How to Recognise What is Happening and How to Cope



This information leaflet has been written to help you recognise the start of your labour, understand the progression labour usually takes and offer you advice and tips to help you during this time. Labour is divided into three parts:

- The first part of your labour, often referred to as the first stage by midwives, is when the cervix dilates (opens) over a period of time, to 10 centimetres.
- The second part of your labour is when the baby moves down through the vagina and is born.
- The third part is when the afterbirth (placenta) is delivered.

What is the latent phase of labour?

The first stage of labour is broken down into the **latent phase** and the **established phase**. The latent phase of labour is the **very** beginning part of the first stage of labour. The latent phase begins with a long, firm cervix that is closed accompanied by irregular contractions and ends with a thin, paper like cervix that is soft and 4cm dilated accompanied by regular contractions. Established labour, begins with a cervix dilated 4cm accompanied by regular painful contractions and end when the cervix is 10 centimetres dilated.

What happens during the latent phase?

- You may find contractions during the latent phase mild and may not even notice them. Others may have backache and cramps.
- You may have regular contractions that last a few hours which then stop and start up the next day.
- Contractions are often irregular, short lasting and usually milder in strength than contractions in established labour. You may also find they vary in strength. You may still find yourself able to talk through most of them.

- You may experience some blood-stained mucous like discharge called a “show”. This can occur days or even weeks before labour begins. If you experience any fresh period like bleeding or you are unsure about vaginal loss you are experiencing please contact delivery suite.
- You may feel increasing pelvic pressure as your baby moves into your pelvis.
- You may have increased vaginal discharge.
- Your membranes may rupture (waters break), which may feel like a slow leak or a gush of fluid. If you suspect this may have happened please contact us on one of the telephone number below if you are unsure when to phone or need advice.

How long does the latent phase last?

This phase may last from 6-10 hours up to a few days, although it is often much shorter for second and any further labours. In some women there is an unnoticed change from the latent phase to active labour, while others experience a rest in between.

Established labour has been reached when contractions are stronger and regular lasting longer than before, usually up to a minute and occurring at least two to three times in a ten-minute period. This change from latent phase to established labour can be hard to recognise for women and health professionals alike so assessment can be provided by telephone contact initially then face-to-face contact during this time. Please see telephone numbers below to contact us.

How can I help myself through the latent phase?

We recommend that you stay at home for as long as possible during this phase of labour, (unless otherwise informed by your midwife or doctor). There are many ways you can help yourself through these first hours of the latent phase of labour:

- It is important to stay calm and relaxed this will allow the hormones responsible for labour progressing (oxytocin) to flow.
- Keep your breathing deep, steady, and slow during a contraction. As the contraction starts, focus on taking a breath in, allowing the breath out to be longer slower and steadier. As a rough guide in for 4 seconds out for 6. It can help if you inhale through your nose and breathe out through your mouth.
- Practice any relaxation or hypnobirthing techniques you have learnt.
- Distract yourself by listening to music, watching television, doing some light household activities, taking a walk, etc.
- Timing- try not to spend all your time looking at the clock or timing the contractions on an app. This can make labour feel much longer.
- Try a warm bath or shower at regular intervals, you may find the warmth of the water soothing and relaxing.
- Ensure you maintain your energy levels for labour by eating small, light meals containing carbohydrates such as toast, bananas, pasta or cereals.

- Drink plenty of fluids. Isotonic or sports drinks are a good way of keeping hydrated.
- Keep active during the day. Try and keep in an upright position which will assist gravity and help your baby move in to the pelvis. Swaying your hips may also help with any backache you may be experiencing. Using a birthing ball can also be used to assist with this.
- If night-time or you feel the need to rest, getting comfortable can be difficult so, try lying on your left-hand side in bed with pillows between your knees and under your bump. You could also try building a nest with pillows/ beanbags and duvets, so you can be on all fours on the bed or leaning over a birthing ball. Play relaxing music and dim the lights to aid relaxation and sleep.

Pain relief in the latent phase

- TENS machines can be very useful during this phase and can be bought or hired to provide pain relief and aid relaxation. These can be left on for as long as needed, don't forget to remove if entering the bath or shower.
- Massage may be useful. All women are different, you may really appreciate the sense of touch in labour, you may not. Someone massaging in a circular motion on your back just above the bottom may be beneficial.
- Take a mild painkiller. Paracetamol can be taken at home and if taken regularly (4-6 hourly, no more than 8 in 24 hours).

Oramorph

Oral morphine (oramorph) can sometimes be given in the latent phase of labour when other methods of pain relief have been tried.

It is a liquid dose that the midwife seeing you in hospital during this time may administer and the dose we give is 10-20mg.

Oramorph is an opioid drug and has some side effects similar to those of pethidine. These include:

- Drowsiness (less than with pethidine).
- Nausea and vomiting (not common).

Side effects for your baby may include:

- Drowsiness.
- Short term respiratory depression (this means the baby can be slow to breathe at birth but is rare and can be reversed with another drug if needed).
- Possible delays in establishing breastfeeding (although less so than with pethidine usage).

We will not offer you oramorph if you:

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- Are known to be allergic to morphine.
- Suffering from severe nausea and vomiting.

After being given a dose of oramorph we will monitor you and your baby for any side effects. We will check your blood pressure, pulse and respiratory rate. We will listen to your baby's heartbeat. We will also check how drowsy you feel. If these observations are normal and you aren't feeling too drowsy then if it is otherwise safe to do so we may send you home for labour to establish.

Help for birthing partners to assist in the latent phase

- It is important to choose a supportive birthing partner who can be with you throughout your labour. Your birthing partner can encourage and reassure you and help tell your midwife what you would like.
- Touch may be reassuring to some women so you may wish to encourage your partner to hold your hand, let you lean against them, wipe your face, and suggest position changes.
- It may also be helpful if your partner massages your back to help with backache and help you relax (as above).
- Your birth partner can help encourage you with your breathing
- Eye contact with your birth partner may also help with distraction from the pain of contractions.
- Your birth partner may offer words of encouragement such as "you're doing really well", "blow the contraction away" and focus on your breathing which may help you.
- As a birth partner don't expect conversation during contractions as things advance remain silent to encourage concentration and relaxation.
- Your birthing partner should also encourage you to eat and drink, preparing you small meals of simple carbohydrates and offering you drinks regularly.

When to contact the maternity unit/community midwife/go in to hospital

Midwives are contactable 24 hours a day via delivery suite Midwifery Assessment Unit (MMAU) Midwifery Led Birthing Unit (MLBU) depending on where you are planning on having your baby or medicom (if you are planning a homebirth). See contact numbers below.

We are more than happy to talk to you about what is happening and how you are coping at any time. However, if are experiencing any of the following please call:

- If you think you are in active labour and would like some advice about when to come in to hospital.
- You think your waters may have broken.
- You have any vaginal bleeding that is more than a blood streaked show.

- If the pattern of baby's movements has changed or is reduced. You should continue to monitor these throughout the latent phase and active phases of labour and they should remain unchanged.
- If you have constant pain that doesn't come and go like contractions.

Finally

Remember labour is a journey and the latent phase of labour may take a few days. **This is normal.** Keep calm and relaxed so that your body can produce the hormone oxytocin (needed for labour). Home is often the place where you will feel most relaxed and therefore more likely to produce oxytocin.

If you attend hospital in the latent phase your midwife may encourage you to return home again to relax and allow the hormones to work within your body.

The plan made when you make telephone contact or attend the unit will be made in partnership with you and your birthing partner and take into consideration your wishes, feeling and concerns.

Contact numbers (answered 24 hours a day)

Delivery suite (MMAU) 01603 287328 or 01603 287329

Midwifery Led Birthing Unit (MLBU) 01603 288260

Medicom (01603) 481222

If you have any heavy bleeding, severe pain in between contractions or you feel your baby is coming suddenly call 999

