

## Early Signs of Labour and Comfort Measures

### *What are the different stages of labour?*

**First Stage:** This is the stage where your cervix opens. This stage has early (0-5 cm dilated) and active parts (5-10 cm dilated).

**Second Stage:** This is when you push your baby out.

**Third Stage:** This is when you birth the placenta.

**Fourth Stage:** This stage is where you cuddle with your baby and transition into parenthood.

### *What is the difference between early and active labour?*

People often wonder about the difference between early and active labour. Here is a little break down:

<b>Early</b>	<b>Active</b>
<ul style="list-style-type: none"><li>• Dilation from 0-5cm</li><li>• Irregular contractions, every 5-15min</li><li>• Cervix is starting to shorten, soften</li><li>• Unknown time frame, no “time limit”</li></ul>	<ul style="list-style-type: none"><li>• Dilation from 5-10cm</li><li>• Contractions regular, every 2-4min</li><li>• Cervix is dilating progressively</li><li>• Time expectations on progress</li></ul>

### *What is early labour?*

Labour typically starts with a similar feeling to what you would have if you were getting your period. You may have a back ache, some pelvic pressure and feel discomfort in your thighs, hips and abdomen.

Contractions may resemble menstrual cramps and last between 20-45seconds. They may start every 10-20 minutes, or you may not even be aware of them at first.

If you are in early labour, your contractions are likely to be irregular. They may come and go; they can be 3 minutes apart for several contractions, and then space back out to 10 or 15 minutes apart. This is classic early labour and it is your body’s way of warming up before active labour.

Some other signs may include:

- Diarrhea
- Show (slightly pink, vaginal mucous)
- Your water leaking or breaking

***What types of things should I be doing during early labour?***

- Carry on your usual activities as long as possible. Go for a walk, try to sleep or rest, make meals. Distraction works well during this phase!
- Breathe in a normal manner until you can no longer talk or walk through contractions, then start with slow breathing as needed
- Drink water and eat as you normally would
- Go pee to empty your bladder regularly
- Try different position changes. Use your exercise ball if you have one
- Use a heating pad, ice packs or TENS machine on your back
- Massage and/or visualization
- Acupuncture and/or acupressure
- Try a warm bath or a shower
- Put on a menstrual pad in case your water breaks or if you are having some 'show'
- Take some Tylenol and Gravol (up to 1000mg of Tylenol and 50mg of Gravol every 4-6hrs)
- Call your doula if you have one

***When should I call the midwife?***

You do not need to call us to let us know that your contractions have started. Your midwife will be present and by your side once you are in active labour.

You should use the pager to contact us:

If this is your first labour: when **contractions are 3 mins apart** from the start of one contraction to the start of the next, 60 secs long, and when this has been **going on for 1 hr.**

If you've given birth before: when **contractions are 4 mins apart.**

***What if I am not coping in early labour?***

If you have tried all the tricks but your contraction pattern is still irregular and you are starting to get exhausted, it is important to contact your midwives.

Depending on your labour pattern, we can offer you a visit at your home or the hospital to assess your labour progress. This will include the routine check we do during clinic visits (blood pressure, listen to baby's heart rate and feel their position) and a vaginal exam to determine what stage of labour you are in.

If you are still in early labour (i.e. your cervix is less than 4-5cm dilated), we can administer an injection of morphine and Gravol in hospital. The morphine helps take the edge off the contractions and the Gravol helps reduce nausea and promotes sleep.

**Morphine & Gravol:**

**PROS:**

- Dulls the pain of the contractions and spaces them out.
- Makes you feel drowsy and relaxed. You will be discharged home to go sleep!

**CONS:**

- Crosses the placenta, so can affect baby's breathing if given too close to delivery.
- Can make some people feel nauseated.

***Check out these amazing resources for more info:***

*Position changes and comfort measures* <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/comfort-in-labor-simkin.pdf>

*Early labour coping*

<https://www.healthyfamiliesbc.ca/home/articles/first-stage-labour-early-phase>



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