



What to expect during labour and birth

Birmingham Heartlands Hospital

Bordesley Green East, Birmingham B9 5SS

Delivery Suite: 0121 424 3514

Maternity Urgent Assessment Unit (MUAU): 0121 424 2729

Midwifery Led Unit: 0121 424 1725 / 0121 424 0773

Good Hope Hospital

Rectory Road, Sutton Coldfield, B75 7RR

Delivery Suite: 0121 424 7201

Maternity Assessment Centre: 0121 424 2729

Midwifery Led Unit: 0121 424 7204

Know the Signs

There are several signs that labour might be starting, including:

- contractions or tightenings
- a "show", when the plug of mucus from your cervix (entrance to your womb, or uterus) comes away
- backache
- an urge to go to the toilet, which is caused by your baby's head pressing on your bowel
- your waters breaking

When to contact your midwife or maternity unit

Call your midwife or maternity unit for guidance if:

- you think you're in labour
- you're having regular contractions coming every 3 to 5 minutes or more often

You can also call your midwife or maternity unit on the above numbers if you're unsure or worried about anything.

Information for Patients

CALL YOUR MATERNITY UNIT URGENTLY IF:

- ✓ your waters break
- ✓ you have vaginal bleeding
- ✓ your baby is moving less than usual
- ✓ you're less than 37 weeks pregnant and think you might be in labour
- ✓ any of your contractions last longer than 2 minutes
- ✓ you're having 6 or more contractions every 10 minutes

These signs mean you need to see a midwife or doctor. Do not wait until the next day – call immediately, even if it's the middle of the night.

Immediate action required: CALL 999 and ask for an Ambulance if:

- ✓ you think your baby is coming now, and you have a strong urge to push
- ✓ you have heavy bleeding

Latent phase of labour

The start of labour is called the latent phase. This is when your cervix becomes soft and thin, and starts opening for your baby to be born. This can take hours or sometimes days.

You'll probably be advised to stay at home during this time. If you go to the hospital or maternity unit, they may suggest you go back home.

Call your midwife if you're unsure or worried about anything.

What do contractions feel like

When you have a contraction, your womb tightens and then relaxes. For some people, contractions may feel like extreme period pains.

You may have had 'practice contractions' during your pregnancy, particularly towards the end. These tightenings are called Braxton Hicks contractions, which may feel uncomfortable, but are usually painless. Braxton Hicks contractions generally do not last that long, do not happen very frequently, and do not build up.

Information for Patients

Your contractions tend to become longer, stronger, and more frequent as your labour progresses. During a contraction, your womb muscles tighten, and the pain increases. If you put your hand on your abdomen, you'll feel it getting harder. When the muscles relax, the pain fades, and you'll feel the hardness ease.

The contractions are pushing your baby down and opening the entrance to your womb (the cervix), ready for your baby to go through.

The midwife will probably advise you to stay at home until your contractions become frequent.

Backache often comes on in labour

You may get backache or a heavy, aching feeling.

A "show" can signal the start of labour

During pregnancy, there's a plug of mucus in your cervix. This mucus comes away just before labour starts, or when in early labour, and it may pass out of your vagina. This sticky, jelly-like pink mucus is called a show.

It may come away in 1 blob or in several pieces. It's pink because it contains a small amount of blood.

If you're losing more blood, it may be a sign that something is wrong, so phone your hospital or midwife straight away.

A show indicates that the cervix is starting to open. Labour may quickly follow or may take a few days. Sometimes there is no show.

What happens when my waters break

It's likely your waters will break during labour, but it can also happen before labour starts.

Your baby develops and grows inside a bag of fluid called the amniotic sac. When it's time for your baby to be born, the sac usually breaks and the amniotic fluid drains out through your vagina. This is your waters breaking. Sometimes when you're in labour, a midwife or doctor may offer to break your waters.

If your waters break naturally, you may feel a slow trickle or a sudden gush of water you cannot control. To prepare for this, you could keep a period pad (but not a tampon) handy if you're going out and put a protective sheet on your bed.

Amniotic fluid is clear and pale. Sometimes it's difficult to tell amniotic fluid from urine. When your waters break, the water may be a little bloodstained to begin with.

Tell the midwife immediately if:

- the waters are smelly or coloured
- you're losing blood
- you are Group B Strep Positive

This could mean you and your baby need urgent attention.

Information for Patients

If your waters break before labour starts, call your maternity unit. Use a period pad (not a tampon) so your midwife can check the colour of the waters.

If labour does not start after your waters break

It's usual to go into labour within 24 hours of the waters breaking. You'll be offered an induction if you do not, because, without amniotic fluid, there's a small increased risk of infection for your baby.

Until your induction, or if you choose to wait for labour to start naturally, tell your midwife immediately if:

- your baby moves less than usual
- there's any change in the colour or smell of any fluid coming from your vagina

You should take your temperature every 4 hours when you're awake and tell the midwife if it's raised. A raised temperature is usually above 37.5 °C, but you may need to call before this – check with the midwife.

There's no evidence that having a bath or shower after your waters have broken increases your risk of infection, but having sex might.

How to cope when labour begins

At the beginning of labour, you can:

- walk or move about, if you feel like it
- drink fluids – you may find sports (isotonic) drinks help keep your energy levels up
- have a snack, if you feel like it
- try any relaxation and breathing exercises you've learned to deal with contractions as they get stronger and more painful – your birth partner can help by doing these with you
- have your birth partner rub your back – this can help relieve pain
- take paracetamol according to the instructions on the packet – paracetamol is safe to take in labour
- have a warm bath

The stages of labour and birth

Latent stage of labour

The latent stage of labour is where your cervix starts to soften and open (dilate) so your baby can be born.

You may begin to feel irregular contractions, but it can take many hours, or even days, before you're in established labour. It's usually the longest stage of labour.

At this stage, your contractions may range from being slightly uncomfortable to more painful. There's no set pattern to how many contractions you get or how long they last.

Information for Patients

During the latent stage, it's a good idea to have something to eat and drink because you'll need energy for when labour is established.

If your labour starts at night, try to stay comfortable and relaxed. Sleep if you can.

If your labour starts during the day, stay upright and gently active. This helps your baby move down into your pelvis and helps your cervix to dilate.

Breathing exercises, massage, and having a warm bath or shower may help ease pain during this early stage of labour.

Established labour (1st stage of labour)

Established labour is when your cervix has dilated to about 4cm and your contractions are stronger and more regular.

If you go into hospital before your labour has become established, they may suggest you go home again for a while.

Once labour is established, your midwife will check on you from time to time to see how you're progressing and offer you support, including pain relief if you need it.

You can either walk around or get into a position that feels comfortable to labour in.

Your midwife will offer you regular vaginal examinations to see how your labour is progressing. If you do not want to have these, you do not have to – your midwife can discuss with you why she's offering them.

Your cervix needs to open about 10cm for your baby to pass through it. This is what's called being fully dilated.

In a 1st pregnancy, the time from the start of established labour to being fully dilated is usually 8 to 18 hours. It's often quicker (around 5 to 12 hours), in a 2nd or 3rd pregnancy.

When you reach the end of the 1st stage of labour, you may feel an urge to push.

Monitoring your baby in labour

Your midwife will monitor you and your baby during labour to make sure you're both coping well.

This will include using a small handheld device to listen to your baby's heart every 15 minutes. You'll be free to move around as much as you want.

Your midwife may suggest electronic monitoring if there are any concerns about you or your baby, or if you choose to have an epidural.

Electronic monitoring involves strapping 2 pads to your bump. One pad is used to monitor your contractions, and the other is used to monitor your baby's heartbeat. These pads are attached to a monitor that shows your baby's heartbeat and your contractions.

Sometimes, a heart monitor called a fetal scalp electrode can be attached to the baby's head instead. This can give a more accurate measurement of your baby's heartbeat.

Information for Patients

You can ask to be monitored electronically even if there are no concerns. Having electronic monitoring can sometimes restrict how much you can move around. Your midwife can discuss this with you.

If you have electronic monitoring with pads on your bump because there are concerns about your baby's heartbeat, you can take the monitor off if your baby's heartbeat is shown to be normal.

A fetal scalp electrode will usually only be removed just as your baby is born, not before.

Speeding up labour

Labour can sometimes be slower than expected. This can happen if your contractions are not coming often enough, are not strong enough, or if your baby is in an awkward position.

If this is the case, your doctor or midwife may talk to you about 2 ways to speed up your labour: breaking your waters or an oxytocin drip.

Breaking your waters

Breaking the membrane that contains the fluid around your baby (your waters) is often enough to make contractions stronger and more regular. This is also known as artificial rupture of the membranes (ARM).

Your midwife or doctor can do this by making a small break in the membrane during a vaginal examination. This may make your contractions feel stronger and more painful, so your midwife will talk to you about pain relief.

Oxytocin drip

If breaking your waters does not work, your doctor or midwife may suggest using a medicine called oxytocin (also known as syntocinon) to make your contractions stronger. This is given through a drip that goes into a vein, usually in your wrist or arm.

Oxytocin can make your contractions stronger and more regular and can start to work quite quickly, so your midwife will talk to you about your options for pain relief.

You will also need electronic monitoring to check your baby is coping with the contractions, as well as regular vaginal examinations to check the drip is working.

2nd stage of labour

The 2nd stage of labour lasts from when your cervix is fully dilated until the birth of your baby.

Finding a position to give birth in

Your midwife will help you find a comfortable position to give birth in. You may want to sit, lie on your side, stand, kneel, or squat, although squatting may be difficult if you're not used to it.

If you've had lots of backache while in labour, kneeling on all fours may help. It's a good idea to try some of these positions before you go into labour. Talk to your birth partner so they know how they can help you.

Information for Patients

Pushing your baby out

When your cervix is fully dilated, your baby will move further down the birth canal towards the entrance to your vagina. You may get an urge to push that feels a bit like you need to poo.

You can push during contractions whenever you feel the urge. You may not feel the urge to push immediately. If you have had an epidural, you may not feel an urge to push at all.

If you're having your 1st baby, this pushing stage should last no longer than 3 hours. If you've had a baby before, it should take no more than 2 hours.

This stage of labour is hard work, but your midwife will help and encourage you. Your birth partner can also support you.

What happens when your baby is born

When your baby's head is almost ready to come out, your midwife will ask you to stop pushing and take some short breaths, blowing them out through your mouth.

This is so your baby's head can be born slowly and gently, giving the skin and muscles in the area between your vagina and anus (the perineum) time to stretch.

Sometimes your midwife or doctor will suggest an episiotomy to avoid a tear or to speed up delivery. This is a small cut made in your perineum.

You'll be given a local anaesthetic injection to numb the area before the cut is made. Once your baby is born, an episiotomy or any large tears will be stitched closed.

Once your baby's head is born, most of the hard work is over. The rest of their body is usually born during the next 1 or 2 contractions.

You'll usually be able to hold your baby immediately and enjoy some skin-to-skin time together.

You can breastfeed your baby as soon as you like. Ideally, your baby will have their 1st feed within 1 hour of birth.

3rd stage of labour

The 3rd stage of labour happens after your baby is born, when your womb contracts and the placenta comes out through your vagina.

There are 2 ways to manage this stage of labour:

- active – when you have treatment to make it happen faster
- physiological – when you have no treatment and, this stage happens naturally

Your midwife will explain both ways to you while you're still pregnant or during early labour, so you can decide which you would prefer.

There are some situations where physiological management is not advisable. Your midwife or doctor can explain if this is the case for you.

Information for Patients

What is active management?

Your midwife will give you an injection of oxytocin into your thigh as you give birth, or soon after. This makes your womb contract.

Evidence suggests it's better not to cut the umbilical cord immediately, so your midwife will wait to do this between 1 and 5 minutes after birth. This may be done sooner if there are concerns about you or your baby – for example, if the cord is wound tightly around your baby's neck.

Once the placenta has come away from your womb, your midwife pulls the cord, which is attached to the placenta, and pulls the placenta out through your vagina. This usually happens within 30 minutes of your baby being born.

Active management speeds up the delivery of the placenta and lowers your risk of having heavy bleeding after the birth (postpartum haemorrhage), but it increases the chance of you feeling and being sick. It can also make afterpains (contraction-like pains after birth) worse.

What is physiological management?

No oxytocin injection is given, and the 3rd stage of labour happens naturally.

The cord is not cut until it has stopped pulsing. This means blood is still passing from the placenta to your baby. This usually takes around 2 to 4 minutes.

Once the placenta has come away from your womb, you should feel some pressure in your bottom, and you'll need to push the placenta out. It can take up to an hour for the placenta to come away, but it usually only takes a few minutes to push it out.

If the placenta does not come away naturally or you begin to bleed heavily, you'll be advised by your midwife or doctor to switch to active management. You can do this at any time during the 3rd stage of labour.

For more information, please see [Signs that labour has begun - NHS](#)

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