

Early Labour / Latent Phase of Labour

This leaflet explains the latent phase of labour. If you have any further questions, please speak to a staff member caring for you.

What is the latent phase of labour?

The latent phase of labour is the first stage of your body's preparation for birth. During this time you may feel irregular contractions that vary in strength, length and frequency.

For example, you may have three contractions in the space of 15 minutes, then one contraction in 20 minutes, then two contractions in 10 minutes. Some of them may last 20 seconds, others might last one minute. Some might take your breath away, others you can talk through. They may stay regular for some time and then reduce in frequency. All of this is perfectly normal.

It's important to remember that birth is a marathon, not a sprint. Your body and your baby are working together to do a lot of work during the latent phase. Your cervix will start to soften, shorten and dilate. Your baby will start to navigate your pelvis and move into the best positions to help this. Your uterus will contract to support your baby to descend and your cervix to change. To do all this your body needs time.

The latent phase can last anywhere from hours to days. It can start and stop. It can be more intense and less intense. Everybody and every birth is different. So what can you do to help manage during the latent phase of labour? This leaflet will give you some advice on practical steps you can take to manage this stage of your labour.

Stay at home for as long as possible

(Please see 'call us for advice section on when to seek advice / come in)

This is recommended because moving from your home to the hospital can slow down labour progress. Staying at home will allow you to remain in an environment where you feel safe and comfortable. Admission to the hospital for people who are medically low-risk in early labour has not been demonstrated to improve outcomes but can increase the chance of medical intervention ^{1,2}. We recommend trying coping strategies (as listed here) before coming to the hospital - if these are no longer working or you would like to be seen, you can phone us to arrange to come to the hospital for assessment.

Do things to promote the release of oxytocin and reduce stress

Oxytocin is known as the 'love hormone' - it is one of the main hormones responsible for uterine contractions and is released when you are relaxed and happy, as well as during sexual arousal ⁸. If you are stressed or scared other hormones can inhibit oxytocin which can prevent progress in labour ⁸.

To promote oxytocin, focus on relaxing as much as possible. This will look different for every person. Some things you could consider include making your environment feel comfortable (dim lighting, candles, blankets, music, your favourite snacks). You may want to talk to your baby, meditate or get someone to give you massages. Physical intimacy with your partner can also be an option. You could also consider hand expressing / colostrum harvesting as oxytocin is the hormone responsible for the release of milk. It can help to surround yourself with people who make you feel safe and loved.

Go for walks and use upright positions

Upright positions (such as standing, squatting and kneeling) use gravity to encourage your baby to descend into your pelvis, which will help your labour progress, with the bonus of often increasing your comfort by taking pressure off your back^{3,4}. You can use tools such as birthing balls, pillows and beanbags to find positions that are most comfortable for you.

Rest where possible

Although upright positions are excellent, this stage of labour can take time, therefore it is important to try to sleep when you are able to do so. You may find it challenging to sleep during contractions but try to rest in between. Side-lying positions can be more comfortable as they also take pressure off your back.

Have a bath or shower

Hot water can help to reduce the sensation of discomfort and help you to relax throughout labour⁵. Make sure you are keeping hydrated if you are in hot water for long periods of time. You could also consider using a hot water bottle (being careful not to burn yourself through direct application onto your skin).

Hydrate and eat as normal

It is safe and encouraged to eat and drink in labour⁶. There's no strong evidence to indicate that certain foods are more effective at speeding up labour, however you can eat whatever you prefer at this stage. Remember to go to the toilet regularly to pass urine, as a full bladder can slow down labour by obstructing your baby as it tries to enter your pelvis⁷.

Consider taking pain relief

You can take paracetamol according to the instructions on the packet.

If you weigh >50kg you should take 1000mg (1 gram) of paracetamol every four to six hours. You can take a maximum of 4 grams per day.

If you weigh <50kg you should take 500mg (½ a gram) of paracetamol every four to six hours.

Co-codamol can also be purchased in pharmacies over the counter and can be considered and taken according to the instructions on the packaging. This medication contains codeine and paracetamol so make sure you have not had paracetamol tablets in the four hours prior to taking co-codamol. It can cause drowsiness, so do not drive after taking this. You could consider using a TENS machine which can be purchased and sometimes rented from pharmacies and can be effective at relieving the sensation of pain.

Consider alternative therapies

Breathing techniques can be effective to focus your attention and make the sensation more manageable. When you feel a contraction, focus on slowing your breathing and relaxing any tension in your muscles. Drop your shoulders, relax your jaw, slowly breathe in through your nose and out through your mouth. It can help to have a birth partner to gently remind you to do this. If you have done any antenatal hypnobirthing classes you may wish to use these techniques. Should you wish to use alternative therapies (such as aromatherapy, acupressure or acupuncture) you should consult a specialist with appropriate pregnancy specific training.

Call us for advice

If you are unsure what to do or if you do not feel as if you are coping at home, you can call us. We can give you more advice and reassurance on how to manage the latent phase. You should also call us if:

- You have tried everything above and wish to discuss further options for pain relief.
- You think your waters have broken (wear a sanitary pad, note the colour of the waters and the time you think they broke). The liquor should be clear in colour, if you notice a green / brown colour please contact the hospital immediately for advice.
- Your contractions become more regular and intense (three to four contractions in 10 minutes if this is your first baby, two to three contractions in 10 minutes if you have had a baby before or if you feel the need to push).
- You have any concerns with baby or yourself (such as your baby moving less than normal, any vaginal bleeding, severe abdominal pain or severe headaches).
- Any other questions or concerns.

We are happy to talk about any concerns you have and if you would like to come in for assessment we would love to see you. If you come to the Birth Centre we will do a routine check-up for you and your baby. We may also offer a vaginal examination, discuss further options for pain relief and then either recommend you return home or consider keeping you in the hospital for more support, depending on our assessment and your preferences.

Contact us

To speak to one of our midwives on Carmen Birth Centre please call: 020 8725 2039.

Where do I need to go?

We are open 24/7 and are located on the 4th Floor of Lanesborough Wing.

Useful sources of information

St George's Maternity Website

<https://www.stgeorges.nhs.uk/service/maternity-services/>

NHS Websites

The stages of labour and birth <https://www.nhs.uk/pregnancy/labour-and-birth/what-happens/the-stages-of-labour-and-birth/>

Signs that labour has begun

<https://www.nhs.uk/pregnancy/labour-and-birth/signs-of-labour/signs-that-labour-has-begun/>

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit

www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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References:

1. Neal, J.L. (2014) 'Outcomes of Nulliparous Women with Spontaneous Labor Onset Admitted to Hospitals in Pre-active versus Active Labor', *Journal of midwifery & women's health*, 59(5), pp. 549-550.
2. Ängeby, K. *et al.* (2018) 'Prevalence of Prolonged Latent Phase and Labor Outcomes: Review of Birth Records in a Swedish Population', *Journal of midwifery & women's health*, 63(1), pp. 33-44.
3. Lawrence A, *et al.* (2013) 'Maternal positions and mobility during first stage labour'. *Cochrane Database of Systematic Reviews*, 10(CD003934).
4. Berta, M., *et al.* (2019) 'Effect of maternal birth positions on duration of second stage of labor: systematic review and meta-analysis'. *BMC Pregnancy Childbirth* 19(466).
5. Ergin, A. *et al.* (2023). 'The use of hydrotherapy in the first stage of labour: A systematic review and meta-analysis.' *International Journal of Nursing Practice*, e13192.
6. Walter MH, Abele H and Plappert CF (2021) 'The Role of Oxytocin and the Effect of Stress During Childbirth: Neurobiological Basics and Implications for Mother and Child. *Frontiers in Endocrinology*, 12(742236).
7. Singata M, Tranmer J and Gyte GML (2013). 'Restricting oral fluid and food intake during labour'. *Cochrane Database of Systematic Reviews*, 8(CD003930).
8. Royal College of Nursing (2021), *Bladder and bowel care in childbirth*. RCN. Available at: <https://www.rcn.org.uk/Professional-Development/publications/rcn-bladder-and-bowel-care-in-childbirth-uk-pub-009-553#detailTab>