

Patient information

The latent phase of labour

There are three stages in active labour

The first stage This starts when you are in “active” or “established” labour, this is when the cervix (neck of the womb) dilates to 4cm and throughout labour you are having regular, strong contractions. The end of this stage is when the cervix dilates to 10cm (fully dilated).

The second stage This happens from when your cervix is fully dilated to the birth of your baby/babies.

The third stage This is when the placenta is delivered.

What is the latent phase of labour?

The “latent” phase is sometimes described as the “early” or “passive” phase of labour; at West Suffolk Hospital, we tend to refer to it as the “latent” phase of labour.

The latent phase is the beginning part of the first stage of labour. It is important to remember that the latent phase is unique to each individual; it can be a longer process for some than it is for others, it is normal for the latent phase to last over 24hrs.

Contractions and Braxton Hicks

Before labour starts, the cervix is usually thick, posterior (tilts towards your back) and closed. During the latent phase, your cervix begins to soften, move forward and thin out. For this to happen, you will start to have contractions; contractions happen when the womb/uterine muscle tightens and then relaxes, they can feel like intense period pains and can bring on lower back pain or pain in the front of your bump. To begin with, contractions are normally irregular (not always the same) and vary in strength, frequency and length; for example, they may start off like mild to moderate cramps/backache and last 30-40 seconds before going. You may get regular contractions; however, these may slow down or stop completely.

It is important to eat, drink and rest during breaks in between contractions or when the contractions stop; once your body has built up enough energy and is ready, contractions will start again.

You may also experience Braxton Hicks; these occur during the later stages of pregnancy (3rd trimester) and are sometimes referred to as practice contractions. Braxton Hicks may feel uncomfortable due to the tight feeling around your abdomen, but are not normally considered painful. You may also experience several within an hour, but unlike labour contractions, Braxton Hicks will not increase in strength, frequency and length; they will eventually stop.

Tip - it is useful for yourself or your birth partner to monitor the strength, frequency (how often they happen) and length of the contractions when they are moderate and regular; this can be achieved by simply timing/writing down the contractions or using a mobile app. Avoid monitoring contractions when they are mild and irregular, as they can remain this way for several hours.

Mucous plug

The “mucous plug” is also known as a “show”. During pregnancy, the cervix is closed and plugged with mucous, this acts as a barrier and helps prevent infection. The mucous plug often has a shiny, mucous like consistency, which is brown, cream or pink in colour and may contain traces of blood. You may pass the mucous plug several days before labour begins and/or continue to pass it throughout labour.

Waters breaking

You may hear midwives and doctors using the word SRM - this stands for spontaneous rupture of membranes, and is a term used for your waters breaking. When your waters have broken, you may experience this as a gush of fluid or a trickle. If you think your waters have broken, put on a sanitary pad to monitor the volume and colour of the fluid and call the maternity triage area / Labour Suite or the Birthing Unit for advice. We will ask for a history over the phone and if we feel your waters have broken, we will see you in person for an assessment.

Fetal movements

During your pregnancy, feeling your baby move gives you reassurance of his or her wellbeing. There is no specific number of movements that is considered to be normal because every baby is different. Throughout your pregnancy, you need to be aware of your baby’s individual pattern of movements.

It is important to remember:

- Do not use a home doppler (heartbeat listening kit) or a mobile app to check your baby's heartbeat; this is not reliable; midwives and doctors are specially trained to listen to your baby's heartbeat.
- It is **not** true that your baby's movements will reduce or stop towards the end of pregnancy. You should continue to feel movements right up to the time you go into labour and during labour.
- Do not wait if you are worried about movements, always seek professional help immediately. Never hesitate to call, no matter how many times you are concerned.

If you notice your baby is moving less than usual, has stopped moving or you have noticed a change in the pattern of movements, it is essential that you contact the maternity unit on either the maternity triage, Labour Suite or Birthing Unit phone number which is staffed 24hrs a day, 7 days a week. We will invite you in for monitoring of your baby's wellbeing.

What can you do to help yourself?

- Choose birthing partners who you can feel relaxed and comfortable with, this is very important. They are very useful at this stage, as they can comfort, praise and encourage you.
- Remain hydrated, clear fluids and isotonic drinks are best; remember to regularly empty your bladder.
- Regularly eat small snacks if you are unable to stomach your normal portions of food, this will help to maintain your energy levels.
- Rest when possible.
- Mobilise around the house, go for a walk and keep active. Being upright will encourage your baby to move further down into your pelvis and rotate into an ideal position for birth; use a birthing ball to allow your legs to rest. Avoid slouching or lying on your back, this will encourage your baby into the wrong position, causing your contractions to be irregular and the latent phase to be longer.
- Create a calm and relaxed environment; this can simply be achieved by darkening the room, listening to music/watching TV and turning on an aromatherapy diffuser. This can help produce endorphins, the body's natural pain killer.
- Have a warm bath or shower. Also, hot and cold compresses can help relieve aches and pains.

- Use breathing techniques; concentrate on breathing deeply and exhaling slowly. Try not to tense during contractions, as this can make the contraction more intense.
- Produce and release oxytocin (a hormone which helps to encourage contractions), this can be achieved by kissing, cuddling, nipple stimulation and having an orgasm.
- Use a TENS (Transcutaneous Electrical Nerve Stimulation) machine, this is a method of pain relief that involves the use of mild electrical current; ensure you read the user manual and start on the lowest setting and increase until the level best suited to you.
- Take regular paracetamol to ease aches and pains; you can take two (500mg) tablets every 4-6hrs, do not exceed more than eight tablets in 24hrs.

When to call for advice?

You can call us for advice or if you have concerns at any time. As mentioned above, call once your contractions are strong, lasting over a minute and coming every few minutes or you are finding it difficult to cope in the latent phase of labour after trying all the things you can do at home. The midwife will advise you whether it is the appropriate time to come into the hospital; we may encourage you to stay at home until you are in active labour.

Remember to call if you have any concerns over your baby's movements, your waters break, you experience fresh red bleeding like a period or if you have any other concerns. Contact numbers can be found on the front of your antenatal notes or below:

Maternity Triage: 01284 712723

Labour Suite: 01284 713278 / 713272

Birth Unit: 01284 712758

Remember, be patient, labour is a journey and the early part of the first stage of labour can take a longer time than what you may have expected. Quick labours are not always the easiest to experience; the latent phase lets you adjust to having contractions, allowing you to cope better throughout labour.

References

National Institute for Health and Care Excellence (NICE.,2022). *Intrapartum Care for Healthy Women and Babies*. Clinical Guidance [CG190]

National Health Service (NHS., 2018) *Your Baby's Movements*. NHS.

Royal College of Obstetricians and Gynaecology (RCOG., 2017). *Reduced Fetal Movements (Green-top Guideline NO.57)*.

If you would like any information regarding access to the West Suffolk Hospital and its facilities, please visit the website for AccessAble (formerly DisabledGo)

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