

First stage of labor: what happens step by step



Understanding the First Stage of Labor

The first stage of labor begins with the onset of regular uterine contractions, cervical dilation and effacement of the cervix. It is primarily subdivided into two phases: the latent phase and the active phase. The latent phase is characterized by gradual cervical changes and can last several hours, while the active phase is characterized by more intense contractions and quicker cervical dilation, ending with full effacement and 10 centimeters of dilation.

The Latent Phase

The latent phase represents the initial part of the first stage of labor. It typically begins at the onset of labor and may last for hours or even days, especially for first-time mothers.

During the latent phase, the cervix softens (effaces), shortens, and begins to open, reaching around 0 to 6 centimeters of dilation. Contractions are usually mild and irregular.

Contractions: the latent phase contractions are usually infrequent, occurring every 5 to 20 minutes, and last about 30 to 45 seconds.

Comfort Measures: Pain may be manageable, and women may find relief through walking, breathing techniques, and other non-pharmacological methods.

using a birthing ball, or other comfort measures.

The Active Phase

Transitioning from the latent to the active phase in the labor experience. This phase typically occurs once the cervix reaches dilation.

: During active labor, contractions become stronger, longer (lasting 45 to 60 seconds), and occur more frequently, generally every 3 to 5 minutes.

Cervical Dilation: Active labor is characterized by rapid cervical dilation, reaching up to 10 centimeters. The average duration of this phase is about 4 to 8 hours.

Emotional Responses: heightened emotional responses, ranging from excitement and anticipation to anxiety and discomfort.

Managing the First Stage of Labor

Proper management of the first stage of labor is well-being. providers often utilize specific guidelines and assessments phase.

Monitoring Contractions: Continuous monitoring of contraction patterns helps clinicians assess labor progression and identify any complications.

Assessing Cervical Dilation: Regular examinations are performed to evaluate cervical interventions if necessary.

Pain Management: Various options, including epidurals, IV medications, or non-pharmacological methods (breathing techniques, hydrotherapy), may be utilized to manage labor pain effectively.

Final Preparations for Delivery

As the first stage of labor support teams for the transition to the second stage of labor, pushing and the delivery of the baby.

Identifying Transition: The transition phase, often considered part of active the full dilation and experiencing strong urges to push.

Discussion with Providers: Open communication with about preferences and any concerns helps in case management strategies.

Creating a Support Plan: Engaging partners or support persons much-needed

support throughout the .