The Latent Phase of Labour

Understanding early labour and coping strategies

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If you've been having contractions for hours and you're wondering whether you're really in labour, you're not alone. The latent phase is often the longest and most unpredictable part of labour. It can be painful, frustrating and emotionally exhausting, but it is also a completely normal and important part of the birth process.

I hope that with better understanding of the latent phase, with the tools to help you through it, and with an appreciation of what your body is doing at this important time, the latent phase of labour might become the star of the show.

What is the latent phase?

The latent phase of labour is that very *early part of labour* when, biologically speaking, your cervix is going from its pre-labour state (closed, about 3cm long, pointing towards your back and hard) to being in its labouring state (starting to open – or dilate – starting to shorten, starting to point towards your front, and starting to soften).

What do contractions feel like in the latent phase of labour?

In order for your cervix make these initial changes (go from 0 – 4cm, start to point from your back to your front, and start to soften), *you will start having contractions*, and *they can be painful*. But in this early phase of labour, contractions are characterised by being irregular, sometimes 5 – 20 minutes apart, they stop and start, they vary in length (how long they last) and strength (how painful they are), and often you may have some longer periods with no contractions. It can go on like this for any length of time - between a few hours to a few days. Generally it is on the longer side if it is your first baby, and on the shorter side for subsequent babies.

Why can the latent phase of labour be so emotionally difficult?

This is why the latent phase of labour can be a really frustrating time. Many women expect contractions to build up consistently until it is time to go to hospital. But in reality contractions may stop and start, become stronger and then disappear, or continue for many hours without the pattern changing very much. This unpredictability can be emotionally exhausting. Many women start to question whether they're "really" in labour or whether they're coping well enough. These feelings are incredibly common and are one of the reasons why understanding the latent phase before established labour begins can make such a difference. Try to remember that *early labour is still labour*, it is important and necessary and your body is doing what it needs to do.

Should I stay at home or go to hospital in the latent phase of labour?

Typically, midwives will advise that women spend this early phase of labour at home. This is because *labour getting going relies on a hormone called oxytocin*, which is responsible for your contractions. But oxytocin is a shy hormone and can be disturbed by bright lights and unfamiliar faces – and so sometimes when women come to hospital in the early part of labour, their contractions can fade away as the hormone oxytocin is disturbed. Whereas when women stay at home, in familiar surroundings, oxytocin can be released more easily, helping their labour to establish.

However, whilst many women might be more comfortable at home, it is important to recognise that some women will actually feel more comfortable and confident in hospital. If this is you, then please do not feel that you cannot go into hospital even if you feel you are not yet in established labour – as midwives we would always rather see you if you feel this way, and it may be that you need some extra pain relief to help you through the latent phase of labour, or you might want a midwife to assess you or to give you some reassurance.

... a midwife's insight
The only thing to note here is that you are not yet in the established phase of labour, the delivery suite or labour ward might not be available to you, and you may be offered a bed on the antenatal ward whilst you are still in the latent phase of labour. This is because generally speaking one to one care with a midwife on the labour ward only starts once you are in established labour.

How best to cope with the latent phase of labour

These are some of the best tips and tricks I have learnt

Keep your body comfortable

- Try using a **TENS machine, a heat pack, or massage** from your birthing partner
- Use **water**, ideally a warm bath but a shower works too (remember to take the TENS machine off if you are using one), make sure the water is covering your bump for best pain relief (or pour water over your bump with a jug), and stay in the bath as long as it is comfortable
- Consider taking **paracetamol**

Help labour to progress

- Stay at **home** if you feel comfortable to
- Rather than watching the clock or focusing on every contraction, try to carry on with normal activities for as long as you comfortably can. Many women find that **distraction** helps the latent phase feel more manageable
- Try to stay **upright and mobile** – going for a walk or going up and downstairs sideways like a crab are good ways to get baby into a good position for labour
- Use your **birthing ball** if you have one

Look after yourself

- Have **someone with you supporting** you
- **Rest** somewhere comfortable, watch a film if you feel like it, listen to music, try not to fight the contractions, but go with them
- Remember to keep **eating and drinking**, emptying your bladder

Help your mind

- Use your **breathing techniques**: when we are frightened we tense up and our breathing becomes shallow and rapid. This type of breathing leaves you feeling exhausted and in more pain. Instead, try to take long, slow deep breaths in and out which will relax your body, conserve energy and reduce adrenaline and pain levels.
  Try to breathe in slowly to the count of 3 and breathe out slowly to the count of 5. It is a good idea to practice these breathing techniques antenatally so you are familiar with them when you need them.

How painful is the early part of labour?

This is a difficult question to answer because it is different for every woman. Some women have painful latent phases, and go into hospital requiring additional pain relief to help them through, other women hardly notice that they are in the early phase of labour and move very quickly into established labour. Remember there is always help available to you.

How do I know if I am in established labour?

The latent phase of labour is characterised by irregular contractions, some of them strong, some of them weaker, sometimes in a regular pattern and sometimes with long breaks between them. This is quite different to established labour, and as midwives we are trained to know when you have moved from the latent phase of labour into the established phase of labour.

How do we make this assessment?

Firstly, if your contractions are regular, with each contraction lasting at least 60 seconds, strong enough that you cannot talk through them but have to focus on your breathing when they come, and coming every 2 – 3 minutes (or 3 – 4 times in every 10 minutes), and they have been like this consistently for an hour, then you might well be in established labour.

It is the midwives job to assess your contractions. Sometimes this can be done over the phone if you ring the maternity unit. If you have come into hospital, then midwives can assess your contractions by being with you and quietly observing you, and sometimes by putting a hand on your tummy and by feeling the strength of the contractions if you don't mind.

The other way that midwives are trained to recognise established labour is by offering you a vaginal examination. This can tell us how dilated you are, and if you are 4cm with strong regular contractions like I described, then you are probably in established labour.

Finally, women normally know their body well, and they know themselves. So listen to your body, and if you feel that you are in labour, tell us! This is as important a sign as any, and we will heed it well.

When should I phone your midwife or go to my maternity unit?

Always phone your hospital if at any point:

- You have reduced fetal movements
- You experience any vaginal bleeding
- Your waters break or your waters are meconium stained (green or brownish in colour)
- You have concerns that you are not coping at home and you feel that you need additional pain relief or reassurance
- You want to know what stage you're at
- If you feel that you want to be in hospital more than you want to be at home for whatever reason
- Or when contractions start becoming stronger and more regular, as though you are progressing into established labour

And stay in touch with your hospital during the latent phase – you can ring them for advice 24/7.

A note from the labour ward:

As a midwife working on labour ward, I often see women coming in thinking that they are in established labour, they are offered a vaginal examination and they are told that they are less than 4cm dilated, so they are not in established labour and they are still in that early part of labour. This means that they could go home and they don't yet need one to one care.

So, what do I say to women to whom this happens? Firstly, it is normal to feel disappointed, particularly if your contractions are painful and you have been coping with them for many hours.

Secondly, a cervical examination only provides a snapshot of one moment in time. It tells us how your cervix feels at the time of the examination, but it cannot predict what will happen over the next few hours.

Thirdly, the cervix does much more than simply open. Before it can dilate fully, it gradually softens, shortens and starts to point towards your front. Much of this preparation happens before significant dilation occurs, and although it isn't reflected in the number of centimetres, it is an essential part of labour. Your body has still been doing important work. And remember, even 1 or 2cm dilation is progress from a closed cervix! Be reassured that you are in the early part of labour, which is important and necessary.

Most importantly, being told you are less than 4cm dilated does not mean your pain isn't real or that your body isn't working. The latent phase can be physically and emotionally demanding, but remember that every contraction is helping your body prepare for the birth of your baby.

Whether you stay in hospital or go home again will depend on how you are coping, what your preferences are, and the midwife's assessment.

The latent phase often requires more patience than people expect. It can be physically tiring and emotionally challenging, but it is also the time when your body is preparing for the next stage of labour. Every contraction, even if it feels irregular or unproductive, is contributing to that process. Trust your instincts, keep in touch with your maternity team, and remember that you don't have to cope alone.

About the author

I'm Perdy, founder of Perdy Maternity Care and a practising NHS midwife. I have supported hundreds of women and families through pregnancy, birth and the postnatal period. I created these guides to provide the evidence-based information and reassurance that I know many parents wish they had more time to receive during routine appointments.

My aim is to provide evidence-based education that helps you feel informed, confident and prepared for whatever your birth may bring.

If you found this guide helpful, and you're looking for personalised antenatal education, birth preparation or postnatal support, I'd love to help:

- One-to-one antenatal sessions
- Birth preparation packages
- Postnatal support at home
- Evidence-based advice tailored to you

Learn more at www.perdymaternitycare.co.uk

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