

Strategies to Ease a Slow-to-Start Labor

Are you having frequent, painful contractions, with or without back pain, that are accompanied by **NO** dilation? Perhaps you have seen your doctor and been told that this is pre-labor. You are not even in labor (that is, dilating) yet. Such an early labor is often very discouraging and exhausting.

Possible Causes of a Slow-to-Start Labor

- Your baby may be looking up in the pelvis (occiput posterior).
- You may have a scarred cervix (from previous surgery, a biopsy, etc.)
- Your cervix may still be long, unripe, and/or posterior.
- You may be tensing your muscles or worrying a great deal about the labor, your baby, or something else.
- Several of the above factors may be occurring at the same time.

Advice for a Slow-to-Start Labor

- If possible to sleep, or doze between contractions, do so. Otherwise try interspersing restful activities (massage, music, guided imagery or visualizations) with distracting activities.
- Continue to eat and drink (high carbohydrate, low fat food and beverages).
- Try distraction, such as baking bread, visiting friends, shopping, watching a movie.
- If contractions are too frequent and too painful for you to get relief from any of the above, try conscious tension release (the “roving body check”), using slow breathing as a way to release tension.
- Especially if you have back pain and irregular contractions, try the open knee-chest position for 30 to 45 minutes (using pillows and your partner to help you stay in the position). If the baby is posterior, this position may help to “back” the baby’s head out of the pelvis, giving it a chance to reposition before coming down again. Contractions may even stop for a while.
- Try abdominal lifting during contractions (lifting your belly while bending your knees). This may realign the baby more favorably with your pelvis and reduce some of your pain.
- If you want to slow down or stop the contractions to possibly get some rest, you might try a bath of deep warm water. Do not do this until it is clear that your labor is not progressing, you are very tired, and you cannot sleep outside the bath.
- Your caregiver can arrange a drug induced rest if the above are unsuccessful and you become exhausted and discouraged.

This kind of start to your labor does not mean that the rest of your labor will continue to be slow and frustrating. By 4 or 5 centimeters, chances are that progress will normalize. Try not to get too discouraged.

Timing Labor Contractions

Contraction Duration: beginning to end of one contraction

Contraction Frequency: beginning of one contraction to the beginning of the next contraction

Guideline for When to Call the Doctor

Strong contractions are occurring every 5 minutes and lasting for 60 seconds for at least one to two hours and you are having difficulty talking through the contractions. This will make sure it is true labor and not false labor. Contractions take hours to become strong and regular. When you feel you need to go to the hospital, call your physician. Your physician will notify the hospital of your arrival so that they will be expecting you. Also call your doctor if your water breaks, the baby is not moving normally or if you have active vaginal bleeding. It is normal to see more mucus and some bloody show during early labor. For more information, see page 24.