

# **VARIATION OF NORMAL: PRODROMAL LABOR**

## What is it?

- Labor that is intense enough to demand attention, but does not appear to be progressing as quickly as other labors and does not appear to be making cervical change.
- Friedman's curve says that the average first labor is 12 - 14 hours.
- There is a trend toward less emphasis on timed labors, but all hospitals and birth centers still have protocols limiting labor times.

## What's the risk?

- Women and/or their partners may tire or become discouraged.
- Couples may feel uncertain and seek medical attention too soon.
- As long as mother is ok and baby is ok, there is no other risk.

## How is it treated/handled?

- Martha Sears says (in *The Birth Book*) "Pretend that it isn't it, until you just can't pretend that it isn't it anymore."
- Pat Jones, midwife, says "Keep having your life."
- Remember that every labor progresses at its own pace.
- Try to rest. Rest is crucial.
- Try a bath (if membranes are intact or if care provider approves). It may slow contractions and allow you to sleep. You'll awake refreshed and ready to keep working.
- A doula can help with coping techniques and encouragement (over the phone; it's too early for the doula to be with you yet).
- Martha Sears reports (in *The Birth Book*) that she would have a glass of wine to help her sleep during this kind of early labor.
- Some women dose themselves with Benadryl to get a little sleep.
- You can go into the hospital for sleep-inducing drugs (or ask your Ob to call out a prescription). Remember that hospitals are the place they do things to you, there will be pressure to induce with pitocin or prostaglandins, and the staff will have to check on you every few hours. Doesn't make for good rest.
- Continue to be nourished.
- Stay hydrated.
- After resting, remain upright. Walk. Try nipple stimulation.
- An orgasm for mom can help kick off labor.

## Be watchful:

- ☞ Monitor baby's movements. If there are less than 10 per hour call your care provider.
- ☞ Call your care provider if your uterus stays hard and never relaxes even between contractions.
- ☞ Call for excessive bleeding, more than a normal menstrual period. Bloody show (smaller amounts of blood) normally indicate cervical change. That's a GOOD thing!
- ☞ Report the presence of meconium to your care provider.
- ☞ Listen to your instincts and contact your care provider if instinct tells you there is a problem.

What can I do to avoid/prepare?

- Be aware of variations in labor.
- Rest when it is time to rest, work when it is time to work.
- Remember that there is no such thing as false labor:
  - ☺ Your uterus is toning!
  - ☺ Your baby is finding his/her position!
  - ☺ Your cervix is ripening and coming forward!
  - ☺ Your body is preparing in ways we don't even know about!
- Remember what Martha and Pat both say: pretend this isn't it and keep having your life.
- If it is day, do your day (but do not overdo). If you need a nap, take one!
- If it is night, go to bed!