### CHARACTERISTICS OF LABOR

<table>
<thead>
<tr>
<th></th>
<th>Nullipara</th>
<th>Multipara</th>
<th>Cervical dilatation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>8.6 hr</td>
<td>5.3 hr</td>
<td>0–3 cm</td>
</tr>
<tr>
<td>Duration</td>
<td>Every 3–30 min</td>
<td>Every 2–5 min</td>
<td>Every 1 1/2–2 min</td>
</tr>
<tr>
<td>Intensity</td>
<td>20–40 sec</td>
<td>40–60 sec</td>
<td>60–90 sec</td>
</tr>
<tr>
<td></td>
<td>Begin as mild and progress to moderate; 25–40 mm Hg by intrauterine pressure catheter (IUPC)</td>
<td>Begin as moderate and progress to strong; 50–70 mm Hg by IUPC</td>
<td>Strong by palpation; 70–90 mm Hg by IUPC</td>
</tr>
</tbody>
</table>

### ACTIVE PHASE

When the woman enters the early active phase, her anxiety tends to increase as she senses the intensification of contractions and pain. She begins to fear a loss of control and may use a variety of coping mechanisms. Some women exhibit a decreased ability to cope and a sense of helplessness. Women who have support persons and family available may experience greater satisfaction and less anxiety than those without support. During this phase the cervix dilates from about 4 to 7 cm. Fetal descent is progressive. The cervical dilatation should be at least 1.2 cm per hour in nulliparas and 1.5 cm per hour in multiparas (Cunningham et al, 2001).

### TRANSITION PHASE

The transition phase is the last part of the first stage. When the woman enters the transition phase, she may demonstrate significant anxiety. She becomes acutely aware of the increasing force and intensity of the contractions. She may become restless, frequently changing position. By the time the woman enters the transition phase, she is often inner directed and tired. She may fear being left alone at the same time the support person may be feeling the need for a break. The nurse should reassure the woman that she will not be left alone. It is crucial that the nurse be available as a relief support at this time and keep the woman informed about where her labor support people are, if they leave the room (Ashe, 2000).

Cervical dilatation slows as it progresses from 8 to 10 cm and the rate of fetal descent increases. The average rate of descent is at least 1 cm per hour in nulliparas and 2 cm per hour in multiparas. The transition phase should not be longer than 3 hours for nulliparas and 1 hour for multiparas (Cunningham et al, 2001). The total duration of the first stage may be increased by approximately 1 hour if epidural anesthesia is used.

During the active and transition phases, contractions become more frequent, are longer in duration, and increase in intensity. At the beginning of the active phase the contractions have a frequency of 2 to 5 minutes, have a duration of 40 to 60 seconds, and are strong in intensity. During transition, contractions have a frequency of 1½ to 2 minutes, have a duration of 60 to 90 seconds, and are strong in intensity (Cunningham et al, 2001).

As dilatation approaches 10 cm, there may be increased rectal pressure and an uncontrollable urge to bear down, an increase in bloody show, and rupture of membranes (if this has not already occurred). The woman may also fear that she will be “torn open” or “split apart” by the force of the contractions. The woman may experience a sensation of pressure so great with the peak of a contraction that it seems to her that her abdomen will burst open. The woman should be informed that this is a normal sensation and reassured that such bursting will not happen.

During transition the woman will most likely withdraw into herself. Increasingly she may doubt her ability to cope with labor. The woman may become apprehensive and irritable. Although she may be terrified of being left alone, she may not want anyone to talk to her or touch her. However, with the next contraction she may ask for verbal and physical support. She may need help regaining focus. Other characteristics that may accompany this phase include the following:

- Hyperventilation, as the woman increases her breathing rate
- Restlessness
- Difficulty understanding directions
- A sense of bewilderment and anger at the contractions
- Generalized discomfort, including low back pain, shaking, and cramping in the legs
- Increased sensitivity to touch
- Increased need for partner’s and/or nurse’s presence or support
- Increased apprehension and irritability
- Statements that she “can’t take it anymore”
- Requests for medication
- Hiccupping, belching, nausea, or vomiting
- Beads of perspiration on the upper lip
- Increasing rectal pressure
- Curling of her toes
- Loss of control
- Crying or yelling