HEALTH BASICS

Labor and delivery

Labor and delivery are the processes through which a baby and placenta are born.

WHAT IT IS
The process of giving birth

WHERE IT COMES UP
Late pregnancy, planned induction, and childbirth

WHY IT MATTERS
Guides decisions about care during birth

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Obstetric clinician, midwife, or maternity triage service

HOW IT IS CHECKED
Contractions, cervical change, and fetal heart monitoring

Overview

Labor is the process that prepares the uterus and cervix for birth. The uterus is the muscular organ where a baby grows. The cervix is its opening into the vagina.

During labor, contractions help the cervix soften, become thinner, and open. The baby then moves through the birth canal. After the baby is born, the placenta-the organ that supplied oxygen and nutrients during pregnancy-is delivered.

Labor and delivery are not a disease or diagnosis. They are parts of childbirth. Labor may begin on its own or be started medically, which is called induction of labor . A baby may be born vaginally, with help from instruments, or by cesarean birth, also called a C-section.

Each labor is different. Its length, intensity, and course are influenced by factors such as whether you have given birth before, the baby's position, and how your cervix responds to contractions.

How it works

Labor is usually described in three stages.

The first stage begins when contractions cause ongoing cervical change. Early, or latent, labor may involve contractions that are mild or irregular. The cervix gradually softens, thins, and opens.

As labor becomes active, contractions usually become stronger and more regular. The cervix continues opening until it is fully dilated. A cervical examination can measure this opening in centimetres, but examinations should be explained and performed with your consent.

The second stage lasts from full cervical dilation until the baby is born. Contractions and pushing move the baby down through the pelvis and vagina. Your care team may suggest different positions or forms of support.

Sometimes forceps or a vacuum device is used to help with a vaginal birth. This is called an assisted vaginal birth . A C-section delivers the baby through incisions in the abdomen and uterus. It may be planned before labor or recommended during labor.

The third stage is the delivery of the placenta. The uterus continues to contract, helping the placenta separate and reducing bleeding. Medication that helps the uterus contract may be offered to lower the chance of heavy bleeding.

During labor, clinicians check your health and the baby's well-being. This may include measuring your blood pressure, temperature, pulse, and contraction pattern. The baby's heart rate may be checked at intervals or monitored continuously. The type of monitoring used is based on your circumstances and what happens during labor.

Pain relief choices can include breathing and relaxation methods, movement, water, injected or intravenous medicines, nitrous oxide where available, or an epidural. An epidural delivers numbing medicine through a small tube placed near nerves in the lower back. Available options differ by birth setting.

Why it matters for your health

Labor can change over time, so regular assessment helps identify when you or the baby may need more support. Changes in the baby's heart rate, your vital signs, cervical opening, or the baby's position may affect recommendations about monitoring or birth.

Your preferences matter. A birth plan can record choices about support people, movement, pain relief, examinations, newborn care, and feeding. It is a guide rather than a guarantee because plans may need to change if new concerns arise.

Informed consent remains important during labor. When time allows, the care team should explain what is being suggested, why it is being considered, the main benefits and risks, and available alternatives. You can ask questions or request a moment to discuss options.

Care continues after birth. Clinicians check bleeding, blood pressure, comfort, urination, and recovery from anesthesia or procedures. The baby is assessed during the transition to breathing outside the uterus. Skin-to-skin contact and early feeding may be supported when medically appropriate and wanted.

What can go wrong

Most births do not involve every complication listed here. These are conditions and situations that labor and delivery care is designed to recognize and manage.

Slow or stopped progress , sometimes called labor dystocia or labor arrest, means the cervix is not opening or the baby is not moving down as expected. Options may include more time, support, medicine to strengthen contractions, assisted birth, or C-section.

A concerning fetal heart rate pattern may suggest that the baby needs closer assessment. Changing position, treating a contributing problem, stopping labor-strengthening medicine, or delivering the baby may be considered.

Shoulder dystocia occurs when the baby's head is born but a shoulder becomes stuck behind the pelvic bone. It requires prompt maneuvers by the birth team.

Umbilical cord prolapse means the cord slips below or alongside the baby after the membranes break. Pressure on the cord can reduce the baby's oxygen supply, so this is an emergency.

Placental abruption is the early separation of the placenta from the uterus. It may cause bleeding, abdominal pain, or changes in the baby's heart rate.

Postpartum hemorrhage is heavier-than-expected bleeding after birth. Causes include a uterus that does not contract well, retained placental tissue, or injury to the birth canal. Treatment may include medicines, procedures, blood products, or surgery.

Other possible problems include significant vaginal or perineal tears, infection, blood pressure emergencies, blood clots, or complications related to anesthesia or surgery.

Contact your maternity unit promptly if you think labor has started, your waters may have broken, you have vaginal bleeding, or your baby is moving less than usual. Contractions or possible fluid leakage before 37 weeks also need prompt assessment.

Call emergency services for severe bleeding, severe chest or abdominal pain, trouble breathing, a seizure, fainting, or a strong urge to push when you cannot reach maternity care safely. If you can see or feel the umbilical cord or another body part at the vaginal opening, treat this as an emergency.

What you can do

Before labor, ask how to contact your maternity service at any hour and where you should go for assessment. Keep the number and route easy to find.

Useful preparation includes:

If contractions begin, you can note when they start, how long they last, and how often they occur. Also record when fluid leakage began, its colour, and whether it has an unusual smell. Do not delay calling for advice while trying to create a perfect record.

Continue paying attention to your baby's usual movement pattern. Labor does not make reduced movement unimportant. Contact your maternity service if movement becomes less than usual.

At routine prenatal visits, ask about the baby's position, your planned birth setting, and what may lead the team to recommend induction, assisted birth, or C-section. After birth, routine follow-up can address wound healing, bleeding, pelvic-floor recovery, feeding, sleep, contraception, and emotional health.

- Recording your medicines, allergies, pregnancy complications, and previous births
- Asking what signs should prompt a call or hospital visit
- Discussing pain relief and anesthesia options
- Learning what monitoring and induction methods are available
- Asking when a transfer may be needed from a home or birth-centre setting
- Writing down your preferences and naming a support person, if wanted

Common questions

Does labor always begin with the waters breaking?

No. Contractions may start before the amniotic sac breaks. The waters may break during labor or be broken by a clinician as part of care.

Is losing the mucus plug proof that labor has started?

No. The mucus plug is thick mucus from the cervix. It may come away shortly before labor or several days earlier. A small amount of blood-streaked mucus can occur, but fresh or heavy bleeding needs prompt assessment.

Can I move around during labor?

Many people can change positions, walk, or use supportive equipment. Monitoring, an epidural,

medicines, or a medical concern may affect what is safe and practical. Ask for help before standing if your legs feel weak or numb.

Does an induction always lead to a C-section?

No. Induction is a method of starting labor, not a method of delivery. Its process and likelihood of success are influenced by the reason for induction, cervical readiness, pregnancy history, and the response to treatment.

Can a birth plan still help if plans change?

Yes. It can tell the team what matters to you and support discussion. Preferences about communication, support, comfort, and newborn contact may remain useful even when the delivery method changes.

When should I discuss concerns after birth?

Routine questions can be raised before discharge or at postpartum follow-up. Seek prompt help for worsening pain, fever, wound concerns, or emotional distress. Heavy bleeding, chest pain, breathing difficulty, seizure, fainting, or thoughts of harming yourself or the baby require urgent or emergency care.

Sources

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