



CLIENT EXPERIENCES OF EARLY LABOUR



Association of
Ontario **Midwives**
Delivering what matters.

EASY READ SUMMARY



Early labour begins with the first regular uterine contractions and continues until the onset of active labour. During this phase, birthing people are advised to stay home, because hospital admission in early labour is associated with a higher risk of interventions, including caesarean section. (1) Spending early labour at home, rather than in the hospital, is more relaxing for most birthing people, as it allows them comforts such as their own bed and shower or bath.

However, they often report greater anxiety and need for reassurance during early labour at home. (2)

Little is known about the experiences of Ontario midwifery clients in early labour and the necessary resources to prepare them. There is a need to understand more about how health-care practitioners can provide support during this time. The AOM sought feedback from clients about how to improve their experience.

WHAT DID WE DO?

3 focus groups were held in
November and December 2024.

2 groups were held virtually.

1 in person.

14 midwifery clients participated.

8 clients had given birth for the first time.

6 clients were experiencing a second or later birth.

4 identified as Black or racialized.



WHAT WE LEARNED

Relationship with their midwives

- Participants valued seeing the same midwives throughout their care, which helped them build trust.
- Having a longer relationship with their midwives was just one way of forming connections. Some respondents commented about a midwife they “clicked with” (not always the one they had seen most often).
- Those who trusted their midwives reported more positive experiences.



I got along really well with both midwives, but I really clicked with one. I liked the cut of her jib – she got my humour.

Coping in early labour

- Participants used all sorts of methods to cope, and they appreciated having many tools to choose from.
- They also relied on their own supports, including partners, family, friends and doulas.



Make sure you have different tools to use, because you don't know what will work for you.

Communication

- Respondents wanted to receive clear information about early labour, during pregnancy and once labour started.
- When they interacted with several midwives throughout their care, they valued consistent guidance.
- Those who were given information, resources and clear communication by their midwives reported more positive experiences.
- They appreciated knowing when to check back in with their midwife after an initial assessment.



Right from the get-go, they were direct and informative about what real labour looks like and when to call them.

Uncertainty about early labour

- Even though they had received prenatal education, many respondents said the experience of early labour was not what they expected.
- Several still found it difficult to know whether they were in early or active labour.
- Some participants expressed uncertainty about what to expect from midwifery care during early labour. Two contrasting experiences were reported:
 - Some said they went into labour with specific ideas about what midwifery care would look like. When those expectations were not met, they had a negative experience.
 - Others reported not knowing much at the start of their pregnancies about how midwives provide care during labour. However, through clear communication and informed choice discussions with their midwives, they created the birth experience they wanted.

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I thought it would be clear, like 'Ah, I'm in early labour. Oh, now I'm in active labour. Now I'm in the pushing phase,' but that didn't happen for me. So it was a bit confusing.

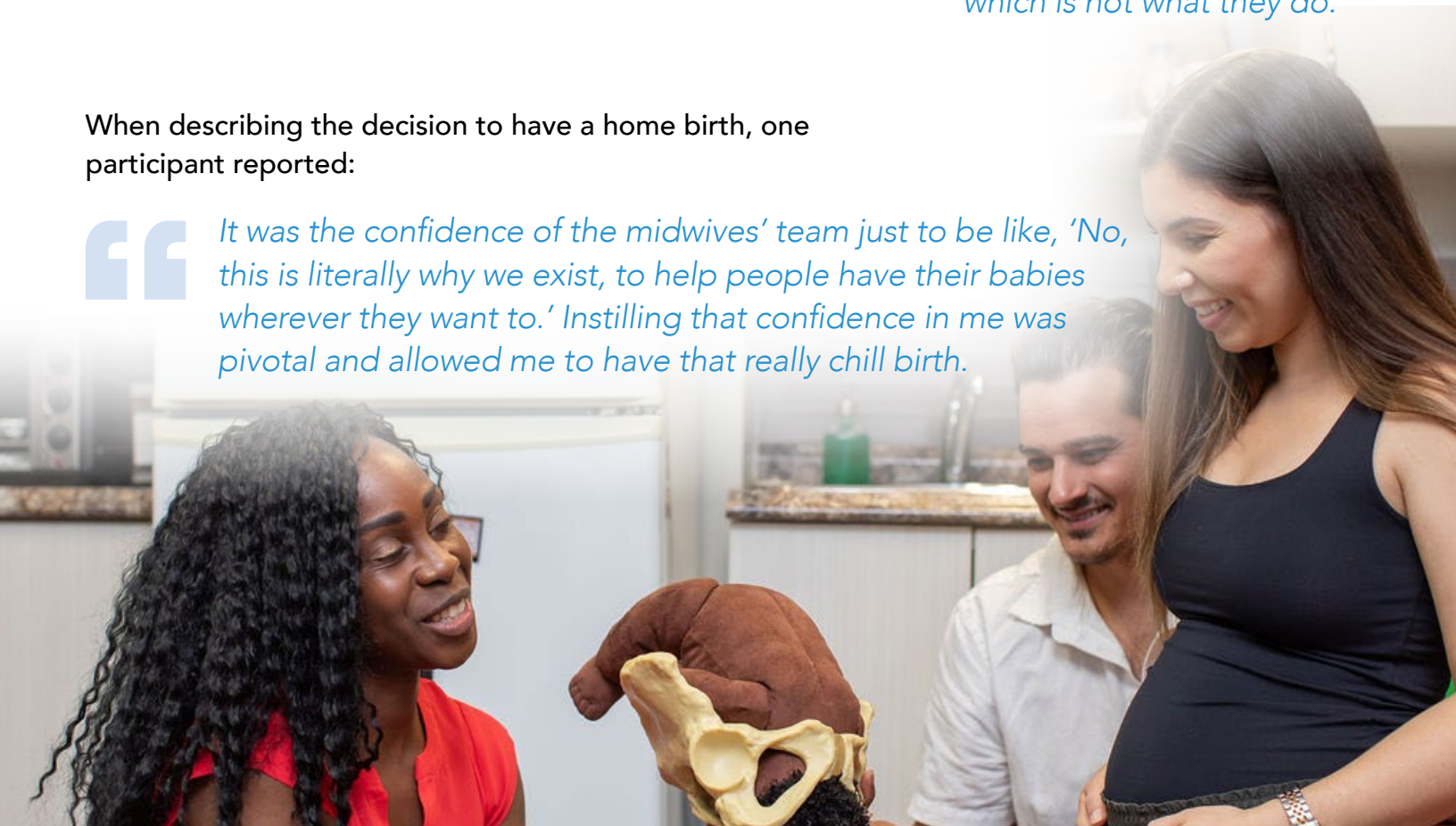
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I was expecting more from them in my early labour, and it wasn't until after giving birth that I figured out I was expecting, like, doula stuff, which is not what they do.”

When describing the decision to have a home birth, one participant reported:

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It was the confidence of the midwives' team just to be like, 'No, this is literally why we exist, to help people have their babies wherever they want to.' Instilling that confidence in me was pivotal and allowed me to have that really chill birth.





KEY TAKEAWAYS

- Trusting relationships and clear communication, with a focus on informed choice, are essential to a positive early labour.
- Even when participants received prenatal information, they still felt uncertain about early labour.
- Midwives should have prenatal discussions with their clients about early labour, including:
 - What to expect.
 - What midwifery care takes place during early labour, including when their midwife will stay with them at home and/or when they will be admitted to the birth centre or hospital.
 - The differences between early and active labour.
 - Available coping mechanisms.
 - The importance of non-clinical support people: a partner, family, friends, doulas.
 - When to call their midwife.



RESOURCES

Based on these findings, the AOM created two handouts about **early labour**: one for clients and one for their support people.

References

1. Wood AM, Frey HA, Tuuli MG, Caughey AB, Odibo AO, Macones GA, et al. Optimal Admission Cervical Dilation in Spontaneously Laboring Women. Am J Perinatol. 2016;33(2):188–94. doi:<https://dx.doi.org/10.1055/s-0035-1563711>
2. Beake Sarah, Chang Yan-Shing, Cheyne Helen, Spiby Helen, Sandall Jane, Bick D. Experiences of early labour management from perspectives of women, labour companions and health professionals: A systematic review of qualitative evidence. Midwifery. 2018 Feb;57:69–84.