

How Dilated Am I? Assessing Dilation in Labor WITHOUT an Internal Exam.

7 March 2010 by [sarahvine](#)

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It's the magic question weighing on most laboring mothers' minds: (as well as the minds of her partner or birth attendants!) How much longer? Is there any way to tell how far along I am in the birthing process? I've seen mothers beg for an internal exam and then be gutted about the answer (What? ONLY 4cm STILL!?) and suddenly *poof* she loses her resolve. It's akin to having a test and finding out you've failed it, in front of your loved ones as well as complete strangers. Everyone knows this feeling is not conducive to labor – suddenly doubt and fear slide in and the laboring mother feels tense. Her oxytocin levels (our body's natural pain-killer and labor inducer) take a nose dive and immediately she feels much more pain and she starts to run away from the contractions.

Happily, there are a number of external cues that can help you and birth partners get clued in to how much labor is advancing. Some are more subtle than others, but if you are ignoring the clock and keeping focused on staying in tune with your body, you will see them. Listen, embrace, wait. Enjoy the way it responds! It is amazing what it can do, this body that God gave you.

1. Sound. The way you talk changes from stage to stage in labor. With the first contractions, you can speak during them if you try, or if something surprises you, or if someone says something you strongly disagree with. You may be getting into breathing and moving and ignoring people – but if you really want to you can raise your head and speak in a normal voice. When the contraction disappears you can chat and laugh at people's jokes and move about getting preparations done. During established labor, there is very little you can do to speak during a contraction. You feel like resting in between, you are not bothered what people are doing around you. As you near transition and birth, you seem to go to 'another' level of awareness – it's almost like a spiritual hideaway. You may share this with someone else, staring into their eyes with each surge, or you may close them and go into yourself. In between surges you stay in this place. It is imperative for birth assistants and partners to stay quiet and support the sanctity of this space: there are no more jokes, and should be as little small talk as possible. Suddenly, the sounds start to change involuntarily: you may have been vocalizing before (moaning, talking and expressing your discomfort, singing, etc) or you may have been silent. Listen – there are deep guttural sounds along with everything you have heard before, just slipping in there. You are about to start pushing.

2. Smell. There is a smell to birth, that hits towards the end of dilation, during intense labor, just before birth. It is a cross between mown hay and semen and dampness. It has a fresh, yet enclosed quality, and is pervasive. The Navelgazing Midwife has also observed this scent and writes about it [here](#).

3. Irrationality. I love this clue – it often is a sign of transition. It always makes me smile, and I always warn women about this phenomenon so that when we hit it during labor I can remind them that what they've just said is irrational, and that I told her this would happen, and here it is! Relax, it means we're nearing the end. Sometimes a mother will say she wants to go home, she is done now she'll come back and do this later, she wants to put on her trousers and coat and go out the door. A mother who wants a natural birth and has been coping brilliantly will suddenly say she was crazy and needs pain killers right now, or that she didn't want another baby anyways, who said they wanted a baby? Some will just curl up and say they're going to sleep now. If she does this, that's okay. The contractions may die down, get

farther apart, and maybe she (and the baby) will get a few minutes of sleep. This slowed down transition sometimes freaks out doctors or hospital midwives and pitocin is offered – try to see if you can put them off for half an hour. Send every one out, lie on your left side propped up by pillows and have a little nap before pushing; it is such a wonderful gift.

4. Feel. Here come some of the more fun tools that you might not have heard of before! Think about the shape of the uterus. Before labor, the muscle of the uterus is thick evenly around all sides, above, below, behind. As the cervix starts thinning and dilating, all that muscle has to go somewhere – it bunches up at that top. The top of the uterus thickens dramatically the more the cervix opens. During a contraction, at the beginning of labor, check how many fingers you can fit between the fundus (top of your bump) and the bra line – you will be able to fit 5 fingers. As the top of the fundus rises higher during labor, you will fit fewer and fewer fingers. When you can fit 3 fingers, I usually tell mothers they can think about going into hospital as they will find they are around 5cm dilated. At 1 finger, you are fully dilated. (Awesome, huh! Here is [a blog post by a woman](#) who describes in great detail checking her own cervix just before she went into labor.)

5. Look. There is something called the ‘bottom line’, which is shadow that extends from the anus up towards the back along the crease of the buttocks. It begins as 1cm and lengthens to 10cm, and it’s length correlates with cervical dilation. Why not look down there before inviting a stranger to put their fingers up inside you? It makes sense to me.

6. Goopy Stuff. Also known as bloody show; there is usually one at around 2-3 cm dilation, and it can happen during the beginning of labor or a few days before hand. Sometimes it’s hard to know what is or isn’t a show, since during the days before labor the amount of vaginal mucus increases in preparation and this can be confusing. A show is up to a couple of tablespoons in quantity, so quite a lot. It can be clear, but is usually streaked with pink, brown, or bright blood. If there is more than a couple of tablespoons of blood then you do need to go straight into hospital to make sure the placenta is not detaching, but if there is just a bit and then it stops, then it is just show. There is a SECOND show at around 8cm dilation. This second show means that birth is near.

7. Opening of the Back. This is just at the spot where your birth partner has been doing lower back massage, at the area above the tailbone. It is a little smaller than palm sized, rather triangular-shaped area that bulges out during pushing. At this point you’ve waited too long to go into hospital, and you need to refer to my last post, [4 rules of what to do when delivering a baby!](#)

8. Check yourself. Okay, so technically this one is an internal check, but it done by YOU. You don’t have to announce the results or write them down: it is not an exam. To me it’s obvious that as the owner of your body, you have more of a right than anyone else to feel comfortable with it and understand how it works. It is best to get to know what your own cervix feels like from early on in your pregnancy, if not before, and then to keep a regular check on what feels normal. If you do this through out your pregnancy you will keep your flexibility into the 9th month. This is also an excellent time to remind you to not neglect [perineal massage](#) since you’re already down there! Check out the website [My Beautiful Cervix](#) to see photos and descriptions of what a cervix should feel like. At 1 cm you can fit the tip of one finger inside. Use a ruler to practice discerning how many centimeters dilation feels like, measuring with your pointer and middle finger. This [visual aid](#) is also a cute way to imagine dilation. NOTE: Always, always, always wash your hands thoroughly beforehand, up to the elbows, for 4 minutes at least. Do not assess your own dilation after your waters have gone.