

# **PREGNANCY**

## **LABOR & DELIVERY**

### **Stalled Labor: Common Causes and What You Can Do**

**Stalled labor could lead to a C-section. Learn the reasons why labor could stop—and what can be done when it does.**

**While there are certain universal markers for the different stages of labor, not all people experience labor in the same way or at the same pace. When a person is in active labor and the process slows down or stops, it is referred to as "stalled labor." Reasons for the stall can include a slowing down of contractions, contractions without dilation, or the baby not descending, despite contractions still occurring.**

**A stalled labor can feel distressing and discouraging, but the good news is that it usually does not pose any danger and can often be resolved. Here's everything you need to know about stalled labor, from what the term means to things you can do to help the process resume—and the problem resolve.**

### **What Is Stalled Labor?**

**Stalled labor, sometimes referred to as prolonged labor, occurs when labor ceases, pauses, occurs too slowly, and/or fails to progress. According to the American Pregnancy Association, labor is considered prolonged when it exceeds a certain length of time, i.e. prolonged labor is usually "diagnosed" when a pregnant person has been in active labor for 20 hours or more. However, labor can "stall" at any time. (I failed to progress at four centimeters with my first.)**

### **What Causes Stalled Labor?**

**Numerous factors can cause labor to stall, including—but not limited to:**

**Baby's position. How your baby is positioned can affect the length of your labor. A baby is considered "malpositioned" for birth when they are not**

positioned facing your back or left side. Correcting the baby's position could mean an easier, quicker labor. If you or your care providers suspect that your baby's position is causing issues with your labor, walking and changing positions can help correct this.

**Emotional stress.** Underlying emotional and/or psychological stress can cause labor to stall or slow down. Known as "emotional dystocia" this can be anything from an extreme fear of pain to trauma, unease, and/or not feeling safe.

**The size of the baby and/or of your birthing canal.** If your baby is large or your birthing canal is small, labor may stall out because baby has no where to go. In these cases, a cesarean section will likely be suggested.

**Using an epidural .** Some studies have shown that epidural use can slow down the pushing phase of labor, and while data is inconclusive of its effect on active labor and transition, many report that their contractions weaken and space out after receiving an epidural, often leading to the use of Pitocin to get it going again.

If you have any underlying issues you think could impact labor, notify your birth team (partner, doula, doctor, midwife, nurse). They will help you to deal with the emotions coming up during your labor, reassure you of your safety, and support you during the process.

## **What Can You Do If Labor Stalls?**

If labor stalls, take heart in knowing that it's most likely temporary. In many cases, labor resumes on its own. There are things, however, that you can do to encourage labor, including

**Rest.** If you can manage to rest—and if you are not being pressured to get labor going again—take advantage of the time. Labor is hard work, and any opportunity you can take to rest will help your body recharge.

**2 .Walk or change position.** Walking and/or changing your position while in labor can work wonders for progression. Gravity and bodily movements can help baby descend and get into a more optimal position. Sometimes, a few good squats are all it takes to cross the threshold of a stalled labor. If you're lying down, get upright. If you're sitting on a birth ball, try standing, squatting, or walking around. If you're experiencing back labor, try stair walking or side lunges. And if you are laboring with an epidural, you can still use movement

and position changes to help your labor progress. Rolling over, for example, can be helpful.

**3. Consider nipple stimulation.** Nipple stimulation (by way of rolling your nipples between your thumb and pointer finger or rubbing your nipples with your palm) is a very effective tool for bringing on longer and stronger contractions. Ask your doula or nurse to provide you with more information on this practice.

**4 .Change your environment.** Sometimes, your environment (especially in the hospital) can cause a mental or emotional block that's stalling labor. Are the lights too harsh? Is the presence of your mother-in-law disturbing you? Are there too many nurses coming in and out? Environmental stimulus can impact the progress of labor. Dimming the lights, asking for some privacy, turning on music, and spraying lavender oil are just some of the ways you can change your environment and enter a more relaxed state.

**5. Shower.** It may take some convincing, but getting into a shower during labor can help you relax and may help intensify contractions. The water and heat release feel-good endorphins, and when you face the water, the stimulation on your nipples releases oxytocin, the hormone responsible for contractions.

## **How Is Stalled Labor Treated?**

If rest and the aforementioned suggestions do not work, your doctor may suggest some form of medical intervention. Pitocin may be administered, for example, and/or your "water" may be broken. A cesarean section may also be recommended.

### **Reasons for a C-Section: Planned and Emergency**

That said, it's important to note that unless you and/or your baby are at-risk, you have a say in the matter. If your care provider recommends Pitocin, find out if it's medically necessary. You can ask: Is my baby healthy? Am I healthy? What are the risks in continuing to labor without Pitocin? If your care provider recommends a cesarean, repeat the same questioning. And, when in doubt, ask for more time. If your baby is not in distress, and you are comfortable, most healthcare providers will honor this request.