

How to Tell When Labor Begins



A waiting the birth of a baby is an exciting and anxious time. Most women give birth between 38 and 42 weeks of pregnancy. However, there is no way to know exactly when you will go into labor. Birth often occurs within 2 weeks before or after your expected due date.

This pamphlet will help you learn about:

- *Questions to ask as you plan for your baby's birth*
- *Signs that labor is beginning*
- *Telling false labor and true labor apart*



Although it's not possible to know exactly when labor will begin, you can be ready by knowing what to expect.

Making Plans

As you plan for the birth of your baby, you can take steps to help your labor go more smoothly. It is best to discuss your questions about labor with your health care team before the time comes:

- When should I call my doctor?
- How can I reach the doctor or nurse after office hours?
- Should I go directly to the hospital or call the office first?
- Are there any special steps I should follow when I think I'm in labor?

Before it's time to go to the hospital, there are many things to think about. You may not have time to think about them once labor begins, so it is best to consider them ahead of time:

- Distance—how far do you live from the hospital?
- Transportation—is there someone who can take you at any time, or do you have to call and find someone?
- Time of day—depending on where you live, may it take longer during rush hours than at other times of the day or night?
- Home arrangements—do you have other children to take to a babysitter's home, or do you have to make any other special arrangements?
- Work arrangements—do you have a plan for how your workload will be covered and for letting your coworkers know when you have had the baby?

It may be a good idea to rehearse going to the hospital to get a sense of how long it could take. Plan a different route you can follow to the hospital if there are delays on the regular route.

How Labor Begins

No one knows exactly what causes labor to start, although changes in hormones may play a role. Most women can tell when they are in labor. Sometimes, it is hard to tell when labor begins.

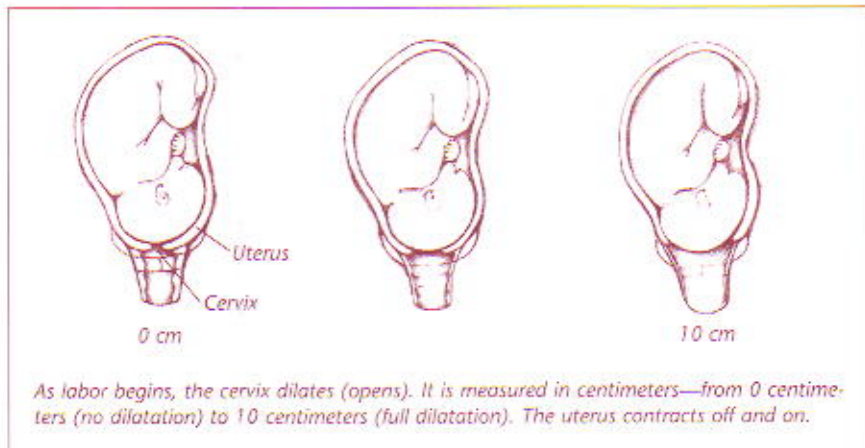
As labor begins, the cervix opens (dilates). The uterus, which is a muscle, contracts at regular

intervals. When it contracts, the abdomen becomes hard. Between the contractions, the uterus relaxes and becomes soft. Even up to the start of labor and during early labor, the baby will continue to move.

Certain changes may also signal that labor is beginning (Table 1). You may or may not notice some of them before labor begins.

True Versus False Labor

You may have periods of “false” labor, or irregular contractions of your uterus, before “true” labor begins. These are called Braxton Hicks contractions. They are normal but can be painful at times. You might notice them more at the end of the day.



It can be hard to tell false labor from true labor. Table 2 lists some differences between true labor and false labor. Usually, false contractions are less regular and not as strong as true labor. Sometimes

Table 1. Signs That You Are Approaching Labor

<i>Sign</i>	<i>What It Is</i>	<i>When It Happens</i>
Feeling as if the baby has dropped lower	<i>Lightening.</i> This is known as the “baby dropping.” The baby’s head has settled deep into your pelvis.	From a few weeks to a few hours before labor begins
Increase in vaginal discharge (clear, pink, or slightly bloody)	<i>Show.</i> A thick mucus plug has accumulated at the cervix during pregnancy. When the cervix begins to dilate, the plug is pushed into the vagina.	Several days before labor begins or at the onset of labor
Discharge of watery fluid from your vagina in a trickle or gush	<i>Rupture of membranes.</i> The fluid-filled sac that surrounded the baby during pregnancy breaks (your “water breaks”).	From several hours before labor begins to any time during labor
A regular pattern of cramps that may feel like a bad backache or menstrual cramps	<i>Contractions.</i> Your uterus is tightening and relaxing. These contractions increase as labor begins and may cause pain as the cervix opens and the baby moves through the birth canal.	At the onset of labor

Table 2. Differences Between False Labor and True Labor

<i>Type of Change</i>	<i>False Labor</i>	<i>True Labor</i>
Timing of contractions	Often are irregular and do not get closer together (called Braxton Hicks contractions)	Come at regular intervals and, as time goes on, get closer together. Lasts about 30–70 seconds
Change with movement	Contractions may stop when you walk or rest, or may even stop with a change of position	Contractions continue, despite movement
Strength of contractions	Usually weak and do not get much stronger (may be strong and then weak)	Increase in strength steadily
Pain of contractions	Usually felt only in the front	Usually starts in the back and moves to the front

the only way to tell the difference is by having a vaginal exam to find changes in your cervix that signal the onset of labor.

One good way to tell the difference is to time the contractions. Note how long it is from the start of one contraction to the start of the next one. Keep a record for an hour. It may be hard to time labor pains accurately if the contractions are slight. If you think you're in labor, call your doctor's office or hospital.

The following are other signs that should prompt you to call or go to the hospital:

- Your membranes rupture (your "water breaks"), even if you are not having any contractions
- You are bleeding from the vagina (other than bloody mucus)
- You have constant, severe pain with no relief between contractions
- You notice the baby is moving less often

Finally...

You are nearing a special, exciting time. Although it's not possible to know exactly when labor will begin, you can be ready by knowing what to expect. Being prepared can make it easier for you to relax and focus on the arrival of your baby when the time comes.



This Patient Education Pamphlet was developed under the direction of the Committee on Patient Education of the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice may be appropriate.

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ISSN 1074-8601

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