

Beginning of Labor

Many clients are concerned about how they will recognize the beginning of labor. Most have heard how friends went into hospital too early only to be told that the contractions they had been having for hours were not “true” labor. This handout will give you a few ideas on how to recognize labor and what to expect at the beginning.

How Does Labor Start?

YOUR WATERS BREAK...

Sometimes the bag of waters surrounding your baby breaks at the beginning of labor. However, the most common time for it to break is when your cervix is approximately 8cm dilated. Your waters may break with a gush or sometimes as a trickle. If they start as a trickle, you may just notice dampness in your underwear and not be sure if they have broken at all.

Amniotic fluid does not have a smell like urine does, so the easiest way to tell is to smell the fluid and put a pad on your underwear. If the trickle continues to wet the pad your waters have probably broken.

If the waters have broken with a gush it is more than likely a “forewater leak,” meaning the gush is from the membranes in front of your baby’s head (or bottom, if your baby is breech). If the water is more of a constant or intermittent trickle, it may be a “hindwater leak”. Hindwater leaks can sometimes repair themselves and the water stops leaking. Your body is constantly replacing the amniotic fluid so your baby is never in a “dry” environment. With a forewater leak, labor normally starts within 12-24 hours. With a hindwater leak, especially if the membranes repair

themselves, labor may not start for some time. Your caregiver will have their own policy on whether or not they want you to go into hospital when your membranes rupture.

The waters should be clear or straw-colored. If there is blood (more than just a tinge), or if the waters are brown, green, or foul smelling, you should contact your doctor immediately. Sometimes when a baby becomes distressed, the baby passes meconium – the first bowel motion – before they are born. This is what makes the waters a muddy colour. If this is the case, your baby may have to be born quickly. Babies may also pass meconium if you go past 40 weeks of pregnancy, and this does not necessarily mean your baby is distressed.

YOU HAVE A SHOW...

The cervix holds a small plug of mucous, which protects your baby and womb from outside infections. Sometimes labor starts by the discharge of this plug as the cervix softens and begins to dilate (open). The loss of the plug, called having a “show,” does not necessarily indicate that labor is underway but it does mean that your body is preparing for it.

You may notice a heavy discharge on your underwear, perhaps tinged with blood. Sometimes the whole plug is passed when you go to the toilet and it looks like a small lump of thick discharge. If you have any heavy bleeding — similar to the start of a period — you should contact your doctor immediately. If you have a show and there is no heavy bleeding, stay calm, carry on as normal, and wait for another sign.

YOU HAVE CONTRACTIONS...

The first sign of labor starting might be contractions. You may have been having Braxton-Hicks contractions, or “practice contractions,” for several days or weeks. These can be quite uncomfortable but will be irregular, with no real pattern. They will not change if you move around but may slow down or stop altogether if you rest. Labor contractions, on the other hand, have a regular pattern and in most cases start off gently, rise to a peak at the height of the contraction, then ease off again. If you stand up and rock you may find they become stronger. Labor contractions will build up over the labor. When labor first starts they generally last for about 30-45 seconds. By the end of first stage the contractions will last for about 90 seconds. Your baby will not be born until your contractions are lasting for this long.

You may not notice the first contractions you have or you may find they are very strong. There is no set space in between contractions – some find their contractions start off every 20-30 minutes, slowly building up to coming every 2 minutes, while for others they are every 3-4 minutes from the beginning of labor to the end. You will probably find that the first contractions you have are uncomfortable, with the pain being either very low down at the bottom of your tummy or felt in the lower back. Initially you will probably be able to talk through contractions. As labor progresses you will find it more difficult to talk during contractions, needing to concentrate on each one and focusing on your breathing.

When to Go to Hospital

It is usually better to stay at home for as long as you can at the beginning of labor, since the environment of home will feel

more relaxed and safe. It is very uncommon for first babies to be born at home or in the car because their parents left it too late to go to hospital. Indications for going to hospital include:

- any heavy bleeding
- waters that are brown or green coloured
- concerns about the well-being of your baby
- contractions that are lasting for 60 seconds or more
- contractions that have become too painful to cope with at home

For most expecting their first baby, when there are no obvious problems, or previous complications, it is time to start thinking about heading off to hospital when two or more of the following occur:

- contractions are consistently 3-5 minutes apart
- contractions are consistently lasting for 60-90 seconds
- you are unable to talk or focus on anything other than the contraction
- you are making involuntary noise during a contraction
- you begin to feel “spaced out” and finding it difficult to make decisions
- you are no longer feeling “in control” and are not concerned about how you look or what
- you do, just getting through the contraction takes all your energy

If you are expecting a second or subsequent baby, it is worth thinking about heading to hospital when any one of the above occurs, or if you notice a distinct change in the nature of your contractions. A second labor may begin slowly but can

progress very quickly. If your waters break, your caregiver will have their own policy on whether or not they want you to come into hospital. Some caregivers prefer you to come straight into hospital as soon as you think their waters have broken. This is usually because they are concerned about the risk of infection or cord prolapse. If it is the hindwaters that have broken, the risk of infection is very small and since the membranes may repair themselves and labor may not start for some time, you may want to ask your caregiver what their policy is in these circumstances.

If you do go into hospital, it is more than likely that you will be asked to have a vaginal examination, which will increase the risk of infection. Also, you will be exposed to bacteria that your body is unfamiliar with, unlike the bacteria in your own home. Cord prolapse (where the umbilical cord slips down below the baby into the vagina) is a very rare event, although if it does occur it can be life threatening for the baby. Cord prolapse is unlikely if your baby is in a head-down position, at term, and engaged in your pelvis. If your baby is not engaged, or is breech, and your membranes rupture, you may choose to go into hospital immediately to enable you to have an examination and rule out the possibility of cord prolapse. You may be able to negotiate with your caregiver. The following options may be possible:

1. Stay at home for up to 24 hours after rupture of membranes
2. Go into hospital when membranes rupture and have a speculum examination (reduces the risk of infection as opposed to a standard examination done with a gloved hand) to determine whether or not the forewaters have ruptured and whether

or not the cord is all right; return home if everything is ok, checking your own temperature regularly to be sure no infection is starting

3. Go into hospital when membranes rupture and have a speculum examination; remain in hospital but do not have any intervention to start labor for at least 24 hours

These options may vary, depending on your personal circumstances and whether you have any pre-existing medical conditions. For example, if you have been diagnosed as Group-B Strep positive, your caregiver may have a very different approach to ruptured membranes.

Understanding your caregiver's policy in advance will help you to make an informed decision and discuss any differences in approach between the two of you beforehand. Labor is not the time to begin discussing these issues.

Many people find they arrive in hospital too early, particularly with their first baby. If you arrive in hospital to find you are dilated 3cm or less, you can always discuss the option of returning home. Providing your baby is well and labor does not seem to be progressing rapidly, many caregivers will be happy with this. Arriving at hospital so early is likely to slow down or stop labor altogether and you will then be significantly more at risk of having interventions to speed labor up.

Some find that until they are in active labor (when the cervix is dilated to 4cm or more and contractions are consistently lasting 45-60 seconds and coming every 5 minutes) labor will often stop and start over several days. This is called prodromal labor (or sometimes "prelabor" or "false labor") and although it can be frustrating, you are more likely to be able to rest between

contractions if you are at home. You are unlikely to have contractions like this for several days. The contractions will usually last for a few hours then stop altogether, giving you the chance to rest, before starting up again some time later. This is a good time to work on a labor project – some activity that helps you to stop focusing on every single contraction and carry on as normally as possible. (See our fact sheet on “Coping with a Long Labor” for more information.)