

Transitions Doula Service

Pregnancy • Labor • Postpartum

birthworks



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“If you believe you can, you probably can. If you believe you won’t, you most assuredly won’t.”

- Denis Waitley

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B*E*S*T Doula Service
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Signs of Labor

The following are signs that your labor may be starting. Every pregnancy and labor is unique and you may or may not have some of these signs, however there really will come a time that you are certain that your labor has begun. This hand-out is for educational purposes only. Your care provider may have given you specific guidelines and you should follow his/her instructions.

Losing Your Mucous Plug

This is mostly a sign that some cervical changes are occurring. Your cervix may be thinning out and opening a bit in preparation for labor. Occasionally the mucous has a bit of a pink or brownish tinge indicating that there was a little bit of blood from the vessels in your cervix. This is where the term ‘bloody show’ comes from. For many women, however, the mucous is simply clear and resembles thick jelly. Your body continues to create this mucous, so you may lose more each time you use the bathroom. This is a very unreliable sign of labor. Contractions could begin within hours, or not for several weeks; however, it does signal that your cervix is getting ready for the big event!

Leaking or Gushing Fluid from Your Vagina

Toward the end of your pregnancy, vaginal secretions (leucorrhoea) normally increase and can be mistaken for your amniotic sac leaking, however you can usually tell the difference by looking at the fluid on your fingertips. If it seems cloudy and white it is probably not amniotic fluid, rather just the increased vaginal secretions normal at this stage. Amniotic fluid is usually clear, odorless, and very thin compared to leucorrhoea. In some cases it may be tinged with a greenish or brownish color possibly indicating that your baby has passed some meconium. If your amniotic fluid has any thick, black meconium in it, it is important to notify your care provider immediately. In some cases the bag of water surrounding your baby reseals itself and labor may not begin for several days. Avoiding vaginal exams is very important to minimize the risk of infection. It is also a good idea to practice excellent hygiene when using the bathroom, wiping from front to back, and washing your hands before (yes, before!) and after toileting. If your water breaks, you can expect contractions to begin within 24 hours. It is a good idea to pay attention to your baby’s movements for an hour or so if your water breaks with a gush. You can even have your partner listen with a stethoscope or an ear pressed to your belly to see if the baby’s heart rate is in the normal range of 120-160bpm. You can also take your temperature with a thermometer every few hours to be sure that you are not developing a fever. While a slight temperature elevation in labor can simply indicate that you are not drinking enough fluids, it can also signal an infection, so it should be reported to your care provider.

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Uterine Contractions

The Braxton-Hicks contractions that you have been feeling for many months now may begin to intensify, sometimes even settling into a pattern. Each of the contractions is helpful in softening, thinning, moving your cervix more anterior, and in preparing your uterus and your baby for the demands of active labor. You may notice that these contractions intensify or slow down depending on your activity level - for example, if you are active you may have more contractions but they will disappear if you have a glass of water and lie down. You may also notice that you have contractions more frequently at night. This is because the uterus is more responsive to the hormone oxytocin at night. Similarly, if you haven't been drinking enough fluids, the contractions may be more frequent. This is due to an increased concentration of oxytocin in your bloodstream.

Braxton-Hicks contractions will eventually give way to the contractions of active labor. These contractions will cause the cervix to dilate. You may experience menstrual-like cramps or a dull backache. You also may notice that your bowel movements are more frequent or loose. Your contractions will usually fall into a pattern, occurring at least every 10 minutes (often they are much closer together than this, even in early labor) and lasting 30-40 seconds each. This is very early labor. As active labor becomes established, contractions will become stronger and they will last at least 60 seconds. This is the time to call your doula if you have not already done so. The frequency of contractions is not as good of an indicator of active labor as the length and intensity of those contractions and the mother's emotional state.

How to Tell When your Water Breaks

Spontaneous Release of Membranes (SROM)

	Amniotic Fluid	Urine	Vaginal Discharge
Color	Usually clear or pink. If brown or green, indicating presence of meconium, call your care provider immediately.	Ranging from light straw to deep yellow.	May be clear, white, pink, or creamy yellow. Often opaque compared to amniotic fluid.
Odor	Faintly sweet, earthy smell, like clean ocean water. If an unpleasant odor is present it could indicate the presence of an infection. This should be reported to your care provider.	Acrid, like ammonia.	Usually odorless. If it smells unpleasant it may indicate a vaginal infection.
When	Continues to trickle out in any position and in spite of Kegel exercise.	Will not come out if Kegel is held tightly. More likely to come out when coughing, sneezing, or laughing.	Usually comes out upon standing or sitting after lying down.
Frequency	Once membranes have released, amniotic fluid will continue to trickle out every few minutes until the baby is born, usually as you change positions. Regular trickles or gushes are a good indicator of ruptured membranes.	Usually only comes out once, during stress.	Usually only comes out once, most likely in the morning. Small gushes of fluid may also come out after bathing, swimming or sex.