



Labor & Delivery

Early Labor Symptoms

As your “due” date approaches, you may notice a number of changes. Practice, or Braxton Hicks, contractions may become more frequent and occasionally uncomfortable. The mucous component of your vaginal discharge may increase. Occasionally, this discharge will be tinged with blood. This is the mucous plug that releases as the cervix softens and shortens, or ripens, in preparation for labor. Loss of a mucus plug is not an emergency and does not mean that labor is imminent.

You may also notice a change in the type of fetal movement you experience. This is because, as your baby reaches term size, the amount of room in your uterus decreases which means that your baby cannot flip and turn as he or she used to. Therefore, you will notice a change in the type of movement. However, the frequency with which you perceive activity should not decrease.

Many women, especially first-time mothers, are worried that they may not be able to determine if they are in labor. The following is a guide to help you distinguish between true and what is commonly referred to as “false labor,” but which is in fact a period of time when your body begins to prepare for true labor by softening and shortening the cervix.

“True” Labor Contractions

- Become progressively longer, stronger, and closer together
- Regular and predictable* (e.g. every 3 – 5 minutes)
- Felt throughout the abdomen and uterus
- Continue regardless of change in position
- Generally last 45 – 60 seconds
- Irregular in duration (brief to 90 seconds)

“False” Labor

- Do not become longer, stronger, and closer together
- Usually irregular time frame
- Felt in the top (fundus) of the (uterus)
- Often decrease with rest in activity and/or hydration

Gastrointestinal

You may experience diarrhea, nausea or heartburn.

How to Time Contractions

- Place your hand on the upper part of your abdomen (uterus).
- Note when the uterus begins to feel hard. The time from the beginning of one contraction to the beginning of the next in minutes is the **FREQUENCY** of contractions
- Note the **LENGTH** of time in seconds from the beginning to the end of the contractions.
- Time your contractions for 30-60 minutes.
- In general, contractions with a **FREQUENCY** of 3-5 minutes and **LENGTH** of 45-60 seconds that continue for an hour indicate the onset of labor.

When to Call the Office

Please call the office for any of the following:

- Contractions every 3-5 minutes for an hour. (Individuals with a history of fast labor, those who live a great distance from the hospital, or those who are known to have significant cervical dilation may not want to wait a full hour before calling.)
- Ruptured membranes (your bag of water breaks) even if you are not contracting.
- Frank bleeding, which is bright red blood (You do NOT have to call for bloody show, mucous plug, or light bleeding after an office examination.)
- Sudden or marked decrease in fetal activity.

Please note:

- In many situations, it is likely the on-call provider will direct you to come to the hospital for evaluation as it's typically difficult to evaluate over the phone.
- If you are confident you are going to the hospital, please still call us so we and the nursing team can prepare for your arrival.
- It is not necessary to call us if you lose your mucus plug if you are not experiencing other symptoms. It may take several weeks to go into labor after loss of a mucus plug.

What to Expect at Delivery Time

- Once you arrive at the hospital you will be guided to Labor & Delivery triage where a nurse will likely examine you first.
- If you are in active labor or have broken your water, you will be taken to the Labor & Delivery room where you will meet your nurse and your vital signs and baby's heart rate will be monitored.
- The on-call provider from our practice will come to examine you every few hours during labor, as needed.
- Though our goal is to avoid cesarean delivery, emergencies can occur during labor that we cannot anticipate.

The most common reasons for unplanned cesarean sections are:

- Your baby is in distress.
- Your cervix has stopped dilating despite all possible interventions.
- You have been pushing for several hours and the baby is not descending.
- You have a medical condition which makes it unsafe for a vaginal delivery.
- Your baby is not head down (in vertex position).

Types of Pain Medications

As labor progresses – and contractions become stronger and more frequent – some women choose medication. Your provider will discuss with you the types of pain medications available at your delivery hospital. Some include:

- Regional anesthesia, such as: epidural (most commonly used) and spinal block (used in cesarean sections)
- Analgesics, such as: opioids (given through an IV or shot)
- Please note, Sibley hospital does NOT have nitrous oxide as a pain relief option

**Call us if you feel you are in labor or experiencing a medical emergency pertaining to your pregnancy.
(202) 481-2050**

DO NOT use our Patient Portal to send urgent questions or concerns.