



# HOW *to* KNOW YOU *are in* LABOR

**Your body knows what to do** to deliver your baby, but it takes time. What is best for you and the baby is to let your body have the time it needs to prepare itself for birth.

**Here is what your brain needs to think about while you let your body prepare:** There is **false labor** and there is **true labor**. False labor does not mean you are not experiencing pain, but it is only the beginning of your body's preparation for birth.

**How to tell the difference? Contractions are longer, stronger and closer together.**

Time five contractions for how long they last and how far apart they are. Then wait an hour, and time five more. If they are longer stronger, and closer together in time, you may be starting **true labor**.

CONTRACTIONS	FALSE LABOR	TRUE LABOR
<b>Timing</b>	Irregular and do not get closer together (Braxton Hicks)	Regular intervals and as time goes on, get closer together
<b>Change with moving</b>	They may stop when you walk, rest or change position	They continue, despite movement
<b>Strength</b>	Usually weak and don't get stronger	Steadily increase in strength
<b>Pain</b>	Usually felt only in front	Usually starts in the back and moves to front

## How to help your body prepare:

- > Take a walk
- > Watch a movie
- > Take a nap
- > Change positions-use pillows for comfort or try walking
- > Take a shower or bath
- > Listen to relaxing music, dim lights, peaceful surroundings
- > Touch, massage, counter pressure against lower back
- > Try slow, deep breathing
- > Drink water, juice or other clear liquids
- > Eat light, healthy snacks
- > Apply heat or cold to a painful area (lower back), cool cloth to wipe face

## When do you know to come to the hospital?

- > The contractions are very uncomfortable, are coming every 5 minutes, lasting 60 seconds, for an hour. [5:1:1 rule]
- > Your health care provider will give you specific guidelines for when you should get ready to come to the hospital.
- > We only want to admit you if you are in **true labor** or there are concerns for mother or baby well-being.

**If you do need an induction,** we will use techniques and medicines to help your body prepare for delivery - or help your cervix become "ripe and ready." These techniques may not work, and you may be sent home until your cervix has softened and is ready for birth.

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**The best birth is a vaginal birth.** Induction and Cesareans should only be done when medically necessary, as they add risks to both mother and baby.

**Listen to your provider.** Your doctor or midwife might suggest starting labor using medical treatment (induction) or having a c-section. This is generally advised when either you or your baby has a health condition that could effect the health of either you or your baby. There are risks to these procedures as seen below. Talk with your doctor or midwife about risks and benefits.

## Some of the risks of Induction are:

- > More labors started with induction end up with a cesarean section (“C-section”) than labors that start on their own. This is especially true if this is your first baby
- > Labors started by Induction are usually longer
- > Infection in the mother or baby
- > All medications have risks. For example, contractions may come too fast and affect the baby’s heart rate.

The risks decrease significantly if your cervix is “ripe and ready” for delivery.  
[Bishop Score of 9 or greater for first births and 6 or greater for subsequent births]

## Some of the risks of a C-section or Cesarean birth are:

- > Infection
- > Blood loss
- > Blood clots in the legs, pelvic organs or lungs
- > Injury to the bowel or bladder
- > Reaction to medications and anesthesia used.
- > Your hospital stay will be longer after a cesarean birth.

The more cesarean births a woman has, the greater her risk for some medical problems and problems with future pregnancies. This may not be a good option for women who want to have more children.