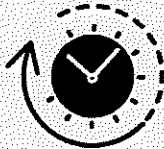





# HOW TO TELL WHEN LABOR BEGINS

## SIGNS THAT YOU ARE APPROACHING LABOR

SIGN	WHAT IT IS	WHEN IT HAPPENS
Feeling as if the baby has dropped lower	Lightening. 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)	Show. 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	Rupture of membranes. 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	Contractions. 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

## DIFFERENCES BETWEEN FALSE LABOR AND TRUE LABOR

	FALSE LABOR	TRUE LABOR
 <b>TIMING OF CONTRACTIONS</b>	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. Each lasts about 30-70 seconds.
 <b>CHANGE WITH MOVEMENT</b>	Contractions may stop when you walk or rest, or may even stop with a change of position	Contractions continue, despite movement
 <b>STRENGTH OF CONTRACTIONS</b>	Usually weak and do not get much stronger (may be strong and then weak)	Increase in strength steadily
 <b>PAIN OF CONTRACTIONS</b>	Usually felt only in the front	Usually starts in the back and moves to the front

# LABOR

## Cheat Sheet

### TIMING CONTRACTIONS

Use an app or written chart to record contractions, with the following points in mind

## SIGNS OF LABOR

### POSSIBLE SIGNS

- Dull Backache
- Soft bowel movements
- Menstrual-like Cramps
- Increased energy and activity, i.e. the "nesting urge"

### PRELABOR SIGNS

- Non-progressing contractions
- Bag of water leaks, causing a "trickle" of fluid from vagina
- Mucus plug, or blood-tinged mucus discharged released from vagina

### POSITIVE SIGNS

- Progressing contractions: frequent, longer, and stronger contractions
- Bag of waters break spontaneously, resulting in a gush of fluid from the vagina, followed by progressing contractions.

## STAGES OF LABOR

- Prelabor - 0-2 cm, Non-progressing contractions
- Dilation - 3-10 cm, Increased contraction intensity
- Birth - 10 cm, "Pushing Stage"
- Placental - Delivery of placenta

- 
- Time length of each contraction in seconds.
  - Time and record 5-6 contractions in a row, then stop.
  - Once contraction pattern has changed, time another 5-6
  - Determine frequency by subtracting beginning time of one contraction, from beginning time of next contraction.

## WHEN TO CALL My Doula

- ↓
- When you have recognized "Possible Signs" of labor or are experiencing "Prelabor Signs."
  - With updates on progression of labor.

## WHEN TO GO TO The Hospital

↓

Use the 4-1-1 rule when trying to determine when to go to the hospital. Go to the hospital when:

- 4 Contractions are 4 mins. apart
- 1 and 1 min. long
- 1 for 1 hour

# Stages of LABOR

1

## PRELABOR 0 - 2 cm

The **cervix** begins to **soften and thin**, dilating to no more than 1 -2 centimeters. **Non-progressing contractions** may also occur, which can last from a few hours, to a few days.



## DILATION 3 - 10 cm *(Early & Active Labor, Transition)*

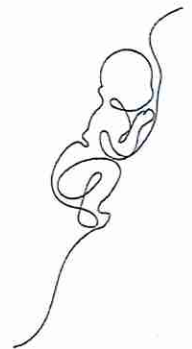
Also known as the "first stage" of labor. The cervix continues to thin, **increasing dilation** (slowly then rapidly) to 10cm. **Contractions increase in frequency, intensity and duration**, lasting 60 sec. or more, and occurring every 4 mins. or less

2

3

## BIRTHING 10 cm

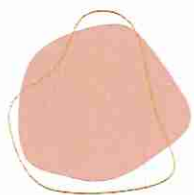
Often referred to as the "pushing stage". Strong contractions continue, the **Cervix is fully dilated**, and the baby's head is in the birth canal. The **urge to push increases** and pushing occurs until baby is delivered.



## PLACENTAL

Within 5-30 minutes of the baby's birth, **uterine cramps** occur and the **placenta separates from the uterine wall**. Delivery or expulsion of the placenta then takes place.

4



# NATURAL INDUCTION METHODS

## PINEAPPLE

Use only if you know that it won't give you heartburn. Eating lots of pineapple is said to induce labor.

## CUMIN TEA

One cup of boiling water should be added to one teaspoon of cumin seeds to steep for five minutes before drinking. Limit your daily intake to one cup. The origin of the tradition of adding a raw potato cube to the tea is unknown.

## SPICED TEA

Make a cup of tea with ginger, cinnamon, and cloves. For no longer than six hours, consume one small glass per hour. If labor is not started after 24 hours, stop and try again. Don't make more than two attempts.

## SEX

Both having an orgasm and applying sperm to the cervix can initiate labor. Because prostaglandins are absorbed significantly more quickly and easily through the stomach, swallowing semen also works effectively. You should take advantage of the opportunity to have sex as it might be your last for a while.

## SWINGING

Visit a park or playground in your neighborhood and enjoy the spacious swings there. What a wonderful approach to induce labor!

## NATURAL PROSTAGLANDINS

Black current oil, flax seed oil, evening primrose oil, and borage oil all ripen and soften the cervix and make the pelvic ligaments more flexible. The capsules can be consumed orally, or one or two can be melted in the vagina. Use only if the amniotic sac is still intact before applying straight to the cervix. These won't actually start labor; they'll just help the cervix. Please be aware that the effectiveness of taking evening primrose oil orally for softening your cervix is now under debate. I urge you to conduct independent research.

## BLOWING UP BALLOONS

If the baby is already in the best position for birth (head down, back to the left of your bellybutton), increases intra-abdominal pressure and can apply more pressure to the cervix to expedite things.

## THIGH MASSAGE

Have your spouse warm some lotion or oil in their hands before starting to massage your inner thighs, covering the area from the knees to the crotch in an oval motion. In order to avoid overstimulation and too-strong contractions, be sure to let your spouse know when the contractions begin.



# HOSPITAL BIRTH

## Checklist

### FOR MOM

- ☐ Slippers or 2 pair of warm non-skid socks
- ☐ 2 Loose lightweight outfits
- ☐ Comfortable robe
- ☐ Lightweight pajamas
- ☐ Comfortable going home outfit
- ☐ 2 Maternity bras
- ☐ Pillow
- ☐ Toothbrush and toothpaste
- ☐ Deodorant
- ☐ Shower shoes
- ☐ Soap/bodywash and shampoo
- ☐ Bath towel
- ☐ Lotion
- ☐ Comb/brush and hair ties or headband
- ☐ Makeup (if you plan to wear)
- ☐ Lip Balm
- ☐ High energy non-perishable snacks
- ☐ Medications and a list of what they are
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

### FOR BABY

- ☐ Pediatrician contact info
- ☐ Coming home outfit with legs
- ☐ Newborn hat
- ☐ Warm blanket
- ☐ Approved infant car seat
- ☐ Socks
- ☐ \_\_\_\_\_

### ESSENTIALS

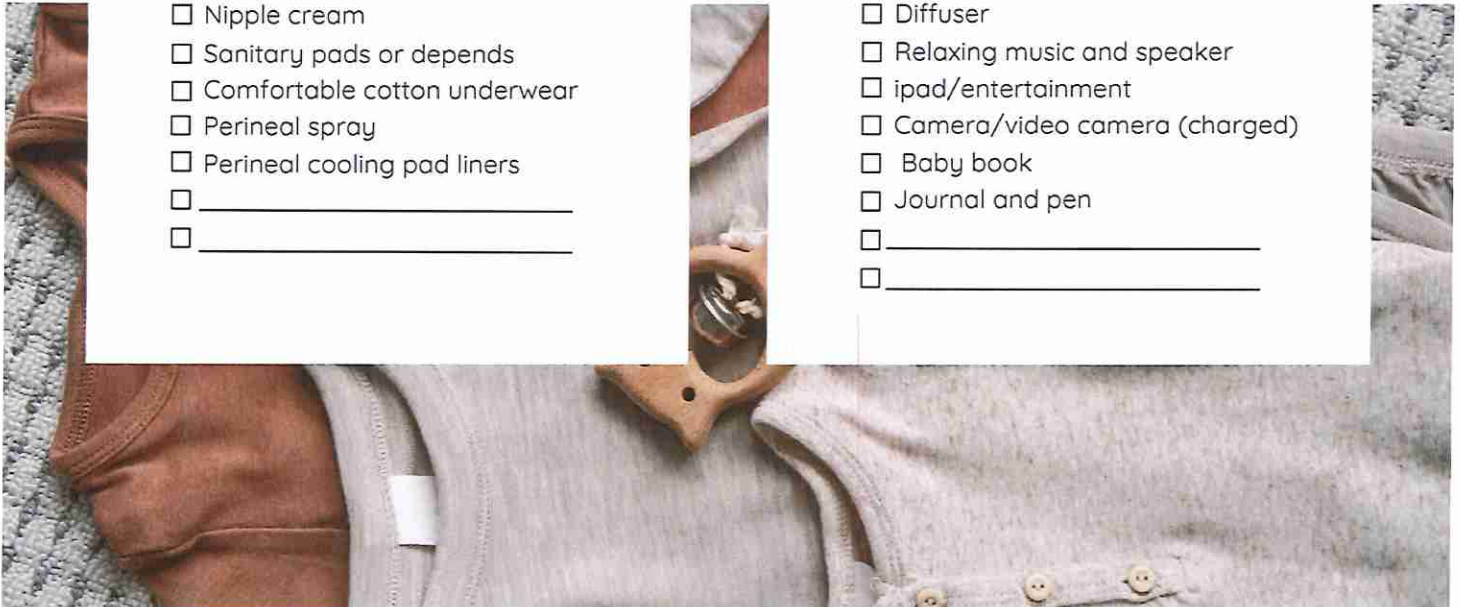
- ☐ 2-3 Birth Plan copies
- ☐ Driver's License/ID
- ☐ Insurance card
- ☐ Hospital forms
- ☐ Cord blood kit
- ☐ Phone
- ☐ Phone charger with long cord
- ☐ Eye glasses
- ☐ Power strip or multi-plug outlet
- ☐ \_\_\_\_\_

### POSTPARTUM CARE

- ☐ Nursing pillow
- ☐ Nipple cream
- ☐ Sanitary pads or depends
- ☐ Comfortable cotton underwear
- ☐ Perineal spray
- ☐ Perineal cooling pad liners
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

### MISCELLANEOUS

- ☐ Massage oil and/or lotion
- ☐ Diffuser
- ☐ Relaxing music and speaker
- ☐ iPad/entertainment
- ☐ Camera/video camera (charged)
- ☐ Baby book
- ☐ Journal and pen
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_



# BIRTH PARTNER *Cheat Sheet*



## PRELABOR

- Time and record 5 - 6 contractions
- Check-in with caregiver
- Encourage mother to eat and drink when needed
- Call Doula
- Do projects and activities together to distract from contractions
- Pack the car
- Encourage movement such as walking or dancing
- Help mother to rest with sleep, music, or relaxation techniques
- If a slow-to-start labor, try labor stimulating measures such as different positions

## HOSPITAL *Bag*

- |  |   |
|--|---|
| <input type="checkbox"/> Birth plan copy   | <input type="checkbox"/> Camera             |
| <input type="checkbox"/> Change of clothes | <input type="checkbox"/> Snacks and drinks  |
| <input type="checkbox"/> Slippers          | <input type="checkbox"/> Cash/Coins         |
| <input type="checkbox"/> Swimwear          | <input type="checkbox"/> Medication, if any |
| <input type="checkbox"/> Toiletries        | <input type="checkbox"/> Entertainment      |
| <input type="checkbox"/> Phone & charger   |   |



## EARLY LABOR

- Time and record 5 - 6 contractions
- Check-in with caregiver
- Encourage mother to eat and drink when needed
- Do distracting projects and activities
- Once contractions intensify, stop activities and help mother relax
- Encourage and practice slow rhythmic breathing
- Stay calm & use soothing, encouraging words



## ACTIVE LABOR

- Have beverage ready for mom after each contraction
- Help mom maintain rhythmic breathing
- Acknowledge her feelings, e.g., "This is tough. You're doing great."
- Help comfort measures, e.g., dance or press on her back
- Keep a firm touch, and a calm, encouraging voice
- If avoiding pain medications, help mother get through this phase without reference
- Take care of yourself for relief, e.g., eat or shower



## BIRTHING

- Stay close to the mother
- Follow the mother's lead
- If staff directs her to push when not ready, ask to wait
- Compliment her after each contraction
- Help her in & out of pushing positions, e.g., squatting
- Give relaxing suggestions, e.g., "Open up," or "Let's go"
- Request a warm compress for her perineum
- Wipe her forehead and neck with a cold washcloth
- Take photo of baby once out