



LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

HOW LABOUR BEGINS

1 THE SHOW

The mucous plug that has closed off the cervix comes away, causing a small amount of bright red, pinkish, greyish or brownish SLIPPERY substance to either stain the woman's underwear or fall away into the toilet (perhaps even unseen). Labour is likely to proceed in the relatively near future, but could be up to a week or two later. **Go to the hospital if there is a flow of blood.**

2 THE WATERS BREAK

The amniotic sac is ruptured releasing the amniotic fluid with either a gush or a trickle of water leaking from the vaginal canal. This rupture can heal over if it occurs many weeks before the due date. If it happens around the time the baby is due it is most likely labour will begin within 12 to 48 hours. If your waters break with a trickle, you may wish to stay at home with or without contractions for up to 24 hours - if you are happy to do so.

If the waters break with a gush and you are not sure if the baby's head is engaged, it is best to go into hospital to be monitored. You should also go to the hospital if the fluid is greenish or brownish, as this could indicate that the baby is in distress (fluid should be clear)

3 CONTRACTIONS BEGIN

The long muscles of the uterus contract to help push the baby down against the cervix. If this is REAL LABOUR, the contractions will get closer together, last longer and get stronger.

PRE-LABOUR CONTRACTIONS CONTRACTIONS

Only last 20-30 seconds

20 minutes or more apart

Can be a bit uncomfortable, but can manage well with breathing techniques

LABOUR

40-60 seconds long

Get closer and closer

More and more concentration needed

birthmatters

AT THE START OF FAMILY LIFE



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IMPORTANT NOTE

Some women only feel the tightness/discomfort of the contractions in their lower back, beginning somewhat like period pains. This could be your only sign of being in labour. The 'backache' will follow the same pattern as described above for real labour contractions. Breathing and relaxation exercises still help.