The last weeks of pregnancy are such an exciting time as you will soon get to meet the new person you’ve been patiently growing inside your body for the past few months.

You may find yourself counting down the hours waiting for those first signs of labour to show that your baby is finally on the way!

While your pregnancy is classed as full term from 37 to 42 weeks gestation, only 3-5% of women actually go into labour on their due date. The greatest number of women will have their babies between 38 and 41 weeks.

What are the signs of labour?

Every labour is different and may start in a number of ways.

- sometimes your waters will break
- sometimes you start having contractions or a feeling of pelvic pressure as the baby’s head drops lower into your pelvis
- it may be that you get a sudden surge of activity and feel you need to clean the house from top to bottom, this is called “nesting” where you prepare for your baby’s arrival by making sure everything is ready and in its place!
- most women will call the Birth Unit to say they think they have had a “show”.

All of these signs are your body telling you that it’s getting ready and it’s time to bring your baby into the world.

Here are some of the ways this can happen in a little more detail.

**Mucus Plug or “Bloody Show”**

As your cervix (neck of the womb) begins to dilate (open) and efface (thin out), the thick mucus plug that sealed off your cervix and protected your baby from infection, starts to loosen and come away as discharge from your vagina. It can look like jelly or be watery and sticky. Sometimes it has blood in it, or a pink or brown colour to it. The amount of discharge can vary too.

Sometimes it can be large, and may come out over several days. Some women may not even have this happen. Here are some images of the mucus plug or “show”, if you are squeamish you may want to scroll past them.

![Bloody mucus plug in toilet bowl](image1)

![Brown mucus plug](image2)
**Contraction**

You may have experienced Braxton Hicks or “practice” contractions during your pregnancy. The onset of labour can begin with an increase in the frequency and strength of Braxton Hicks contractions, these then gradually become labour contractions.

Labour contractions feel very different to Braxton Hicks. The main difference is that Braxton Hicks contractions will stop, labour contractions carry on, increasing in length and strength and they start gradually, build to a peak then fade away.

These early contractions may be irregular to start with and not get any stronger, they may stop and start and this can go on over a few days.

Changing position, walking and getting on with your normal activities can help in this stage. The contractions may be infrequent to start with and last about 20-30 seconds when they come.

If your contractions follow this pattern it is important to get rest when you can to conserve your energy and to eat and drink normally.

Your body knows what it is doing, early labour is your body preparing itself for established labour, the cervix starts to thin out and the baby drops lower into your pelvis. Eventually, as labour progresses, the contractions will become longer and stronger lasting from around 60 seconds coming every 2-3 minutes.

These are the contractions that start to dilate the cervix. These true labour contractions tend to make it difficult to talk or concentrate, when they come you’ll find you have to focus on breathing through them until they have faded away. Some women feel them low in their abdomen while others feel them in their back and down into their legs, each labour is different.

If you’re not sure you are in labour think about what the contractions feel like and maybe time them for a short while, 10-15 minutes.

Remember labour contractions:
- will not stop or become irregular
- increase in strength and last longer
- have a pattern to them, most women have between two to four contractions every 10 minutes
- build to a peak then fade away

Your baby will continue to move normally during this time, if you think the baby is moving less, call your Midwife or Doctor for advice.

**Breaking Waters or Spontaneous Rupture of Membranes (SROM)**

The sac containing the amniotic fluid or liquor (water) will rupture (break) first in around 10-15% of labours. When the waters break you may experience anything from a small “popping” sensation with a small amount leaking to a flood of liquor pouring out of your vagina and soaking the floor! You have no control over the flow.
If you think your waters have broken but you’re not sure, it’s a good idea to wear a sanitary pad (do not use tampons) and call your Midwife or Doctor. Sometimes it can be a small amount of urine leaking out which is common in the later part of your pregnancy. Putting on a pad helps you and your Midwife to see what is coming out.

Most of the time SROM occurs after contractions have started but it can happen without you having any at all. You should always contact your Midwife or Doctor whether you are sure or just suspect SROM.

The liquor is usually clear but can sometimes have a pink tinge to it and be mixed with a “show”. If the liquor is a green, brown or any other colour you should mention this to your Midwife or Doctor.

Liquor has its own smell, some women say it smells a bit like ‘semen’, if you notice a smell you should also mention this to your Midwife or Doctor. Usually you will be asked to attend Birth Unit or Day Assessment Unit for you and your baby to be checked and to confirm you have SROM.

It is likely you have SROM if:
- you have no control over the flow
- you need to wear a sanitary pad to absorb the amount of liquid coming out (a panty liner will be totally inadequate)
- you have to change your pad more than once
- it doesn’t smell like urine

Did you know your placenta and the baby continue to produce liquor even after SROM? Be prepared to feel continuously wet until your baby is born.

Nausea, Vomiting, Loose Stools and Diarrhoea

Towards the end of your pregnancy you start to produce certain hormones that will help you go into labour and make sure it keeps going. One of these hormones is prostaglandin, which can make you open your bowels more frequently. It’s a way that your body makes room for the baby to come out and focuses on the job of labour rather than digestion. You can also feel quite nauseous and even vomit once contractions start.

Engagement or Lightening

Most women feel the baby’s head start to engage into the pelvis from about 35-36 weeks into their pregnancy, for some women this happens later or even when they are in labour. The baby’s head settles in deeper and women often say they feel more comfortable as they can breathe more easily.

This is because the pressure on your diaphragm from your growing uterus (womb) has been relieved. Instead the pressure is now more likely to be on your bladder and you may notice that you go to the bathroom more often!

You can see why some women think their waters have broken if they have a baby bouncing on their bladder emptying it for them.

You may also notice a change in the shape of your tummy as your body readies itself to give birth to your baby.
Fact Sheet
How will I know I’m in labour?

When should I call the Hospital?

The start of labour is such an exciting time because you will soon get to meet your baby. It can be tempting to call the hospital sooner than you should in your eagerness for this to happen.

We know from a number of studies that the best place to be in early labour is at home. At home you have the freedom to move around and do what feels right for you. You can eat and drink when you like, sleep if you want to and can come and go as you please. There are no restrictions. At home the environment is familiar and when you feel safe the labour hormone, oxytocin (also known as the love hormone), increases and helps to keep your contractions going.

Sometimes being in a different environment can increase your anxiety and your levels of the stress hormone adrenaline, which is present in small amounts during labour, rise. This stops oxytocin being effective and your contractions slow down or can stop altogether.

The average length of labour in first pregnancies is between 8-12 hours and usually 4-6 for your second and subsequent pregnancies. This is why you are encouraged to stay at home as long as you can in early labour. Listen to your body, it’s a powerful instrument, trust that it knows what it is doing.

You can call the hospital as much as you need, you don’t have to sit at home worrying when you can speak to a midwife and get some guidance or advice.

Here are some examples of when to call:

You should contact the hospital, your Midwife or your Doctor if:

- you are having strong, regular contractions and have been for at least an hour or two
- your waters break (SROM), especially if the liquor is green, brown or any colour except clear or pale pink
- you have some bleeding
- you think the baby’s movements are less than usual
- you can’t stop vomiting
- you feel you need more help to manage your contractions
- you’re frightened or unsure
- you feel unwell
- you have had complications in your pregnancy and have been advised to call as soon as labour starts.

If you decide you do need to come into hospital, always call or get your support person to call the hospital to let them know.

The Midwife will ask for your details so that your medical records can be ready and the room prepared for you.

We welcome further feedback on this brochure as a way of continually improving our service.

Please send your feedback to:

WSLHD-Get_Involved@health.nsw.gov.au