

CHAPTER 9: WHEN AND HOW LABOR BEGINS

Signs Associated with the Beginning of Labor

The following symptoms are categorized as possible signs, prelabor signs, and positive signs. These categories will help you recognize when you are truly in labor. Please note that you might not experience all of these signs and that they do not necessarily occur in a particular order. If you're unsure, call your caregiver or hospital. The positive signs are the reliable ones.

Category	Signs	Comments (also see pages 162-167)
Possible signs (Late pregnancy changes. These may stop altogether or continue until the other signs come up; time will tell.) There is no need to call your caregiver if you only experience these signs, unless you are less than 37 weeks pregnant, or have been told to do so.	Backache. Vague, low, nagging; may come and go. Temporarily eased by position changes.	May be caused by early contractions.
	Cramps in lower abdomen. Like menstrual cramps; may be accompanied by discomfort in thighs.	May be intermittent or continuous.
	Bowel movements. Several in several hours; may be accompanied by intestinal cramps or digestive upset.	May be related to increase in circulating prostaglandins, which ripen your cervix while causing these other symptoms.
	Nesting urge. An unusual burst of energy resulting in great activity and a desire to complete preparations for your baby.	Think of this extra energy as a sign that you will have strength and stamina to handle labor; try to avoid exhausting activity.
Prelabor signs (These are signs that your cervix is probably changing, but are still associated with very early labor or prelabor.)	Nonprogressing contractions. Tend to remain about the same length, strength, and frequency. These prelabor contractions may last for a short time or continue for hours before they go away or begin to progress (see below).	Accomplish softening and thinning (effacement) of cervix, although most dilation does not occur until you have positive signs.
	Bloody show. Passage of slippery blood-tinged mucus from vagina.	Associated with thinning (effacement) and some opening (dilation) of cervix; may occur days before other signs or not until progressing labor contractions have begun; continues throughout labor.
	Leaking or trickle of fluid from vagina. Caused by a small rupture of membranes (ROM).	Sometimes stops when membranes seem to seal or continues on and off for hours or days. (See precautions on page 166.) Leaking fluid is sometimes not amniotic fluid; it may be liquid mucus or urine. Caregivers test fluid to find out. Call your caregiver if you are leaking fluid. (See page 166 for more on testing leaking fluid.)
Positive signs of labor (These are the clearest signs that your cervix is dilating.)	Progressing contractions. Become longer, stronger, and/or closer together with time; usually become painful or very strong and are felt in the abdomen, back, or both.	These dilate the cervix and are not reduced by a change in mother's activity. Use the Early Labor Record (page 167) or a contraction tracking app to determine the contraction pattern.
	Gush of amniotic fluid from vagina. Caused by a large ROM.	Often accompanied or soon followed by progressing contractions. (See precautions on page 166.)
	Dilation of cervix. Opening of the cervix in response to the progressing contractions.	This sign is not recognized by the mother. The caregiver confirms it by vaginal exam.