

## **A Few Words about Labor and When to Page the CNM for a Full Term Pregnancy (Between 37-42 weeks)**

Braxton-hicks contractions (or practice contractions) feel like intense painless uterine tightening that are not accompanied by cramping or low back pain. Some women say it feels like the baby is stretching. Many women don't feel Braxton-hicks during their first pregnancies. If this isn't your first pregnancy, it's common to have frequent Braxton-hicks contractions throughout your pregnancy, starting as early as 20 weeks.

A sign of true labor is when you experience regular contractions (different than Braxton-hicks contractions) that gradually become stronger, longer, and closer together and don't change in frequency or intensity regardless of your position (standing, lying, squatting, etc) and that have been going on for several hours. Usually a labor contraction feels like intense tightening/pressure accompanied by either strong menstrual-type cramping or low backache.

With good labor support, a safe home environment, and reassuring fetal movement, most healthy pregnant women will labor better at home. Research has shown that women who arrive to the hospital in active labor have less chance of interventions and a higher chance of a normal vaginal birth. For these reasons, unless you have worrisome symptoms (decreased fetal movement, amniotic fluid that is brown or green tinted, severe abdominal pain unrelated to contractions, or bleeding that is more than normal bloody show), we encourage you to labor at home.

Please page the CNM when you think you are in labor. We appreciate this notification, even if it's not yet time to head to the hospital. This gives us time to make plans to come in, and also an opportunity to provide you with helpful feedback. Although partners often like to make this phone call, we prefer talking directly to the woman in labor, since it gives us more information. **PLEASE DON'T GO TO OB TRIAGE WITHOUT NOTIFYING YOUR PROVIDER FIRST!** This is a courtesy to us and to the staff working in OB triage.

Page the CNM again when your contractions have become stronger, occur every 3-5 minutes, and last 60-90 seconds. At this point, most women need to use labor coping techniques and find themselves moving around and breathing in a rhythmic pattern (rhythm is great!). You may feel hot and sweaty, easily irritated, internally focused, and sometimes nauseated. You may also notice blood-tinged mucous discharge (bloody show), which commonly occurs as your cervix dilates and thins out. These are signs of labor progress. Active labor occurs between 4-6cm in most women. At this point women often feel like labor has "stepped up a notch". We may recommend going to the hospital at this point, but we may also suggest that you labor at home longer. The decision to come to the hospital will be a mutual one based on your unique situation and needs.

When you head to the hospital, please go through the Women's Center entrance on Ransom & Crescent. There is a revolving door and a security person there to help you find your way to OB Triage, which is located on the A level of the Women's Center at

Spectrum Health Butterworth. There is free parking available in Lot 6. **DO NOT GO TO THE EMERGENCY ROOM ENTRANCE.**

When you arrive to OB Triage, a nurse will assess you and baby. This typically involves a cervical exam to determine dilation, perhaps an exam to determine if your water has broke, as well as 20 minutes of fetal monitoring (if the 20 minutes of fetal monitoring is reassuring, it is appropriate to request intermittent monitoring). You are welcome to bring your own gown to wear (a stretchy skirt and tank top work great for labor). Depending on the situation, the CNM may meet you in OB triage, or may wait for the nurse to call with an update after your labor assessment.

### **A Few Words about Water Breaking**

It is rarely an emergency when your water breaks. You do not need to rush to the hospital. Page the CNM if you think your water has broke.

Sometimes figuring out if your water is leaking can be challenging. Most of the time when water breaks, it is either a big gush followed by smaller gushes or trickles, or it may be a slow steady trickle. Either way, most women need to wear a maxi pad (or even adult diapers) to keep underwear and pants from getting completely soaked. If you think your water has broke, take note of the color. Amniotic fluid is normally a clear to straw color; or it may sometimes have a light pink tint if it mixes with bloody show. If your baby has had its first bowel movement (meconium), then the color will be green or brownish.

If you are already in labor, you may find that your contractions become much stronger after your water breaks. This is because water breaking releases more prostaglandins (one of the many hormones involved in labor) and because the bag of water is no longer providing a cushion between the baby's head and your cervix. If this is NOT your first pregnancy/labor and your water breaks during labor, things may progress quite rapidly at this point. In this case, we recommend coming to the hospital if you aren't already on your way (don't forget to page us!).

Sometimes, water breaks before labor starts. This is referred to as PROM (Prelabor Rupture of Membranes). If the fluid is clear, you tested negative for GBS, and you feel normal fetal movement, you have several options for what to do next. You may come in to the hospital for active management (recommended by the American College of Obstetricians), which involves inducing labor with medication. Or, you may decide to wait at home for the onset of labor (a reasonable option endorsed by the American College of Nurse-Midwives). This option is referred to as expectant management. For the majority of women, labor will start within 24 hours of water breaking. We can discuss risks and benefits of active management and expectant management at an office visit or when you page us about your water breaking.

\*Please refer to your Pregnancy and Childbirth book for more information.