

# How to Tell When Labor Begins

## Anatomy and Physiology of Labor

During the last few weeks of pregnancy, the cervix produces the hormone prostaglandin that causes the cervix to soften and “ripen”. The cervix begins to efface (shorten) and the mucus plug may start to pass.

Braxton-Hicks contractions often occur during the third trimester and the uterus begins to make oxytocin receptors which are necessary for labor contractions. No one knows what triggers labor. As labor begins, the contractions become coordinated due to stronger and more sustained release of oxytocin from the mother’s brain. These contractions move the baby downward through the pelvis and out of the cervical opening into the vagina for delivery. The contractions increase in intensity until the baby is delivered.

## Signs that you are Approaching Labor

### Lightening

The baby drops deeper in the pelvis away from the ribs, making it easier to breathe. This can happen weeks before the onset of labor or as labor begins. Deep pressure in the pelvis and shooting pain down the vagina are common complaints. The hormone relaxin causes cartilage in the hips and the pubic bone to soften which may cause back and joint pain.

### Show (Mucus Plug)

As the cervix softens and begins to dilate, mucus is discharged into the vagina. This is common during the last few weeks of pregnancy. This discharge can be clear, pink or slightly bloody.

### Effacement

The cervix changes from approximately to inches in length to paper thin as it stretches and pulls over the baby’s head. The effacement is described as 50% or 80% or complete when it is completely thinned out.

### Rupture of Membranes

The amniotic sac that surrounds the baby may rupture. This can be a continuous trickle or a gush of watery discharge.

### Contractions

The uterine muscle tightens and relaxes in a regular timed fashion. Contractions cause the cervix to open. Regular pattern of cramps or menstrual cramps that progress into regular contractions

### Dilation

The cervix must be completely dilated (10 centimeters) before delivery can occur. Both effacement and dilation are estimated by vaginal examination.

### Station

The relationship of the top of the baby’s head to the spines of your pelvic bones is described as station. If the baby’s head is at the level of the ischial spines, the baby is at zero station. Any level above this is a negative number, below this is a positive number. Delivery is close at +3 station.

## Differences between True Labor and False Labor (Braxton-Hicks)

Contractions	Braxton-Hicks	True Labor
Timing	Irregular contractions that have no pattern. They do not progressively get closer together.	Regular contractions that get closer together and stronger with time. Become more painful with time.
Change with Maternal Movement	Contractions may stop or slow down with resting or changing position.	Contractions continue despite resting or walking.
Strength	Usually weak and do not become significantly more intense.	Gradually increase in intensity so talking becomes difficult.
Pain	Generally felt in the front.	Can start anywhere and progress to encompass the entire uterus.