



Congratulations, you made it to 37 weeks!

How do I know it is time to have my baby?

What do contractions feel like?

Contractions start off feeling like menstrual cramps. This may or may not involve back pain. During true/active labor, the contractions get closer together and more intense over time. It is normal to have some contractions occasionally before true labor starts. These contractions can have a regular pattern and will eventually go away.

Why should I labor at home?

- You have the freedom to move around. Evidence has shown that maternal movement can help the baby get in the best position and minimize pain.
- You have the freedom to eat and drink fluids.
- You have the freedom to sleep and rest in the comfort of your own home.
- You minimize the trips to and from the hospital.

How should I labor at home?

Laboring at Home Checklist

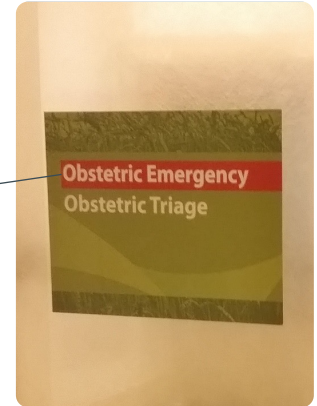
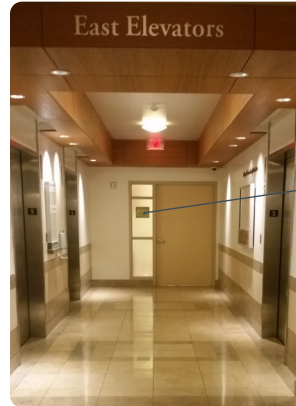
- Stay hydrated by drinking fluids
- Eat low fat, healthy snacks and small meals
- Relax as much as possible to help the natural labor process take its course
- Rest or sleep as much as you can, you are starting a marathon not a sprint
- Use the bathroom frequently to keep your bladder empty. It helps labor progress.
- When your contractions are stronger try the following to help with the pain:
 - A warm bath or shower
 - Rocking in a rocking chair
 - Sitting on an exercise ball
 - Walking
 - Distractions such as music, aromatherapy, TV, movies, last minute projects in preparation for your baby

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What will happen once I arrive at the hospital?

- Please come to our Triage/Obstetrical Emergency Department located on the 5th Floor in the Bill & Sue Gross Women's Pavilion (East Tower). Walk through the single door located next to the elevators (see picture below).



When to come to the hospital?

- When your contractions begin to have a regular pattern, start timing them from the beginning of one contraction to the beginning of the next. You should go to the hospital:
 - If you are having regular contractions, 5 minute intervals or less (requiring total concentration)
 - **AND** you can't walk or talk through them any longer
 - **OR** your physician gives you other instructions or criteria
 - Your water breaks in a big gush or a little trickle. Make note of any color other than clear fluid.
 - Vaginal bleeding similar to your period, or greater
 - *Note: You can still call your doctor and speak to the doctor on call after their office has closed
- The nurse will take your blood pressure, check your temperature, heart rate and respirations.
 - You will be placed on a fetal monitor to check the baby's heart rate and your contraction pattern.
 - The nurse will examine your cervix to check your dilation.
 - If your cervix is less than 4 cm you will be rechecked in around an hour to see if your cervix has changed and you have dilated more. If you have not, you will be discharged home where you can follow the "Laboring at Home Checklist".
 - If you think your water broke, the nurse will perform a test to confirm the presence of amniotic fluid. Once confirmed, you will be admitted.
 - If you are here for any other reason not related to contractions or your water breaking, you will be seen in our state-of-the-art Obstetrical Emergency Department.