



Labour and delivery – When to go to the hospital?

Most women (especially in their first pregnancy) are often unsure when to go to the hospital to give birth. Below is a list of symptoms and signs you should be aware of that will require you to go to the hospital for further evaluation.

Symptoms and signs of Labour

- When your waters break – you will notice a clear or urine-like fluid coming out and the amount may vary from a gradual trickle to a sudden gush. If you notice a green or dark stain fluid; this may be meconium (the baby's first poo) and can be a sign of foetal distress. There is a risk of infection if your waters break too soon before labour and the waters could bring the cord down as well, compressing your baby's oxygen supply (however, this is very rare).
- You have some slight bleeding, and often mixed with mucus. This is called “show” and arise from the plug that keeps the cervix closed. Labour can start any time after this, although it could be as long as a few days. This does not occur in every woman, so just because you have not seen yours it doesn't mean you aren't in labour.
- Having contractions – when contraction starts, it is usually irregular and mild. It will slowly progress to a more regular contractions, becoming stronger, last longer and come closer together. If this happens, then it is almost certainly labour.

Foetal movement

- Foetal movement is an indicator of well-being. It is still normal for movement to slow down during the last few weeks as the head descends into the pelvis, and there will be less space for the foetus. However, if your baby is not moving at all for the whole day, or not moving as much as normal, you need to be seen as soon as possible. If you are unsure, please seek advice as soon as possible or go straight to labour room especially when you are already in the third trimester of pregnancy.

Sometimes the pain or the contraction you felt may be classified as false labour. This occurs if:

- it is irregular and infrequent.
- slowly disappear and you feel the decreasing intensity or frequency when you change position, walk, or rest.
- are not particularly uncomfortable and limited to your lower abdomen.
- no progressive increase in discomfort and frequency of pain
- there are no cervical findings to suggest labour (this entails a vaginal examination by either the midwife or doctor to assess the opening of the uterus).

However, you are likely to be in labour if:

- there is progressive increase in frequency and intensity of the contraction, duration lasting usually 40 to 60 seconds.
- persistent despite changing in position, walk, or rest.
- associated with leakage of fluid (due to rupture of the membranes).
- associated with changes in the cervix (progressive thinning and dilatation)

Sometimes the only way you can know for sure whether you're in labour is by seeing your health care provider as soon as possible. When you arrive at the hospital, your doctor, a nurse, a midwife, or a resident physician will perform an abdominal palpation to feel for contraction and also do a pelvic examination to determine whether you're in labour. The practitioner also may hook you up to a monitor to see how often you're contracting and to see how the foetal heart responds. In certain situation, your health care provider may advise you to stay under observation for several hours to see whether the situation is changing.

Disclaimer

This is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. It is important for readers to seek proper medical advice when necessary.

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