



El Camino Women's Medical Group

Obstetrics, Gynecology, Infertility & Minimally Invasive Surgery

Labor: When should I come in?

If you think your mucous plug has passed, or if you're not sure, you can continue to observe. Please do not call the office or after hours about a mucous plug. Labor can start soon after passing a mucous plug or sometimes a week or two later.

If it's going to be your first delivery and you are more than 37 weeks:

If your water breaks first, please arrive on Labor & Delivery (L&D) around 3 hours after it breaks. Even if you haven't started contractions, we'd like you to check in around 3 hours after your water breaks. If you see bloody or green fluid with your water breaking, then come to L&D right away.

You could be in early labor if the contractions are irregular and/or stop. When the contractions are both:

- Painful enough that you are unable to talk through them
- Recurrent every 5 minutes or less, lasting at least 2 hours

Then, come to L&D for evaluation

If you've had a previous delivery and are more than 37 weeks:

If your water breaks first, please arrive on Labor & Delivery within 1 hour after it breaks. Even if you haven't started contractions, we'd like you to check in at 1 hour as labor can proceed quickly. If you see bloody or green fluid with your water breaking, then come to Labor & Delivery right away.

You could be in early labor if the contractions are irregular and/or stop. When the contractions are both:

- Painful enough that you are unable to talk through them
- Recurrent every 5 min or less, lasting 1 hour

Then, come to L&D for evaluation

Notes:

- If you're coming into Labor & Delivery, let the on-call doctor know by calling the office. If you reach the recording, press "0" and you'll be connected to the operator
- These are guidelines. If you can't wait at home for the recommended time, or if you can manage labor at home longer than 1-2 hours, Labor & Delivery will be ready to see you for evaluation when you're ready.

For women planning a cesarean:

If your water breaks, please notify the physician on call and arrive at Labor & Delivery as soon as possible so that your cesarean can be performed before labor progresses.

If you start having painful contractions 10 minutes apart for an hour, please call the physician on call to discuss if you need to come in for evaluation.



What Is Labor Induction?

Labor is induced to cause a pregnant woman's cervix to open (dilate) and thin out (efface) to prepare for the vaginal birth of her baby. More than one method of labor induction may be used. Induction of labor is only necessary if you or your baby have a health issue that is best managed with an earlier delivery or if you are too far past your due date without signs of labor.

Why Induction?

Labor may be induced depending on the condition of you and your baby, how far along the pregnancy is, the status of your cervix, and other factors. Labor may be induced if certain conditions that affect the woman or baby occur. Examples include:

- Your pregnancy is post-term
- You have high blood pressure or diabetes caused by your pregnancy
- You have health problems that could harm you or your baby
- At or after 39 weeks, you request a scheduled elective induction

There may be other reasons why your labor may be induced. For instance, you may be induced if you live a far distance from the hospital or if you are at risk for rapid delivery.

How Is It Done?

There are a number of methods for starting labor:

- Stripping the membranes: usually done in the office, your doctor checks your cervix with a gloved finger, and she sweeps the finger over the thin membranes that connect the amniotic sac to the wall of your uterus. You may feel some cramping and spotting when this is done. Stripping the membranes causes your body to release natural prostaglandins. These hormones ripen the cervix and may cause contractions.
- Prostaglandin agents: these are the most common way to start inductions. Prostaglandins are similar to the chemicals produced naturally by the body in early labor. They are placed vaginally or given orally after admission to the hospital
- Foley balloon placement: Foley balloons are small balloons inserted through the cervix. The Foley balloon is a mechanical way to dilate the cervix slowly. Foley balloons can be inserted the day before your induction at the office or after admission.
- Oxytocin: Oxytocin is a synthetic hormone that causes contractions. It is given through an IV that is placed in your arm.
- Breaking your water: when induction of labor is stalled, breaking your amniotic sac can make contractions more effective.