Hygiene and personal care before labor

A simple hygiene routine is usually enough

Before labor, use a familiar shower or bath routine that leaves you comfortable without irritating the skin. Wash the external genital area gently with warm water and a mild, unscented cleanser if you normally use one. The vagina is self-cleaning; douching, internal washing, deodorant sprays, antiseptic solutions, and perfumed wipes can disrupt the local microbiome and cause irritation. They do not make labor or birth safer.

Clean hands are particularly important. Wash them after using the toilet, before eating, and before touching any equipment or dressings. Keep towels, underwear, and sleepwear clean and dry. If you have limited mobility, pelvic discomfort, or fatigue, ask a support person to prepare the bathroom, bring supplies, or assist with non-intimate tasks while preserving your privacy.

WHO guidance for surgical preparation recommends bathing or showering before an operation with plain or antimicrobial soap. This advice may be relevant if a cesarean birth or another procedure becomes necessary, but your maternity team’s local protocol takes priority. An antimicrobial wash is not automatically needed for an uncomplicated vaginal birth, and it should not be used internally.

Pubic hair, skin care, and procedure preparation

Routine removal of pubic hair before labor is not required. In fact, shaving can create microscopic abrasions, irritation, folliculitis, or small breaks in the skin that may increase discomfort and potentially facilitate bacterial entry. WHO specifically advises against shaving before surgery; when hair removal is necessary, clipping is preferred and razor shaving is strongly discouraged.

If you already shave or trim, there is no need to feel concerned or to change your routine at the last minute. Avoid trying to remove hair during active labor, when balance, visibility, and concentration may be impaired. If a procedure requires access to a particular area, clinicians can assess the skin and follow their infection-prevention protocol. Do not use depilatory cream, waxing, or a new topical product close to delivery without professional advice.

For general skin care, continue using moisturizers that you know your skin tolerates, but avoid applying oils, lotions, powders, or fragranced products to the abdomen or operative area immediately before a planned procedure unless instructed otherwise. Products can interfere with skin preparation, adhesive dressings, fetal-monitoring equipment, or clinical assessment. Remove body piercings or nail enhancements only if your team requests it or if required by local policy.

Oral hygiene, hair, nails, and comfort during early labor

Brush your teeth and tongue as usual, and keep a toothbrush, toothpaste, and a small cup or bottle for rinsing in your bag. Oral care can reduce dryness and help you feel refreshed during a long admission. If you are nauseated, use a small amount of toothpaste or rinse gently rather than forcing yourself to brush vigorously. Ask your clinicians about eating, drinking, and oral medications once labor is established, particularly if an epidural, general anesthesia, or operative birth may be possible.

Hair care is mainly a comfort issue. A brush, comb, hair ties, or a soft headband may help keep hair away from your face. Avoid tight hairstyles that cause scalp pain during prolonged labor. Clean, short nails are practical for

hand hygiene and newborn handling, although nail polish or artificial nails are not necessarily a problem unless your hospital has a policy or clinicians need to assess circulation or oxygenation.

Labor commonly causes sweating, dry lips, muscle tension, and fluctuating temperature. Lip balm, a washcloth, unscented deodorant, a light moisturizer, and a personal water bottle may be useful where permitted. Fragrances can worsen nausea, trigger headaches, or bother other patients, so fragrance-free products are usually the most considerate choice. A cool flannel, clean socks, and loose layers may provide more benefit than an elaborate beauty routine.

Personal-care items to pack for the birth stay

Prepare a small, clearly labeled toiletry bag before the final weeks of pregnancy. Hospital-facing maternity guidance commonly suggests bringing essentials such as a toothbrush, toothpaste, hairbrush, flannel, soap, and other familiar toiletries. MedlinePlus also lists lip balm, lotion, deodorant, and a hairbrush among useful items for labor and delivery. Check your own unit’s packing list because some hospitals provide towels, soap, sanitary products, or disposable underwear.

Toothbrush, toothpaste, and any prescribed oral-care items
Unscented soap or cleanser, shampoo if desired, and a small towel or flannel
Hairbrush or comb, hair ties, and lip balm
Deodorant and a familiar moisturizer, preferably fragrance-free
Clean underwear, loose sleepwear, a front-opening top, and non-slip footwear
Glasses, contact-lens supplies, hearing aids, or other daily personal-care equipment
Absorbent maternity pads or disposable underwear if your unit asks you to bring them

Keep medications in their original containers and bring an up-to-date medication and allergy list. Do not assume that every supplement, cosmetic product, or home remedy is appropriate during labor. Tell staff about anything you have used on the skin, including essential oils, herbal preparations, or topical medicines.

When membranes rupture or labor begins unexpectedly

If you think your membranes have ruptured, note the time, the fluid's approximate amount, color, and odor, and contact your maternity service according to your planned instructions. Use a clean sanitary pad rather than inserting a tampon or other object into the vagina. Avoid intercourse, douching, and internal products until your clinicians advise you, because the recommended plan can depend on gestational age, fetal status, group B streptococcus results, and the appearance of the fluid.

You do not need to shower before calling or traveling for assessment. If fluid is green, brown, bloody, foul-smelling, or accompanied by fever, reduced fetal movement, significant bleeding, severe pain, or feeling acutely unwell, seek urgent maternity advice. These findings require clinical assessment; personal care should not delay it.

When labor starts suddenly, prioritize communication, safety, and transport. Take only the essentials that are immediately accessible. A prepared hospital bag before labor can reduce pressure, but missing toiletries will not compromise the quality of clinical care. Staff can usually provide basic supplies, and your support person can bring additional items later if needed.

Hygiene around induction, epidural, and cesarean birth

Planned induction or cesarean birth may involve instructions that differ from routine labor preparation. Your team may tell you when to shower, whether to use a specified antiseptic product, when to stop eating or drinking, and which products to avoid on the skin. Follow those instructions exactly rather than adding extra cleansing steps. A preoperative skin preparation is performed by trained staff when indicated; it is not something to reproduce at home.

Before an epidural or other neuraxial procedure, the back must be assessed and prepared using sterile technique. Do not apply body oil, thick lotion, topical anesthetic, or other product to the intended insertion area immediately beforehand unless instructed. Tell the anesthetist about skin reactions, infections, piercings, tattoos, anticoagulant medicines, and any history of difficult procedures.

For a planned cesarean birth, ask whether you should remove jewelry, nail

polish, contact lenses, makeup, or removable dental appliances. Policies vary, and some restrictions relate to anesthesia safety rather than hygiene. If you have a wound, rash, fever, or suspected infection, report it before admission. Your clinicians can determine whether additional evaluation or treatment is needed.

Personal dignity, support, and flexible preparation

Personal care before labor is also about emotional safety. Some people feel vulnerable about body hair, sweating, bowel movements, vaginal discharge, or being examined. These are normal concerns, and maternity professionals routinely provide care in situations involving bodily fluids. You can ask for explanations before examinations, request a particular level of privacy, and identify which support person may assist with washing or changing clothes.

Make a realistic plan rather than a strict checklist. A partner, friend, or doula may help pack toiletries, refill water, manage laundry, or communicate preferences when contractions make concentration difficult. Consider including hygiene supplies in a broader Birth preparation checklist for moms, alongside identification, medical information, transport details, and comfort measures.

After birth, expect vaginal bleeding, sweating, breast leakage, and perineal tenderness to affect your hygiene routine. Ask your midwife or nurse how to clean the perineum, change pads, care for a cesarean incision, and recognize signs of infection. Patting rather than rubbing may be more comfortable, and frequent handwashing remains important before touching the newborn or feeding equipment. Recovery is gradual; accepting help is a form of safe care, not a failure of independence.