Preparing for labor emergencies

Understand what counts as an emergency

Labor involves normal physiologic changes, including progressively stronger contractions, cervical dilation, a mucus plug or blood-streaked mucus, and eventual rupture of the membranes. An emergency is suggested by a symptom that may indicate maternal or fetal compromise, an unusually rapid change, or a situation in which waiting for routine advice could increase risk. The distinction cannot always be made reliably at home, so contacting the maternity service is appropriate when you are uncertain.

Seek urgent professional guidance for heavy vaginal bleeding, severe or constant abdominal pain, fainting, a seizure, difficulty breathing, chest pain, severe headache with visual disturbance, or sudden swelling accompanied by feeling unwell. Reduced or absent fetal movement after you have been advised to monitor movement also warrants prompt assessment. If the waters break, note the time, the fluid’s color and odor, and whether contractions or bleeding are present. Green or brown fluid may indicate meconium and should be reported immediately.

Contractions that become very frequent, unusually prolonged, or associated with an overwhelming urge to push can require rapid assessment. Do not drive

yourself if you feel seriously unwell, are bleeding heavily, or believe birth is imminent. Follow local emergency instructions.

Build an emergency communication plan

Write a one-page contact plan and place it where everyone in the household can find it. Include the maternity unit or birth center, your obstetrician or midwife, local emergency services, and a backup clinical contact if one is provided. Record the preferred route for urgent calls, including whether the maternity unit uses a triage line, an emergency department, or another service after hours.

Decide in advance who will make the call, who will stay with you, and who will care for other dependents. Keep a charged mobile phone, a power bank, and a written list of numbers available. If language, hearing, mobility, or technology needs could affect communication, discuss accommodations with your healthcare team before labor.

During a call, state your location, gestational age, parity, major medical conditions, allergies, medications, estimated contraction pattern, membrane status, bleeding, fetal movement, and the exact symptom causing concern. Keep the line open for instructions. A calm person can write down the advice and repeat it back to confirm understanding. This is the practical core of emergency readiness and contact planning: making clinically relevant information available when stress is high.

Plan transport and the place of birth

Transportation planning should be specific rather than aspirational. Identify the route to your planned facility, expected travel time at different hours, parking or entrance arrangements, and an alternative route. Confirm whether the facility requires a call before arrival and where you should enter if labor is advanced or an emergency is occurring. Keep fuel, keys, and any required parking or access information ready.

Arrange a primary driver and at least one backup. Consider what will happen if the driver is unavailable, weather disrupts travel, or another child or dependent needs supervision. If you live far from maternity services or have

been told that rapid labor is possible, ask your clinician whether earlier arrival or temporary proximity to the facility is advisable. People planning a home birth should have a clearly documented transfer plan, including the circumstances that would prompt transfer and how transport will be activated.

Birth preferences should never prevent escalation when maternal or fetal safety is uncertain. Discuss possible changes in location, analgesia, monitoring, assisted vaginal birth, or cesarean birth with your care team. Understanding these possibilities in advance can make an unexpected recommendation easier to process while preserving informed consent.

Prepare documents, medications, and essential supplies

Place your identification, insurance or maternity records, medication list, allergy information, relevant test results, and clinician contact details in an accessible folder or digital record. Include your blood type if it is documented, pregnancy complications, previous cesarean or uterine surgery, and any specialist advice. Make sure the maternity team knows about anticoagulants, insulin, antihypertensives, seizure medication, or other treatments that may affect urgent management. Do not change or stop medication without clinical advice.

Pack according to the requirements of your facility and keep the bag ready before the expected due period. Useful items may include clean clothing, hygiene supplies, phone chargers, prescribed medications, and newborn clothing. If an unplanned birth outside a facility becomes possible, general emergency-planning guidance emphasizes clean delivery materials, warm coverings, water, and food. These supplies do not replace skilled care, but they can support hygiene, warmth, hydration, and communication while help is being arranged.

Keep the path from the sleeping area to the exit clear. Make sure household members know where the supplies are stored. If you have a planned cesarean birth, a high-risk pregnancy, or a history of precipitous labor, ask your team whether additional preparation is needed.

Know what to do if birth seems imminent

If you develop a strong involuntary urge to push, see the baby's head, or believe birth may occur before reaching the planned facility, call emergency services and your maternity team immediately. Give the exact location, access instructions, gestational age, and whether the baby is visible. Follow the dispatcher or clinician's directions and do not attempt to travel if they advise remaining where you are.

While waiting for trained help, prioritize safety and warmth. Place clean towels or other clean materials beneath you, maintain privacy, and have another adult monitor the situation if possible. Avoid pulling on the baby's head or body. If the baby is born, dry the newborn, place the baby skin-to-skin on the birthing person's chest when safe, and cover both with warm dry coverings while awaiting professional instructions. Do not cut or pull the umbilical cord unless directed by qualified personnel.

Call again if bleeding increases, the birthing person becomes unresponsive, breathing is abnormal, a seizure occurs, or the newborn is not breathing normally. Emergency dispatchers can provide immediate guidance, including resuscitation instructions when indicated. The priority is rapid activation of emergency care, maternal safety, newborn warmth, and clear communication.

Rehearse roles and reassess the plan

A brief household rehearsal can expose practical problems without turning preparation into a prediction of catastrophe. Walk through the sequence: recognize a warning sign, call the maternity service or emergency services, unlock the door, gather records and supplies, arrange transport, and notify the backup support person. Include a plan for pets, children, mobility limitations, and poor mobile reception. Rehearse who will communicate with clinicians and who will manage logistics.

Partners and support people should know the difference between offering reassurance and delaying care. They can time contractions if requested, observe bleeding or fluid changes, help document instructions, and advocate for the pregnant person's questions and preferences. They should not provide medication, perform examinations, or dismiss symptoms without guidance from a healthcare professional.

Review the plan when your care location changes, after a new diagnosis, or when your clinician gives different instructions. Emergency readiness is most useful when it is current and realistic. Ask for clarification about the threshold for calling, the expected response time, and which symptoms require emergency services rather than routine triage. A flexible plan supports faster decisions while respecting that clinical circumstances may change.