Signs labor is close at 37 to 40 weeks

Why 37 to 40 weeks feels different

At 37 weeks, pregnancy has reached early term, and the focus often shifts from fetal growth to readiness for birth. The cervix may begin softening, moving forward, shortening, and opening, although these changes are not always felt. The uterus may contract more noticeably, the baby may settle lower into the pelvis, and pressure on the bladder, bowel, hips, and lower back may increase.

These changes can feel significant without meaning that birth is imminent. Some people have days or weeks of pelvic heaviness, irregular tightenings, and discharge changes before labor begins. Others notice very little until contractions establish a clear pattern. This variability can be emotionally difficult, especially when sleep is poor and every new sensation seems meaningful.

A helpful way to think about this period is not as a countdown with exact signs, but as a transition. The body may be preparing for labor through hormonal, cervical, uterine, and pelvic changes. Your role is not to diagnose labor alone, but to notice patterns, follow your birth team’s guidance, and contact them when symptoms meet their call-in criteria or feel concerning.

Contractions that become more regular

Contractions are one of the clearest signs that labor may be close, but not every tightening is active labor. Braxton Hicks contractions can occur throughout late pregnancy. They are often irregular, vary in intensity, and may settle with rest, fluids, a warm shower, or changing position. They can be uncomfortable, but they usually do not progress into a predictable rhythm.

True labor contractions tend to change over time. They often become stronger, longer, and closer together. They may continue despite rest or hydration and may gradually require more focus to breathe or talk through. Pain may be felt in the abdomen, back, pelvis, or thighs, depending on fetal position and individual anatomy.

Many maternity teams ask patients to time contractions from the beginning of one contraction to the beginning of the next. The important pattern is progression: contractions that become consistently closer together and more intense are more suggestive of labor than contractions that remain scattered. If your maternity unit gave you specific timing instructions, follow those rather than a generic rule.

Because contraction patterns can be different for first labors, subsequent labors, inductions, VBAC planning, high-risk pregnancies, or group B strep considerations, it is reasonable to call for advice earlier if you are unsure. A short phone call can clarify whether to stay home, come in for assessment, or monitor for a specific interval.

Mucus plug and bloody show

The mucus plug is thick cervical mucus that helps seal the cervix during pregnancy. As the cervix begins to soften, thin, or open, some of this mucus may come away. It may appear as a jelly-like discharge, sometimes clear, cloudy, pink, brown, or streaked with a small amount of blood. This is often called a bloody show.

A bloody show before labor can be a normal sign that the cervix is changing, especially at 37 to 40 weeks. It may happen hours before labor, several days before labor, or even longer before contractions become established. Some

people notice it all at once; others see smaller amounts over time. Some do not notice it at all.

The key distinction is quantity and context. A small amount of blood-streaked mucus can be expected near term, particularly after a cervical exam or sex. Heavy bleeding, bleeding like a period, passing clots, or bleeding with severe pain should be treated differently and discussed urgently with a healthcare professional.

It is also worth noting that discharge changes are not always the mucus plug. Watery fluid may suggest ruptured membranes, while foul-smelling discharge, fever, itching, or pain may point toward infection or another issue needing assessment. If you cannot tell whether the fluid is mucus, urine, amniotic fluid, or blood, contact your maternity team for guidance.

Backache, pressure, and bowel changes

Low backache is common near term and can be part of the body's preparation for labor. Some people feel dull aching across the lower back, menstrual-like cramps, or pressure low in the pelvis. When the baby descends, the head may press more firmly on the cervix, bladder, rectum, and pelvic floor. This can create a heavy sensation, sharper pelvic twinges, or the feeling that the baby is lower.

The urge to go to the toilet may also increase. Some people experience loose stools, nausea, or repeated bowel movements before labor, although these signs are not reliable on their own. Rectal pressure can become more noticeable as labor progresses, but intense pressure or the urge to push should prompt immediate contact with your maternity unit, especially if contractions are strong or close together.

These sensations are often described as pelvic pressure before labor, but they can also occur for non-labor reasons, including fetal position, ligament strain, constipation, urinary symptoms, or normal late-pregnancy pelvic floor load. The pattern matters: pressure that comes with regular contractions, a bloody show, or waters breaking is more suggestive of labor than pressure that remains unchanged for days.

Call your clinician if pelvic or back pain is severe, persistent between contractions, associated with fever, bleeding, reduced fetal movement, burning with urination, or a sense that something is not right. Supportive measures such as rest, hydration, position changes, a warm bath if your waters have not broken, or a pregnancy support belt may ease discomfort, but they should not delay medical contact when warning signs are present.

Waters breaking near term

Waters breaking means the amniotic sac has ruptured and fluid is leaking from around the baby. It may happen as a sudden gush or as a slow trickle that is difficult to distinguish from urine. The fluid is often clear or pale, but it may also have a pink tinge. Once membranes rupture, your maternity team will usually want to know the time it happened, the color and smell of the fluid, whether contractions have started, and whether fetal movement is normal.

Water breaking near term does not always mean contractions will begin immediately. Some people enter labor soon afterward, while others need monitoring or a plan if contractions do not start within a recommended timeframe. Because infection risk can increase after membrane rupture, it is important to follow local guidance about when to come in, what to avoid, and how to monitor symptoms.

Contact your maternity unit promptly if you think your waters have broken, even if you feel well. Call urgently if the fluid is green, brown, foul-smelling, heavily bloody, or accompanied by fever, abdominal tenderness, reduced fetal movement, or feeling unwell. Green or brown fluid can suggest meconium-stained amniotic fluid, which needs professional assessment.

If you are not sure whether the fluid is amniotic fluid, urine, or discharge, use a pad and note the amount, color, smell, and whether leakage continues. Do not rely on smell or appearance alone to decide. Your healthcare team can assess whether membranes have ruptured and advise on next steps based on your gestational age, pregnancy history, and symptoms.

When to call instead of waiting

At 37 to 40 weeks, many signs can be normal, but some symptoms should be

discussed promptly. Contact your doctor, midwife, or maternity triage if contractions are becoming regular and painful, your waters break, you have bleeding that is more than light spotting, fetal movement decreases, or you feel worried. You do not need to prove that you are in labor before asking for help.

Seek urgent guidance for heavy bleeding, severe abdominal pain between contractions, fever, foul-smelling fluid, green or brown fluid, persistent severe headache, visual symptoms, chest pain, shortness of breath, seizures, or any sudden change that feels unsafe. If emergency services are appropriate in your area, use them for severe or rapidly worsening symptoms.

Although this article focuses on 37 to 40 weeks, symptoms before 37 weeks deserve extra caution because they may suggest preterm labor. Warning signs include frequent contractions, menstrual-like cramps, low backache, pelvic pressure, and changes in vaginal discharge. Anyone under 37 weeks with these symptoms should contact a healthcare professional promptly.

For many people, the most useful practical step is to keep a simple record: contraction start times and duration, fluid color and timing, fetal movement, bleeding, temperature if unwell, and any advice already given by the maternity team. This helps clinicians decide whether you need assessment now, continued monitoring, or reassurance with clear follow-up instructions.