Things to do before going into labor

Confirm your care plan and place of birth

Before labor begins, clarify where you are expected to go and which service should be contacted first. Depending on your circumstances, this may be a hospital labor ward, a midwife-led unit, a planned home-birth team, or an obstetric triage service. Ask about opening hours, entrance locations, parking or drop-off arrangements, registration requirements, and whether you should call before traveling.

Your clinician can explain how your medical and obstetric history affects the recommended setting. For example, prior uterine surgery, placenta previa, hypertensive disease, diabetes requiring medication, fetal growth concerns, or a planned induction may change the safest pathway. If a home or birth-center plan includes possible transfer, ask how transfer would occur and which symptoms should prompt immediate transport.

Write down the maternity unit’s telephone number and keep it in your phone and with your pregnancy notes. Confirm whether the unit has a separate number for urgent concerns. Discuss what to do if labor starts before your planned induction, if you are unsure whether your membranes have ruptured, or if you develop symptoms outside routine office hours. Clear instructions can reduce

hesitation when you are tired or anxious.

Create a flexible birth plan

A birth plan is most useful as a communication document rather than a promise that every event will follow a particular sequence. Discuss your preferences for mobility, labor positions, intermittent or continuous fetal monitoring, support people, water immersion where available, analgesia, and the environment. Ask which options are routinely available at your planned birth setting and which depend on clinical circumstances.

Include preferences for commonly discussed interventions, such as neuraxial analgesia, intravenous medication, labor augmentation, induction, episiotomy, assisted vaginal birth, and cesarean birth. You do not need to make every decision in advance, but understanding the indications, benefits, limitations, and alternatives can make real-time consent more informed. Ask how emergencies are handled and who will explain changes in the plan.

Consider documenting communication needs, language interpretation, disability accommodations, cultural or spiritual preferences, and who may receive updates. Share the plan with your care team and support person. A flexible birth plan can reduce misunderstandings while acknowledging that maternal or fetal safety takes priority if the clinical situation changes.

Learn the signs of labor and when to call

Ask your maternity team how they want you to monitor contractions and when they recommend coming in. Labor contractions typically become more regular, longer, stronger, and closer together, although the pattern can vary. Timing contractions in early labor may help you describe their frequency and duration, but a timer does not replace clinical advice.

Late-pregnancy changes such as increased vaginal discharge, passage of a mucus plug, pelvic pressure, or irregular uterine tightening can occur before established labor. Your clinician can explain how these differ from findings that need assessment. If your membranes rupture, note the time, amount, color, and odor of the fluid and contact the maternity service for instructions. Do not insert anything into the vagina unless specifically advised.

Ask specifically about reduced fetal movement, vaginal bleeding, severe or persistent abdominal pain, fever, severe headache, visual disturbance, sudden swelling, or symptoms of pre-eclampsia. If you are less than 37 weeks pregnant and develop regular contractions, pelvic pressure, fluid leakage, or bleeding, seek advice promptly because these may indicate preterm labor. When in doubt, call rather than relying on online descriptions or waiting for symptoms to become more obvious.

Arrange transport, communication, and practical support

Make a transport plan for labor that includes a primary driver, a backup option, and a method of reaching the maternity unit. If you use a car, check fuel or charging, child-seat installation, and the route at different times of day. If public transport or a taxi is your only option, identify alternatives for overnight travel or situations in which labor progresses quickly. Ask your clinician whether an ambulance is appropriate for specific emergencies; do not drive yourself if you feel unsafe or are experiencing a medical emergency.

Plan who will care for older children, pets, or dependents. Give trusted people clear instructions about keys, medications, feeding, school collection, and emergency contacts. Tell your support person where your documents and bag are kept, and discuss who should be contacted first. These birth logistics before labor can be written on a single page and placed somewhere easy to find.

Also consider work, household, and financial arrangements. Save important numbers, organize leave documentation, and prepare simple meals if that is helpful. Ask family or friends for specific postpartum tasks rather than general offers: transportation, laundry, meals, medication collection, or a scheduled check-in. Support should protect your recovery, not create pressure to host visitors or meet unrealistic expectations.

Pack essentials and organize important information

Pack your hospital or birth-center bag before you feel rushed. Requirements differ, so check local guidance. Useful items may include identification and maternity records, medication and allergy list, phone and charger, comfortable clothing, washable footwear, toiletries, nursing bras if desired, and clothing

for the baby. Consider a spare bag or washable pouch for damp or soiled items.

Bring prescribed medications in their original containers unless your maternity service advises otherwise. Keep a concise record of relevant diagnoses, previous procedures, allergies, current medications, blood type if known, and the names of clinicians involved in your care. This information is particularly useful if you attend a different facility or become unable to answer questions comfortably.

Do not overpack or assume that every item marketed for labor is necessary. Comfort items such as music, a pillow, a handheld fan, massage tools, or a preferred snack may be useful if permitted. Ask about food and drink policies, particularly if induction, anesthesia, or operative birth may be possible. Keep the bag accessible and tell your support person where it is located.

Conserve energy and prepare emotionally

In the days before labor, prioritize sleep, hydration, regular nutrition, and gentle activity that feels comfortable. If early labor begins and your maternity team agrees that you can remain at home, resting, showering or bathing safely, walking gently, listening to music, breathing slowly, and changing positions may support comfort. Avoid exhausting yourself with strenuous cleaning or last-minute projects.

Ask your clinician which medications, supplements, herbal products, or home methods are safe for you. Do not use castor oil, unverified remedies, or intensive physical techniques to try to start labor without professional guidance. There is no need to force labor preparation, and some interventions may cause harm or complicate assessment.

Emotional preparation matters as much as logistics. Talk openly about fears related to pain, emergencies, loss of control, previous trauma, or an earlier difficult birth. Your care team may be able to offer antenatal education, perinatal mental-health support, trauma-informed care, or a consultation about analgesia. Practice one or two relaxation techniques, but remember that needing medication or changing your preferences is not a failure. The goal is safe, respectful care and adequate support.

Review newborn and postpartum arrangements

Before labor, confirm the practical details that will matter immediately after birth. Ask about newborn examinations, vitamin K, feeding support, rooming-in, and routine discharge procedures. If you have preferences about feeding or newborn care, discuss them with the clinical team while remaining open to recommendations based on the baby’s condition.

Prepare a safe place for the baby to sleep and wash essential clothing or linens according to local guidance. Arrange transportation home and ensure that an appropriate, correctly installed infant car seat is available if you will travel by car. Know who can help with meals, household tasks, older children, and follow-up appointments during the first days.

Also identify how to obtain urgent advice after birth for yourself or the baby. Severe bleeding, chest pain, difficulty breathing, seizure, severe headache or visual symptoms, fever, worsening pain, or thoughts of self-harm require prompt medical attention. A plan for postpartum support is not an admission that you will struggle; it is a practical safeguard during a major physiological and emotional transition.