Ultimate checklist last month week and days before labor

The last month: confirm the clinical plan and birth logistics

Around 36 to 40 weeks, the goal is not to control every detail of birth, but to reduce preventable confusion. Start by reviewing your prenatal visit schedule, test results that matter for delivery, and any individualized recommendations from your obstetrician, midwife, or maternal-fetal medicine clinician. If you have conditions such as gestational diabetes, hypertensive disease, placenta-related concerns, a prior cesarean birth, fetal growth concerns, or a planned induction, ask what should happen if labor begins before the scheduled date.

Create or update a concise birth plan. It can include your preferences for pain relief, mobility, fetal monitoring, pushing positions, cord blood or delayed cord clamping preferences, infant feeding plans, and newborn care preferences. Keep it realistic and focused on communication rather than a script. A helpful version fits on one page and uses phrases such as, "If medically appropriate, I prefer..." or "Please explain benefits, risks, and alternatives before non-emergency interventions." This supports informed consent during labor without making the team search through a long document.

Confirm your hospital or birth center logistics. Know the entrance to use

during business hours and after hours, where to park, which elevator or triage desk to find, and whether preregistration is complete. If you are planning a home birth, confirm the emergency transfer plan, backup clinician, and location of packed medical supplies. Save phone numbers for labor and delivery, your clinic, your doula if you have one, and your support person under obvious names in your phone.

Home, family, and support checklist for the final month

Practical planning is a form of care. Arrange childcare, school pickup, pet care, transportation, and house access before labor begins. If relatives or friends want to help, give them specific roles: bringing meals, staying with older children, driving to appointments, managing messages, or helping with laundry after you return home. Clear assignments prevent a flood of well-meant but distracting questions.

Prepare your home for the first postpartum days, not for a showroom. Place postpartum supplies where you will actually use them: bathroom pads, a peri bottle if provided or recommended, comfortable underwear, nursing or pumping supplies if relevant, snacks, a water bottle, phone charger, and medications that your clinician has already approved. Wash a small set of baby clothes, burp cloths, and blankets, but do not feel pressured to organize every drawer.

Install the infant car seat early and learn how it works. Many hospitals require a safe way to transport the baby home, but staff may not be able to install or inspect the seat for you. Review the manufacturer instructions and consider a certified car seat inspection if available locally. If you rely on rideshare, taxi, or a friend’s vehicle, practice the installation method beforehand.

Finally, protect your emotional bandwidth. Decide who will be updated during labor and who can wait until after birth. If you do not want visitors immediately, write a simple message now. Boundaries are easier to send when you are not contracting, recovering, or learning to feed a newborn.

Hospital bag checklist: what to pack and what to leave out

Pack by 36 to 37 weeks if possible, earlier if you have a higher chance of

preterm delivery or live far from the birth location. Use separate small bags or packing cubes for labor, postpartum, baby, and partner items so no one has to unpack everything to find lip balm.

Documents and essentials: photo ID, insurance card if applicable, hospital registration forms, medication list, allergy list, birth plan, pediatrician contact information, and phone chargers with long cords.
For labor: comfortable clothing or robe, socks, hair ties, lip balm, glasses if you wear contacts, toiletries, a water bottle if allowed, soothing music, headphones, lotion, and comfort items such as a small pillow.
For postpartum: loose maternity clothes, nursing bras if breastfeeding or pumping, supportive underwear, going-home outfit, basic toiletries, and any personal hygiene items you prefer.
For baby: going-home outfit in newborn and possibly one larger size, blanket appropriate for the weather, diapers only if your facility asks you to bring them, and an installed car seat.
For a partner or support person: snacks, change of clothes, toiletries, medications, charger, and a list of key contacts.

Leave valuables, excessive baby gear, and large decorative items at home. Hospitals and birth centers usually provide many clinical and newborn basics. If you are having a planned cesarean or may need postoperative recovery after cesarean, ask whether to bring abdominal-support garments, specific clothing, or anything related to mobility and incision comfort.

The final week: simplify food, hydration, movement, and rest

During the final week, think "steady and simple." Hydration supports circulation, amniotic fluid physiology, digestion, and general comfort. Many clinicians advise drinking about 8 to 10 glasses of water daily, though needs vary with body size, climate, activity, and medical conditions. If you have a fluid restriction or a condition such as preeclampsia, follow your clinician’s guidance.

Choose easily digestible foods, especially if your appetite changes. Soups, fruit, yogurt, toast, rice, eggs, smoothies, and small balanced meals may be more comfortable than heavy, greasy foods. Labor can involve nausea, and some hospitals limit food once you are admitted, especially if anesthesia or surgery

is possible. Ask your care team what they recommend for eating in early labor.

Gentle movement can help stiffness and pelvic pressure before labor, but avoid exhausting yourself with last-minute deep cleaning or long errands. Short walks, prenatal stretching approved by your clinician, pelvic tilts, or warm showers may ease discomfort. For backache or ligament discomfort, a warm, not hot, heating pad can be soothing. Avoid prolonged high heat, sleeping on a heating pad, or applying heat to numb skin.

Rest is productive now. Sleep may be fragmented by urination, reflux, fetal movement, or anxiety, so use naps when possible. If you notice a sudden urge to organize everything, pace yourself. "Nesting" can feel energizing, but fatigue in labor is real. Prioritize tasks that keep you safe and supported over tasks that only make the house look finished.

The last days: recognize labor patterns without ignoring warning signs

The last days can bring Braxton Hicks contractions, mucus discharge, loose stools, pelvic pressure, backache, and changes in energy. These can be normal late-pregnancy experiences, but they are not a reliable countdown. True labor contractions usually become more regular, longer, stronger, and closer together over time. They often continue despite hydration, rest, or a warm shower. Your hospital may give a specific contraction timing pattern for when to come in, especially if you are low risk and near term.

Call your care team for individualized instructions if your water breaks near term, even if contractions have not started. Note the time, fluid color, odor, and whether the fluid is continuous or a gush. Green or brown fluid may suggest meconium and should be reported promptly. If you are known to be Group B strep positive, your team may want you to come in for antibiotics after rupture of membranes.

Do not wait at home with urgent warning symptoms. Seek immediate medical advice for heavy vaginal bleeding, severe or persistent abdominal or pelvic pain, decreased fetal movement, severe headache, visual changes, chest pain, shortness of breath, fever, seizures, or symptoms that feel alarming. If you are not yet 37 weeks and have regular contractions, pelvic pressure, fluid leakage, or bleeding, ask about preterm labor warning signs immediately.

When in doubt, call. Labor and delivery units expect questions. It is safer to be told to monitor at home than to delay care for a symptom that needs assessment.

The day labor starts: a calm, practical sequence

When contractions begin, first orient yourself: gestational age, fetal movement, membrane status, bleeding, pain intensity, and your provider's instructions. If fetal movement is normal, there is no heavy bleeding, and your membranes are intact, many people spend early labor at home with support. Use a contraction timer, but do not stare at it constantly. Patterns matter more than one intense contraction.

Hydrate with small sips and eat light foods if your care plan allows. Empty your bladder regularly; a full bladder can worsen discomfort and may interfere with fetal descent. Try positions that help coping: side-lying rest, leaning forward over pillows, hands-and-knees, slow walking, showering, or sitting on a birth ball if safe. Nonpharmacologic coping strategies such as breathing, counterpressure, massage, music, and dim lighting can be useful even if you later choose epidural analgesia.

Before leaving, call the hospital or birth center if instructed, gather your bag, birth plan, phone, charger, and medications, and confirm childcare or pet care has started. Wear comfortable clothes and bring a towel or pad if your water has broken. Do not drive yourself if contractions are intense, you feel faint, or your clinician has advised immediate evaluation.

Once you arrive, expect triage assessment: maternal vital signs, fetal heart rate evaluation, contraction assessment, cervical exam if appropriate, and review of fluid leakage or bleeding. Admission may depend on cervical change, contraction pattern, membrane status, risk factors, and pain control needs. If you are sent home in early labor, it is not failure; it often means your body needs more time.