

## What to do before labor begins



### **Confirm your birth logistics before the first contraction**

One of the most useful things to do before labor begins is to remove as many logistical unknowns as possible. Confirm where you are expected to give birth, which entrance to use, where to park, and what to do if you arrive overnight or on a weekend. If your hospital or birth center has a triage unit, ask whether you should call before coming in and which number to use.

Rehearse the route at least once, ideally at the time of day when traffic is most likely to be difficult. If you live far from your birth setting, discuss travel timing with your obstetrician, midwife, or maternity unit, especially if you have had a previous rapid labor, a high-risk pregnancy, or limited transportation options. ACOG specifically recommends considering distance and practicing the route in advance.

It also helps to identify a backup driver and a backup childcare plan if you have older children. Keep your phone charged, your car fueled or ride-share app ready, and your identification and insurance information in an accessible place. If you have a planned cesarean birth preparation pathway or an induction date, follow your team's arrival and fasting instructions carefully, because they may differ from spontaneous labor plans.

## **Pack a hospital bag that supports comfort and communication**

A hospital bag does not need to be perfect, but it should be ready before term or earlier if your clinician has said preterm labor is a concern. Pack items for the birthing person, baby, and support person. Useful basics often include a photo ID, insurance card, medication list, prenatal records if needed, phone charger with a long cord, glasses or contact supplies, toiletries, comfortable clothes for discharge, socks, a robe, and any items that help you feel grounded.

For labor, consider lip balm, hair ties, a water bottle if allowed, light snacks for your support person, and music or headphones. Hospitals vary in policies about eating and drinking in labor, especially if anesthesia or surgery becomes more likely, so ask your care team what is appropriate for you. For the baby, pack a going-home outfit, a blanket suited to the weather, and an installed car seat. The car seat should be checked before labor, not assembled in the parking lot.

Include a copy of your birth preferences, but keep it concise. The most effective plans are easy for staff to scan and flexible enough to adapt. If you have allergies, a history of postpartum hemorrhage, prior shoulder dystocia, cesarean birth, severe preeclampsia, or specific anesthesia concerns, make sure these are clearly documented and already discussed with your team.

## **Create a flexible birth plan, not a script**

A birth plan is best understood as a communication tool rather than a prediction. It can clarify your values, preferences, and concerns while leaving room for medical judgment. You might include who you want present, your preferences for mobility, monitoring, pain relief, vaginal examinations, pushing positions, newborn procedures, cord clamping, skin-to-skin contact, and infant feeding.

For a medically literate reader, it may be useful to think in terms of shared decision-making: what information do you want before an intervention, and what outcomes matter most to you? For example, you may want to ask about the indication, benefits, risks, alternatives, and what might happen if an intervention is delayed. This framework can be helpful whether you are planning

an unmedicated vaginal birth preparation approach, considering epidural analgesia, or anticipating induction or cesarean birth.

Discuss your preferences at a prenatal visit before labor begins. That conversation is especially important if you have conditions such as placenta previa, gestational hypertension, insulin-treated diabetes, fetal growth restriction, prior uterine surgery, or a need for fetal monitoring during induction. A flexible plan can still be deeply personal. It simply acknowledges that labor is physiologic, dynamic, and sometimes unpredictable.

### **Prepare your body with rest, hydration, and simple nutrition**

In the days before labor, it is common to feel bursts of energy, pelvic pressure, irregular contractions, or disrupted sleep. Try not to exhaust yourself with last-minute tasks. Rest is preparation. If nighttime sleep is poor, brief daytime rest may help you enter labor with more stamina. Gentle movement such as walking can be reasonable if it feels comfortable and your clinician has not restricted activity.

Hydration matters because dehydration can worsen fatigue and may make uterine irritability feel more intense. Sip fluids regularly, and consider electrolyte-containing drinks if you are sweating, vomiting, or not eating well, but ask your clinician if you have fluid restrictions or medical conditions that affect fluid balance. Easily digestible foods, such as toast, soup, rice, bananas, yogurt, or other familiar options, may be more appealing than heavy meals as labor approaches.

Warm showers or baths can ease muscle tension and help you distinguish persistent labor contractions from discomfort that fades with relaxation. Do not use very hot water, and avoid bathing after your membranes rupture unless your care team says it is safe. Breathing exercises, relaxation scripts, and nonpharmacologic labor coping methods learned in childbirth class can also help you practice responding to sensations without panic.

### **Know the difference between early labor and urgent warning signs**

Before labor begins, it is helpful to review what your team considers normal early labor and what requires immediate contact. Early labor contractions often

start mildly, become gradually more regular, and may be felt in the lower abdomen, back, or pelvis. Braxton Hicks contractions, by contrast, are often irregular and may ease with hydration, rest, or a change in position. Your maternity unit may give you a contraction timing pattern for when to call or come in.

However, some signs should not be treated as routine. Contact your obstetric clinician, midwife, or labor unit promptly if you notice decreased fetal movement, heavy vaginal bleeding, severe abdominal pain that does not let up, fever, severe headache, visual symptoms, chest pain, shortness of breath, seizure, or signs of preterm labor before 37 weeks. If your water breaks, note the time, color, odor, and amount of fluid. Green or brown amniotic fluid can indicate meconium and should be reported right away.

Do not wait at home because contractions are not yet frequent if something feels medically concerning. Fetal movement patterns, bleeding, ruptured membranes, and maternal symptoms often matter more than contraction timing. When in doubt, call. Maternity teams are accustomed to helping patients decide whether home observation, triage assessment, or emergency care is appropriate.

### **Organize support for the first hours and the first weeks**

Preparation should extend beyond getting to the hospital. Decide who will be your primary support person during labor and what role they will play. They can time contractions, offer fluids if allowed, communicate preferences, manage bags and documents, and help you remember questions. If you use a doula, confirm on-call arrangements and any hospital visitor policies.

At home, prepare the environment you will return to. Stock easy meals, arrange pet care, refill approved medications, and place postpartum supplies where they are easy to reach. If you are expecting a surgical birth or have a higher chance of cesarean delivery, plan for home support after surgical birth, including help with stairs, lifting restrictions, transportation, and infant care while you recover.

It is also wise to discuss emotional support before birth. The transition into labor and postpartum recovery can be intense, particularly after infertility, pregnancy loss, traumatic prior birth, anxiety, depression, or medical

complications. Identify someone you can contact if fear escalates. Ask your care team how to reach them after hours and where to go for urgent concerns. Preparation is not a sign that you expect problems; it is a way of protecting calm, dignity, and timely care.