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## Birth plan | Labour Signs

Here's an outline that starts with your third trimester, and takes you right through to your upcoming labour.

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## Monitoring your third trimester

In your final trimester, you'll start by seeing your doctor or midwife every other week. After Week 36, you'll probably visit weekly (frequency of prenatal visits can vary).

Your healthcare provider will:

- Monitor your weight gain.
- Monitor your blood pressure.
- Screen for [gestational diabetes](#) <sup>[6]</sup> between 24 and 28 weeks.
- Check your urine sample for sugar and protein.
- Continue to listen to the baby's heartbeat. (So cool!)
- Check the size and position of your uterus, and your baby, by feeling and measuring your abdomen—and possibly by using ultrasound.

Depending on your pre-pregnancy Body Mass Index (just ask your doctor), you should aim to continue to gain 0.4 kg ( $\frac{3}{4}$  pound) a week during your third trimester.

Suggested Reading



month of pregnancy



month of pregnancy

[8]



month of pregnancy

## Creating your birth plan

Writing a birth plan can help make your labour and delivery even more organized and meaningful.

This informal agreement represents an understanding between you, your partner, and your healthcare provider—and it addresses your preferred:

- Location of labour and delivery.
- Pain management techniques.
- Choice of anaesthesia.
- Selection of whom you want present during delivery.
- Feeding decisions.

Before finalizing your plan, speak with your healthcare provider, prenatal/birth educator, friends and family to learn about the different procedures that may accompany your labour and delivery. Plus, provided your birth is a normal, uncomplicated vaginal delivery, confirm that your healthcare provider will abide by your plan.

Not sure how your birth plan should look? Many hospitals now offer draft birth plans or you can read our [tips on choosing your birth team](#) [9].

## Choosing where you'll deliver

By your last month of pregnancy, you should have decided where's best to deliver your baby based on discussions with your healthcare provider. **Your options may include a hospital, a birthing centre or your home.**

This decision will likely be affected by whether or not your healthcare provider anticipates a normal, uncomplicated delivery.

## Covering all your bases

To help everything go as smoothly as possible—consider these questions well before baby is expected to arrive.

- How easy is it to reach your labour support person when you go into labour?
- How do you plan to get to the hospital or birthing centre?
- Who will drive you? (You should not drive yourself!)
- How far is the hospital?
- How long will it take to get there?
- Where will you park?
- Do you need to pre-register at the hospital?
- Who will take care of your children at home?
- Do you have pets that need care when you are away?

## Knowing your labour signs

Ask your doctor how to tell when labour is beginning (it's not easy)—the advice may include:

- You may notice **a thick discharge called “show”**, which likely means the mucus plug that has sealed off the opening of the uterus is expelled (though it may happen many days before your labour actually begins).
- You could be among the percentage of women whose **“water breaks”**, which is actually the

breaking of the amniotic fluid that surrounds your baby.

- You may feel practice or pre-labour contractions.

## Identifying contractions: Practice/Pre

All throughout their last trimester, many women experience practice or pre-labour contractions, which:

- Last about 30 seconds each.
- Don't fall into a pattern.
- May weaken or go away for a while.
- Usually stop when you get up and move around.
- Don't have the same effect as the productive contractions you have during labour (even though they're real contractions).
- Aren't labour pains.
- Seem to serve the purpose of "exercising" the uterus (so it's toned up and ready to work hard when the big day arrives).
- Are responsible for "false" labour.

## When you feel these are stronger than normal, you may be about to go into labour.

### Identifying contractions: Labour!

Labour contractions are (get ready for it) a sign of labour—they:

- Gradually get stronger over time.
- Become regular to the point that you can predict them.
- May last for 30-70 seconds in short intervals of 5 minutes or less.

### Making the call

These signs of labour should be followed by a call to your healthcare provider:

- **You see a "show"** or blood-tinged mucus discharge from the vagina.
- **Your water breaks**, either in a gush or a trickle.
- You feel contractions at regular intervals, and the intervals gradually shorten.
- **The intensity of the contractions gradually increases.**
- You feel discomfort in your back and abdomen.

Depending how far you have to travel, your healthcare provider will probably tell you to head for the hospital or birthing centre when your uterine contractions are repetitive, less than 5 to 6 minutes apart and have persisted for an hour or more.

Showing up at the hospital before you're truly in labour is fairly common for first-time mothers, so don't be embarrassed if you make the trip and then get sent home. Just consider it a practice run!

[Read more](#) <sup>[10]</sup>

**Source URL:** <https://www.nestlebaby.ca/en/pregnancy/third-trimester/today-day-birth-plans-labour-signs>

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[6] <https://www.nestlebaby.ca/en/gestational-diabetes-and-pregnancy>

[7] [https://www.nestlebaby.ca/en/seventh-month-pregnancy-symptoms?utm\\_source=internal&utm\\_medium=inreadpushv2](https://www.nestlebaby.ca/en/seventh-month-pregnancy-symptoms?utm_source=internal&utm_medium=inreadpushv2)

[8] <https://www.nestlebaby.ca/en/https>

[9] <https://www.nestlebaby.ca/en/your-pregnancy-birth-team>

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