OB GROUP
GENERAL LABOUR INSTRUCTIONS

Contractions

All women have uterine contractions in the 3rd trimester. They are irregular, short-lived (generally 20-30 seconds), and generally painless. These are called Braxton-Hicks contractions.

When labour starts, these contractions will start to organize into a regular pattern, with increasing frequency. The contractions will get stronger and become painful, and will be longer-lasting. When this is happening, you should start timing the contractions.

You can head to the hospital when contractions are happening every 3-4 minutes, lasting almost one full minute, and so painful that you cannot talk through them. Many women will be leaning over and deep-breathing during the contractions. If you are still smiling through the contractions, or are unsure if you are in labour, it's not yet time to go to the hospital.

'411' RULE:
Contractions every 4 minutes, lasting 1 minute, for 1 hour.

When you arrive at the hospital, the status of your labour will be assessed and your cervix will be checked. Women are typically admitted when the cervix is about 3-4 cm dilated and fully thinned-out.

If it's too early to be admitted (eg. cervix 1cm dilated), you will be offered pain relief, which is usually an injection of morphine, with Gravol to prevent nausea, and be sent home, to return when the labour is a bit more active.

Rupture of Membranes (water breaking)

The water can break before labour, or after the onset of labour, and both are normal. This is usually fairly obvious. You will have a large gush of watery fluid soaking through your clothes, or a constant trickle running down your leg. The fluid is very watery. If it's thick and mucousy, it's probably just the mucus plug. (The mucus plug is not always a very defined thing, and can pass at any point in late pregnancy. No action is required.)

Sometimes, the fluid leak can be intermittent or more subtle. This can happen when the baby's head is very low and acting as a plug, for fluid that is higher up. In these cases, women will need to have a speculum exam to confirm the presence or absence of amniotic fluid, by using nitrazine pH strips (they go from yellow to blue in the presence of amniotic fluid) and looking for a ferning pattern when vaginal secretions are observed on a slide under a microscope. This can be done if your OB's office, if they are open, or in the Urgent Care Centre (UCC) at BC Women's.

At about 35-37 weeks, your OB will have done a vaginal/anal swab to check for Group B Strep (GBS). If you had GBS in your urine during the pregnancy, you are considered positive and the swab is not required. Your OB will inform you of your GBS status.

If you are leaking clear fluid (a pink tinge due to blood is OK), and are GBS-negative, you can safely stay at home for 4-6 hours while awaiting the onset of regular contractions. You should go to the hospital when the contractions meet the criteria listed above. If you've had a vaginal delivery before, please note that contractions can ramp up very quickly after the waters break, and it's best to go to the hospital on the sooner side to avoid an unattended birth. If there is no sign of labour after 4-6 hours of the water leaking, please go to hospital for an assessment. Rupture of membranes will be confirmed, if there is any doubt, and induction of labour will likely be offered, as there is a higher risk of infection when the membranes are ruptured for many hours.

If you are GBS-positive, you must go to the hospital right away when the water breaks, as IV antibiotics need to be started and immediate induction of labour will typically be advised.

If there is any yellow/green tinge to the fluid, this could represent meconium. Meconium is fetal stool (poo), and is sometimes passed when the baby has been distressed. It can also be normal in postdates pregnancies. In any event, if there is meconium, you must go to the hospital immediately, and fetal well-being will be assessed. You will remain in hospital, under continuous electronic fetal monitoring, until your baby is born.

Bleeding

It's normal to have a small amount of vaginal bleeding, often mixed with mucus, in early labour, and this is called 'show'. Bleeding can also happen before labour if the cervix has been checked by your OB at an office visit. This is normal, and is actually a good sign that the cervix is dilating/thinning.

Heavy bleeding similar to a heavy period, and/or passing large blood clots is **not normal**, and could be a sign of placental separation (abruption). You should go to the hospital immediately.

Fetal Movements

The baby should continue to move normally during labour, but movements will be more difficult to feel during contractions. If you are feeling reduced or no fetal movements in labour, please go to the hospital immediately for an assessment of fetal well-being.

Calling Ahead

If you meet any of the criteria outlined above, you do not need to call ahead before going to the hospital. The OB Group team (OB Group staff doctor and resident) is always on-site, and will be notified by the triage nurse upon your arrival. The RN may be the one to do the cervical exam, and the initial medical assessment will often be carried out by the OB Group resident.

If something is happening, and you are not sure what to do, please try your OB's office first during daytime hours. They know you best and can give you the most optimal advice. After hours, or If your OB is unavailable, please call the emergency number **604.875.2161** and the hospital operator will page the OB on-call. If you do not get an immediate response, the OB may be tied-up in the OR. You can then try **604.875.3070** to speak to a nurse in the UCC. Our RNs are highly-trained obstetrical nurses and will give you excellent advice. Do not call 811, as the nurses taking those calls are not trained in OB, and often just tell you to go to the hospital.

Please do not call the emergency number for any matters that can wait until your OB is available during business hours.

When you speak to the OB on-call, they will not have access to your pregnancy records. In order to give you the best advice possible, they will require the following information:

1. Your first and last names.
2. The name of your OB.
3. How many weeks of pregnancy you are at.
4. If this is your first baby or if you've had children before (specify vaginal or C-section).
5. If you are planning a vaginal delivery or C-section.
6. Your Group B Strep (GBS) status – positive or negative.
7. Any complications/issues you've had in your pregnancy thus far.
8. What the current problem/concern is.

Unless there is a language barrier, or you are incapacitated, it's best if you speak to the OB directly rather than going through your partner.

The OB will give you instructions about what to do.

Good luck!