

When to call the hospital: advice in late pregnancy



the women's
the royal women's hospital

Towards the end of your pregnancy, you will start to feel changes in your body which are preparing it for the birth of your baby. You can talk about these changes in your next clinic appointment, but some changes should be discussed with a midwife as soon as possible.

When should I call the hospital?

Call us if you experience any of the following symptoms:

- Your waters break (this may occur before or after labour contractions begin).
- You have vaginal bleeding that is not mixed with mucous. Vaginal bleeding with lots of mucous is called a 'show' and is a sign that labour is progressing normally. You can also get a 'show' if you have had a vaginal examination during your admission.
- Regular contractions that last more than 30 seconds and are closer than 5 minutes apart or 3 contractions within 10 minutes.
- You are frightened or unsure about what is happening.
- You need help to manage your pain.
- You do not feel your baby moving.

Who should I call?

If you are having your baby at the Women's and would like to speak with a midwife about any of these concerns, call:

- (03) 8345 3635 (Parkville patients)
- (03) 9076 1245 (Sandringham patients)

Do not call these number for general enquiries.

Am I in labour?

Sometimes early labour is called the latent phase of labour. If you are having a baby for the first time, early labour may last for a few hours to a few days.

The irregular contractions that you may feel during this time are making your cervix (the neck of the womb) soften and thin out, ready to open further. For many, contractions feel like intermittent period pains.

You may have more than one admission before your labour is fully established. This is not unusual, especially if this is your first baby.

When should I come to hospital?

Research tells us that if you and your baby are well and full term, the best place to spend this phase of labour is at home. 'Well and full term' means that your pregnancy is more than 37 weeks and you and your baby are both well.

If you have been given any different information related to your individual circumstances, please follow those specific instructions.

At home, you have the freedom of your own surroundings. You can eat, sleep, and move around at your own pace.





Listen to your body and do what you instinctively feel is right for you. Remember that your experience is uniquely yours.

Do you need an interpreter?



Interpreter

If you need an interpreter, remember you can ask for one.

| STAGE/PHASE OF LABOUR | FEELINGS | WHAT MAY HAPPEN | HELPFUL IDEAS |
|---|---|--|---|
| Pre-labour – Cervix may start to thin – Contractions may or may not begin. Usually irregular mild, and short. May last on and off for a few days | Excited, apprehensive  | – Pass vaginal mucous tinged with blood – Backache – Mild pain (like period pain) – Loose bowel actions – Baby water bag breaks – Feel tired | – Continue with life as normal – Move around, keep busy – Rest if you need to – Stay hydrated (drink fluids) – Eat normally and as tolerated |
| 1st stage: latent phase (Usually the longest phase) – Cervix 0-5 cm dilated (open) – Contractions are becoming more regular. 2-3 contractions in a 10- minute period | Excited, apprehensive  | – Feel tired – Pass mucous tinged with blood – Backache – Pain becomes more regular and stronger – Loose bowel actions – Baby water bag breaks | – Keep eating and drinking (small amounts often) – Move around, keep busy – Rest if you need to – Empty your bladder at least every two hours – Time how long your contractions last (from start of the contraction to the end of the contraction) – Call the hospital |
| 1st stage: active phase (Usually shorter than the latent period) – Cervix 5-10 cm dilated – Contractions 3-4 in a 10-minute period, stronger, regular, lasting 50-60 seconds | Becoming weary, restless  | – Pain is more intense – Backache – Total focus on labour – Dependence on support people – Blood-tinged mucous – Baby water bag breaks | – Use deep breathing and other relaxation techniques – Focus – Take a shower or bath (if safe to do so), or use heat packs – Change positions – Rest between contractions – Sip fluids/suck sweets – Consider coming into the hospital |
| 2nd stage (Up to 3 hours depending on your pushing and baby's health) – Cervix fully dilated (10cm) – Contractions 2-5 in a 10-minute period, lasting 60-90 seconds | Working hard  | – Contractions space out – Pain less intense – More pressure in your bottom – Strong urge to push – Stretching or burning feeling as your baby's head moves down | – Listen to your body's natural urges – Push with contractions (use a mirror) – Rest between contractions – Cool flannel or spray to face and neck – Listen to support people – You may need to pant through the strong urge to push, to slow down the birth of your baby's head – It's good to be in hospital for this stage |

This information is a guide only. We understand that everyone's experience of labour is unique.

Disclaimer: This fact sheet provides general information only. For specific advice about your healthcare needs, you should seek advice from your health professional. The Royal Women's Hospital does not accept any responsibility for loss or damage arising from your reliance on this fact sheet instead of seeing a health professional. If you require urgent medical attention, please contact your nearest emergency department. © The Royal Women's Hospital 2010-2022