False Labor (Braxton Hicks Contractions)

Pregnancy is commonly associated with contractions of the uterus throughout the pregnancy. Towards the end of pregnancy (32-34 weeks), these contractions (*Braxton Hicks*) can develop more often and may become more forceful. This is **not** true labor because these contractions do not result in opening (*dilatation*) and thinning of the cervix. They are sometimes difficult to tell apart from true labor because these contractions can be forceful and people have different pain tolerances. You should not feel embarrassed if you go to the hospital with false labor. Sometimes, the only way to tell if you are in true labor is for your caregiver to follow the changes in the cervix.

HOW TO TELL THE DIFFERENCE BETWEEN TRUE AND FALSE LABOR

- False labor.
  - The contractions of false labor are usually shorter, irregular and not as hard as those of true labor.
  - They are often felt in the front of the lower abdomen and in the groin.
  - They may leave with walking around or changing positions while lying down.
  - They get weaker and are shorter lasting as time goes on.
  - These contractions are usually irregular.
  - They do not usually become progressively stronger, regular and closer together as with true labor.
- True labor.
  - Contractions in true labor last 30 to 70 seconds, become very regular, usually become more intense, and increase in frequency.
  - They do not go away with walking.
  - The discomfort is usually felt in the top of the uterus and spreads to the lower abdomen and low back.
  - True labor can be determined by your caregiver with an exam. This will show that the cervix is dilating and getting thinner.

If there are no prenatal problems or other health problems associated with the pregnancy it is completely safe to be sent home with false labor and await the onset of true labor.

HOME CARE INSTRUCTIONS

- Keep up with your usual exercises and instructions.
- Take medications as directed.
- Keep your regular prenatal appointment.
- Eat and drink lightly if you think you are going into labor.
- If BH contractions are making you uncomfortable:
  - Change your activity position from lying down or resting to walking/walking to resting.
  - Sit and rest in a tub of warm water.
  - Drink 2 to 3 glasses of water. Dehydration may cause B-H contractions.
  - Do slow and deep breathing several times an hour.

SEEK IMMEDIATE MEDICAL CARE IF:

- Your contractions continue to become stronger, more regular, and closer together.
- You have a gushing, burst or leaking of fluid from the vagina.
- An oral temperature above 100° F (37.8° C) develops, or as your caregiver suggests.
- You have passage of blood-tinged mucus.
- You develop vaginal bleeding.
- You develop continuous belly (*abdominal*) pain.
- You have low back pain that you never had before.
- You feel the baby's head pushing down causing pelvic pressure.
- The baby is not moving as much as it used to.

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