Preparatory labor (false labor)

- Uterine activity is intermittent and contractions vary in intensity.
- Pattern of uterine activity changes when the woman changes her activity.
- Contractions may remain regular for some time, but they do not build in intensity, and they taper off after a while.
- Uterus feels firm or tight with contractions, but not really painful (not always the case, but generally true).
- Sensations feel crampy, achy, sharp or shoot up from cervix, but are not perfectly coordinated with contractions.
- No bloody show in most cases.
- Contractions may last for several minutes at a time or may be of irregular duration.
- Upon internal exam, no cervical changes other than slight effacement, softening with occasional dilation of 1 to 2 centimeters, (sometimes more in women who have had a previous birth), can be detected. There are no detectable cervical changes when a contraction is occurring.
- The amniotic membranes (bag of water), if they can be reached, remain fluctuant during contractions.
- The membranes remain intact.

Pre-labor (true labor)

- Uterus settles into a regular, rhythmic pattern of activity which continues.
- Uterus keeps contracting regardless of maternal activity.
- Contractions remain regular and become increasingly stronger.
- Contractions and painful sensations are happening simultaneously. (The uterus may not feel hard during contractions in early labor.)
- With contractions, sensations feel like pulling up low down in front near pubic bone or rhythmic aching in lower back (a few women only feel labor in their lower back, hips, anus or down their thighs).
- Small amounts of mucus streaked with blood are passed, (up to 1 or 2 Tbsp.) as the contractions are changing the shape of the cervix and causing the mucus plug to release (especially true for first time moms).
- Contractions begin to regulate; they are short at first and then gradually builds in length and intensity.
- Upon internal exam, the cervix can be felt responding to the contractions by becoming shorter, smoother, tighter and more dilated. It may be pulled posteriorly or anteriorly in the mother’s pelvis (especially in first time moms). If not dilated at all, tension in the cervix will still be apparent during contractions.
- The amniotic membranes, if they can be reached, become tense with contractions.
- The membranes may rupture, releasing a quantity of clear or stained fluid.