MOMCARE

Maternal Opioid Use Disorder Management and CARe REsources in Custody

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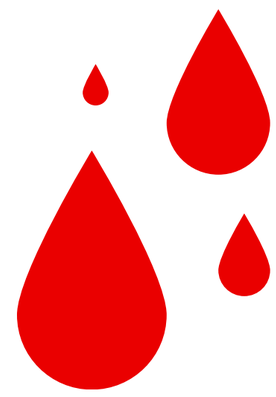
Labor Signs

Medical and custody staff at correctional facilities should have a low threshold to transport pregnant patients who might be in labor. Labor signs can be subtle, especially preterm.

Staff should remember that there are two lives to be concerned about-- if there is a delay in getting appropriate obstetrical care for someone in labor, this can cause a bad outcome for the mom and the baby. This is especially true for preterm babies, who need immediate specialized medical care in order to survive.

Preterm labor (20 weeks - 37 weeks):
Leaking fluid or change in vaginal discharge
Vaginal bleeding of any kind (spotting, light, or heavy; brown, dark, or red blood)
Constant, dull low back ache
Contractions every 10-20 minutes, for an hour or more
Abdominal cramps, like period cramps
Pelvic pressure
Term labor (greater than 37 weeks):
Regular contractions, every 5-10 minutes, for an hour or more
Vaginal bleeding of any kind (spotting, light, or heavy; brown, dark, or red blood)
Leaking fluid (water breaks)
Constant pelvic pressure
Contractions can be experienced as “belly tightening,” “baby balling up,” “period cramps,” or back pain that comes and goes.
Decreased baby movements over 24 hours in someone more than 24 weeks pregnant are concerning and require evaluation!



<u>ANY BLEEDING IN PREGNANCY</u> should be evaluated immediately by a qualified provider (e.g. obstetrician, family physician, certified nurse midwife).

If you are worried a pregnant woman with bleeding or other labor signs needs to be transported offsite, but a colleague disagrees, go up the chain of command. No one wants a baby, especially a preterm baby, born at their facility!