



BirthDayNews

THIRD TRIMESTER

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Your baby's almost here!

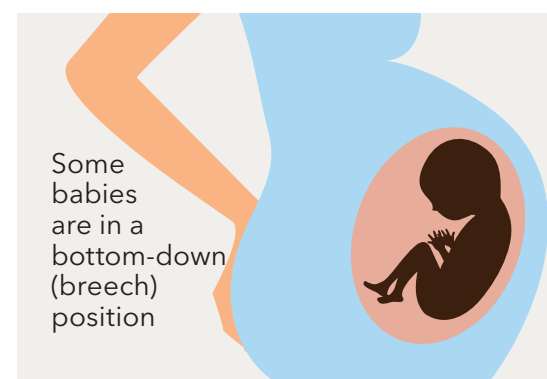
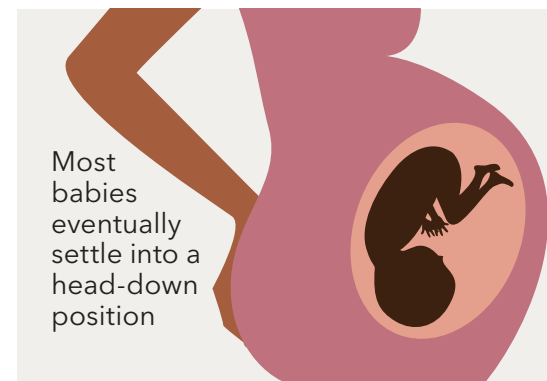
You're now in the last trimester of your pregnancy. This issue of BirthDayNews will help you plan your labor and delivery. If you have other children, we've included information about how to prepare them for your new baby.

Baby's movement and position

By the eighth month of your pregnancy, your baby weighs 4 to 5 pounds and is about 16 inches long. You may notice that your baby makes fewer turning movements. Instead, you'll feel more kicking and shifting from one side to the other. When your baby is most active, you should feel at least 10 movements in a 2-hour period. If you don't, call your pregnancy care team.

At 34 to 36 weeks, your midwife or doctor will begin to check your baby's position. Most babies settle into a head down position before birth. However, some babies stay in a bottom-first (breech) or horizontal (sideways) position. If your baby has not turned head down by 36 weeks, your doctor or midwife will offer suggestions on how to encourage your baby to flip, and may offer a procedure to manually turn your baby.

After 38 weeks, your midwife or doctor will see you every week until your baby is born. They will check your weight and blood pressure, measure your uterus, and listen for your baby's heartbeat. They may recommend a pelvic exam to assess if your cervix is beginning to open.



How to deal with common symptoms

Braxton Hicks contractions

By 36 weeks, you may have tightening sensations in your uterus that come and go. These are called Braxton Hicks contractions. These are normal and help your body get ready for labor. As the baby kicks and moves, you may get more of these irregular contractions and perhaps some cramping around your pubic bone.



Shortness of breath

You may feel tired and out of breath because your baby is getting bigger. Once your baby moves lower into the pelvis during your last month, you'll be able to breathe more easily.

In the meantime, here are some things that might help:

- Lift your arms over your head when you feel out of breath.
- Keep your back straight when you're sitting down.
- Use extra pillows to prop yourself up when you're in bed.
- When lying down, lie on your side.

Call your midwife or doctor immediately if you have sudden, severe shortness of breath with rapid breathing and pulse.

Leaking urine

As your baby grows, there's more pressure on your bladder, which holds your urine. You might leak urine when you laugh, sneeze, or cough. Kegel exercises (described in *BirthDayNews* Second Trimester) can help. If you start to feel like you're going to cough or sneeze, try tightening the muscles in the bottom of your pelvis. This can help to reduce the amount of leaking urine.

Feelings and sexuality

As you approach the last month of your pregnancy, you may tire easily or be more sensitive or irritable. Share your feelings with your partner.

As your uterus grows larger, sex may become uncomfortable. You and your partner may want to find new ways to enjoy sex. Many couples find a side-by-side or sitting position more comfortable. You may enjoy just touching and holding one another.

If you're at high risk for premature labor, your midwife or doctor may ask you to avoid having intercourse.

If you have intercourse:

- Make sure your partner doesn't blow air into your vagina during oral sex while you are pregnant. Doing so could cause a dangerous condition called an air embolism, which can cause symptoms including shortness of breath or even stroke.
- Stop having sex if you start to bleed from your vagina, or if your water breaks. (During pregnancy, your baby is surrounded by a fluid-filled sac called the amniotic sac; at the beginning of labor this sac will



rupture, which is also known as your water breaking). Call your midwife or doctor.

- Do not have intercourse if you have frequent contractions.

Waddling

High hormone levels at the end of pregnancy can soften your hip joints and cause you to waddle. You might have trouble walking or getting up and down. You might lose your balance easily. Call your midwife or doctor if you experience any of the following:

- A fall
- Pain in your abdomen
- Contractions that don't go away
- Bleeding or watery discharge
- Sudden decrease in your baby's movements

Pressure in your pelvis

As the muscles and ligaments in the lower part of your pelvis relax and contractions increase, your baby starts to drop down into your pelvis. This is called "engagement." If you've had a baby before, engagement may not happen until you are in labor. Engagement causes more pressure in your pelvic area and on your bladder. You may feel the need to go to the bathroom more often. Your baby's new position may also cause more leg cramps, pain in your thighs, and aching in your pelvis.

Staying healthy as you prepare

Prepare siblings for the new baby

A new baby affects the entire family. If you have other children, they'll now have to share their time with you with a sibling. Sometimes they will have to wait to have their needs met.

Young children react in different ways. They might be more demanding or clingy, especially when you're caring for the new baby. Children may want to go back to wearing diapers, drinking from a bottle, or being breastfed again. Some children will misbehave to get attention.

You can help your older children adjust by giving them reassurance. Praise them for good behavior and try to ignore their misbehavior as much as possible.

Here are some helpful tips:

During pregnancy

- Involve others with your older child's daily care and play. This will help your child accept care from others when you are not available after the new baby arrives.
- Visit friends who have a baby. Encourage your child to talk about the baby.
- Children, especially 3- to 5-year-olds, will ask questions like: "How did the baby get in there? How will he get out?" Be prepared to answer these questions.
- Give your child a doll to care for before the baby arrives. Help your child learn how to feed, diaper, hold, and burp the doll.

After your baby is born

- Have your older child talk with you on the phone. If allowed by the hospital, and it's safe to do so, have older children come to see you.
- Have a little gift from baby to sibling at the hospital for a sibling's first visit.
- Praise the things the older child can do but the baby cannot, such as riding a bike or looking at a book.
- Make time for your older child without the baby.
- Let the older child share in the care of the baby – folding diapers, talking to the baby, and holding the baby.
- Teach your child how to handle the baby safely and discuss what the baby can and cannot do.
- Never leave a toddler alone with the baby.



Care in the third trimester

Test for GBS

- Group B streptococcus (GBS) is a type of bacteria that lives in the vagina. About 25% of healthy people have GBS. However, these bacteria can cause serious infections in newborn babies. Around 37 weeks, your midwife or doctor will do a GBS culture. If you test positive for GBS, we'll recommend that you receive antibiotics when you go into labor to prevent your baby from getting an infection.

Tdap booster

- We recommend that you get a Tdap booster during the late second or third trimester of each pregnancy. When you get this vaccine while pregnant, your body creates antibodies which can pass through the placenta and offer your baby some immunity to whooping cough until they get vaccinated.

Exercising

- Consulting with your midwife or doctor about exercise is a good idea. Be sure to just take it easy. Go a little slower when you run, swim, or walk. Wear shoes with good support.

Staying comfortable at work

If you decide to work throughout your pregnancy, here are some tips that will help you be more comfortable:

- Change positions often. If you sit for long periods of time, be sure to stand up and walk around frequently. If you stand a lot, try to sit down every now and then and put your feet up.
- When you are sitting for long periods, put your legs up.
- If you have to stand for long periods of time, keep one foot on a low stool with your knee bent to take the pressure off your back.

Labor and delivery

Labor can begin any time between 37 and 42 weeks. With the birth of your baby near, you may feel excited and happy, as well as anxious and afraid. You can't know exactly what the birth of your baby will be like, because every birth is different. Feeling prepared should help ease your concerns.

Special care during labor

While you're in labor, your health care provider will monitor your baby's heart rate and your contractions. This may be done by the nurse listening to your baby's heart rate and placing a hand on your abdomen to

feel the contractions. Monitoring may also be done with electronic fetal monitors. External monitors use belts that wrap around your abdomen. Internal monitors are placed into the uterus through the vagina. Your care team might give you an intravenous line to replace fluids if you are dehydrated, or to give you pain medicine or other medication.

If there's a need to speed up labor, you may get medication (Pitocin or prostaglandin), or your midwife or doctor may break your bag of waters. As the need arises, your care team will discuss recommendations with you and together you'll make decisions for your labor.

Pain relief

Everyone responds to discomfort and pain differently. You may find that all you need are relaxation and breathing techniques and the support of the people around you.

But even if you plan childbirth without using medication, you might decide during labor that you want pain medication. Your labor may be longer or more uncomfortable than you had anticipated, and you may be tired. There are different options for pain relief, and all are considered safe for you and your baby. Discuss options with your midwife or doctor before you go into labor.

Signs of labor

You are probably in labor if you feel regular, ongoing contractions every 10 minutes. This chart can help you determine whether or not labor has started.

SYMPTOM	PRE-LABOR	LABOR
Contractions of the uterus	<ul style="list-style-type: none">• Tend to stay about the same length• Are usually not painful; if painful, the pain stays at the same level• May last 30 to 90 seconds	<ul style="list-style-type: none">• Become longer, stronger, and closer together with time• Accompanied by discomfort or pain in the abdomen• Rarely last more than 1 minute in early labor• Occur with increasing backache and restlessness
"Show" (blood-tinged vaginal discharge)	None	<ul style="list-style-type: none">• Often present in early labor
Intestinal symptoms	None	<ul style="list-style-type: none">• Frequent, soft bowel movements, often mistaken for diarrhea
Changes in the cervix (determined by health care provider)	<ul style="list-style-type: none">• Minor changes in dilation of the cervix	<ul style="list-style-type: none">• The cervix becomes thinner, which is known as effacement• The cervix also begins to open, which is known as dilation

When you should go to the hospital

Ask your midwife or doctor when you should call the office and go to the hospital. This will depend on:

- How far away you live from the hospital
- Whether this is your first child
- How long any previous labors have lasted
- Whether or not your midwife or doctor anticipates any problems

Typically, we want you to go to the hospital when you're in active labor.

If your water breaks

Call your midwife or doctor right away. Be sure to tell them what time your water broke, what color the fluid was, and how much came out (a lot or just a little).

If this is your first baby, call when:

- You can no longer walk or talk through contractions.
- Contractions are regular, starting every 3 to 5 minutes over a one-hour period. Count from the beginning of one contraction to the beginning of the next contraction.
- Contractions last at least 45 to 60 seconds (30-second contractions are probably early labor or false labor).
- Contractions become stronger when you are walking.

If this is not your first baby, call when:

- Contractions are every 5 to 7 minutes.
- Contractions last at least 45 to 60 seconds.
- Contractions become stronger when you are walking.



The four stages of labor

First stage of labor

Thinning (effacement) and opening (dilation) of the cervix

During the first stage of labor, contractions help your cervix to thin and begin to open. This is called effacement and dilation. As your cervix dilates, your provider will measure the opening in centimeters (1 centimeter is a little less than half an inch). During this stage, your cervix will widen to about 10 centimeters. This first stage of labor usually lasts about 12 to 13 hours for a first baby, and 7 to 8 hours for a second child. The first stage of labor has 3 parts:

1. Early labor

Your cervix opens to 4 centimeters. You will probably spend most of early labor at home. Try to keep doing your usual activities. Relax, rest, drink clear fluids, eat light meals if you want to, and keep track of your contractions. Contractions may go away if you change activity, but over time they'll get stronger. When you notice a clear change in how often, how strong, and how long your contractions are, and when you can no longer talk during a contraction, you are probably moving into active labor.

2. Active labor

Your cervix opens from 4 to 7 centimeters. This is when you should head to the hospital. When you have contractions every 3 to 4 minutes and they each last about 60 seconds, it often means that your cervix is opening faster (about 1 centimeter per hour). As your labor progresses, your bag of waters may break, causing a gush of fluid. After this, you can expect your contractions to speed up. Slow, easy breathing is usually helpful at this time. Focusing on

positive, relaxing images or music may also be helpful. Changing positions, massage, and hot or cold compresses can help you feel better. Walking, standing, or sitting upright will help labor progress. Relaxing during and between contractions saves your energy and helps the cervix to open. Many hospitals have whirlpool or soaking tubs that may help you relax and ease your discomfort.

3. Transition to second stage

Your cervix opens from 7 to 10 centimeters. This is usually the hardest or most painful part of labor. This is when your cervix opens to its fullest. Contractions last about 60 to 90 seconds and come every 2 to 3 minutes.

There is very little time to rest and you may feel overwhelmed by the strength of the contractions. You may feel tired, frustrated, or irritated, and may not want to be touched. You may feel sweaty, sick to your stomach, shaky, hot, and cold. Although you may find slow, easy breathing to be most effective throughout labor, you may also find an uneven breathing pattern most helpful.

Second stage of labor

Your baby moves through the birth canal

The second stage of labor begins when the cervix is completely dilated (open), and ends with the birth of your baby. Contractions push the baby down the birth canal, and you may feel intense pressure, similar to an urge to have a bowel movement. Your midwife or doctor may ask you to push with each contraction. The contractions continue to be strong, but they may spread out a bit and give you time

to rest. The length of the second stage depends on whether or not you've given birth before (how many times) and the position and size of the baby.

The intensity at the end of the first stage of labor will continue in this pushing phase. You may be irritable during a contraction and change between wanting to be touched and talked to, and wanting to be left alone. Don't be surprised if you grunt or moan when the contractions reach their peak.

Third stage of labor

Afterbirth

After the birth of your baby, your uterus continues to contract to push out the placenta, the organ that provides oxygen and nutrients to your baby. The placenta usually delivers about 5 to 15 minutes after the baby arrives.

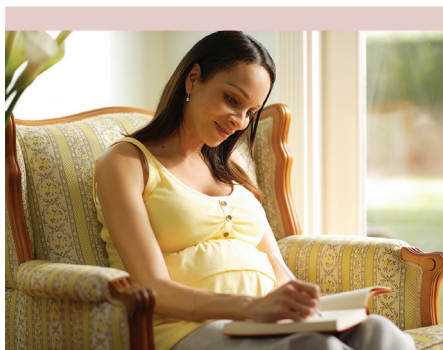
Fourth stage of labor

Recovery

You'll probably feel joy, relief, and fatigue. Most babies are ready to nurse soon after birth. Others wait a little longer.

We strongly encourage you to hold your baby skin-to-skin after delivery, and as much as possible during the first few days of life. This helps your baby to begin nursing as soon as they are ready. Skin-to-skin time with baby helps to build your milk supply and gets breastfeeding off to the best start. Nursing right after birth will also help your uterus contract and decrease the amount of bleeding.

Checklists to prepare for hospital and birth



Before you go to the hospital

- ☐ Get preregistered at the hospital where you plan to give birth.
- ☐ Know when to go to the hospital.
- ☐ Have your preferences for labor and delivery (fill out Your Plan for Childbirth, which you received in your original pregnancy folder, or which you can request from your midwife or doctor).
- ☐ Decide about cord blood banking. If you'd like to have your cord blood collected and stored, talk to your midwife or doctor about your options.

- ☐ Know day and night phone numbers for your midwife or doctor's office and the labor and delivery unit.
- ☐ Arrange for transportation to the hospital.
- ☐ Know where to go when you get to the hospital, including the after-hours entrance.

What to pack for the hospital

- ☐ Medical coverage information
- ☐ Gift for sibling(s) from baby
- ☐ Support or nursing bra and breast pads
- ☐ Slippers
- ☐ Lip balm
- ☐ Socks
- ☐ Snacks for labor partner
- ☐ Music you would like to listen to during labor
- ☐ Loose fitting clothes to wear home
- ☐ Toothbrush, toothpaste, hairbrush, or comb
- ☐ Telephone numbers of family and friends

- ☐ Infant sleeper with legs (sacs or kimonos won't fit in the car seat) or T-shirt and a diaper for baby to wear home
- ☐ Baby blanket
- ☐ Infant car seat
- ☐ Camera

Baby supplies

- ☐ Diapers, diaper pail
- ☐ Changing table, cotton balls, wash cloths, mild soap, diaper rash ointment, hair brush, thermometer
- ☐ Infant sleepers and T-shirts
- ☐ Blankets and receiving blanket
- ☐ Sweater and a cap for your baby
- ☐ Crib sheets (your baby should not use a pillow)
- ☐ Waterproof pads for crib or lap
- ☐ Crib, cradle, or bassinet

Cesarean birth

If you have a cesarean birth, the baby will be born through a surgical incision in your abdomen and uterus instead of through the vagina. Because a cesarean birth is surgery, the amount of time needed to recover is longer than from a vaginal birth.

Although vaginal birth is almost always safer for the pregnant person and usually as safe or safer for the baby, cesarean birth is sometimes necessary, either for the pregnant person's or the baby's health.

A cesarean birth is sometimes planned in advance or it might be needed at the last minute. If your midwife or doctor recommends a cesarean, they will discuss it with you and your partner.



Contact us any time - we are here to help

Kaiser Permanente Consulting Nurse Service

If you need help after your provider's office hours, this service is staffed 24 hours a day by registered nurses and a doctor.

Call 206-901-2244
or 1-800-297-6877
(TTY 711)

Kaiser Permanente Resource Line

This is a free information service for Kaiser Permanente members, including information about prenatal and postpartum classes.

Call 206-326-2800
or 1-800-992-2279
(TTY 711)

Email: kpwa.resource-L@kp.org

Kaiser Permanente member website

Create an account at kp.org/wa, sign in, and get access to many helpful, secure services. But you don't have to create an account to find useful information about pregnancy and birth.

Go to kp.org/wa and search for "pregnancy services."

Important names, phone numbers, and addresses

My midwife or doctor during my pregnancy: _____

Phone number for appointments: _____

My obstetrical nurse: _____

Obstetrical nurse phone number: _____

The lab for blood tests is at: _____

The Radiology Department for scheduled ultrasound exams is at: _____

Consultants during my pregnancy (genetic, nutrition, prenatal, etc.): _____

Name of hospital for my delivery: _____

Hospital address: _____

Hospital phone number: _____