

# The Third Trimester: Preparing for Baby

Everything you need to know about the end of pregnancy, planning for delivery, and bringing home your new baby

Obstetric Care at Stellis Health

# Overview

- ▶ Prenatal care schedule
- ▶ Routine lab work
- ▶ TDaP vaccine
- ▶ Normal discomforts of pregnancy
- ▶ Activity and exercise
- ▶ Warning signs
- ▶ Preparing for delivery
- ▶ Preparing for baby
- ▶ Vaginal and Cesarean section deliveries
- ▶ Birth control
- ▶ Birth Center Tour and Hospital pre-registration

# Prenatal Care Schedule

- ▶ Visit every 2 weeks starting at 32 weeks
- ▶ Visit every week starting at 36 weeks
- ▶ “Full term” starts at 37 weeks. Any time after that is a good time to have a baby!

# Routine Lab Work

## ▶ Second trimester labs

- ▶ Glucose tolerance test
- ▶ Hemoglobin
- ▶ Antibody screen

## ▶ End of pregnancy labs

- ▶ Complete blood count
- ▶ Group B Strep swab
- ▶ Syphilis testing
- ▶ Other infectious disease testing

# Vaccinations: TDaP

- ▶ Tetanus, Diphtheria, acellular Pertussis vaccine
  - ▶ Given at 28-30 weeks of pregnancy
  - ▶ Immunity from the vaccine crosses the placenta and protects your newborn before they can receive the vaccine themselves
- ▶ Who should get a TDaP?
    - ▶ Pregnant women
    - ▶ Close adult family members who will spend a lot of time with the baby - other parent, grandparents, aunts or uncles
    - ▶ Children who have not been vaccinated or who are behind on their vaccinations should be vaccinated to help protect their new sibling

# Rhogam

- ▶ Patients whose blood type is Rh negative should receive Rhogam at 28 weeks, or 12 weeks after their last injection
- ▶ Rhogam prevents mom from making maternal antibodies to fetal blood if the fetus is Rh positive and mom is Rh negative
- ▶ Rhogam protects future pregnancies from severe complications or even fetal death
- ▶ Rhogam is given after bleeding or trauma, and sometimes additional tests are needed to decide how much to give. If you have not had any bleeding, a standard dose is used.

# Activity and Working in Pregnancy

- ▶ Remaining active is recommended!
- ▶ Women can continue to work until the day they deliver - as long as they are comfortable
- ▶ Your doctor may recommend you stop working sooner if:
  - ▶ You are experiencing frequent cramping or contractions due to working
  - ▶ You have certain complications with your pregnancy like preterm labor or preeclampsia
  - ▶ Your doctor decides you need to be delivered sooner than expected
- ▶ **BED REST is no longer recommended except in extremely rare circumstances**
  - ▶ Bed rest is a good way to get a life-threatening blood clot, and does not help prevent preterm delivery or complications

# Normal Discomforts in Pregnancy

- ▶ Low back pain
- ▶ Pelvic pressure
- ▶ Frequent urination
- ▶ Mild swelling of feet that improves with rest and elevation of the feet



QUESTIONS?

# Warning Signs: Preeclampsia

- ▶ Preeclampsia is a condition of pregnancy that combines high blood pressure with organ damage.
- ▶ It is a reaction of the body to the pregnancy. The cure for preeclampsia is delivery.
- ▶ If not diagnosed, it can lead to Eclampsia - a seizure condition
- ▶ **WARNING SIGNS:** A severe headache that does not get better with Tylenol or rest; changes in vision (flashing lights or dark spots); significant increase in swelling of hands and feet; pain under your right rib cage; having a seizure (Eclampsia); sudden, severe abdominal pain that is continuous; vaginal bleeding accompanied by abdominal pain
- ▶ **WHAT TO DO:** Call Labor & Delivery or go to the Hospital for evaluation

# Braxton-Hicks or Preterm Labor?

- ▶ Braxton-Hicks are “warm up” contractions
  - ▶ Usually sporadic, once or twice an hour
  - ▶ Go away on their own
- ▶ Preterm labor contractions
  - ▶ More intense
  - ▶ Regular, every 5-15 minutes
- ▶ Other signs of preterm labor: contractions, pelvic pressure, spotting, gush of fluid
- ▶ **WHAT TO DO:** If you are having contractions every 5-10 minutes that do not go away on their own with resting or drinking some water, go to the hospital for evaluation

# When am I in Labor?

- ▶ After 37 weeks, contractions become more frequent
- ▶ Call your doctor or the hospital if you are having contractions every 4-5 minutes that are strong enough to take your breath away
- ▶ What is labor?
  - ▶ Labor is regular uterine contractions that cause your cervix to dilate
  - ▶ Regular episodes of contractions without dilation can be common at the end of pregnancy

# Fetal Kick Counts

- ▶ Babies are very active at the end of pregnancy!
- ▶ You should check on baby's movement every day
- ▶ After dinner, or before bedtime is a good time
- ▶ The minimum amount of movement we expect is 10 movements within 1 hour
- ▶ If you get less than 10 movements, drink cold water or a glass of juice and try again. If you still do not get 10 movements, go to the hospital for evaluation

# Packing for the Hospital

## WHAT TO BRING

- ▶ A change of clothes or two for you
- ▶ Car seat
- ▶ 1-2 newborn outfits
- ▶ Toiletries
- ▶ Pillow
- ▶ Loose-fitting cotton underwear
- ▶ Bottles - if planning to bottle feed

## WHAT TO LEAVE AT HOME

- ▶ Tons of baby outfits
- ▶ Toys
- ▶ Blankets
- ▶ Super cute pre-pregnancy clothes
- ▶ Medications, with rare exceptions

# Preparing for baby

- ▶ Car seat
  - ▶ Know how to install it
  - ▶ Not expired (less than 7 years old) and has not been in a car accident
- ▶ Diapers, wipes, a safe place to change the baby (changing table or pad for a regular table)
- ▶ High tech monitoring is NOT required!
- ▶ Pacifier - your choice
- ▶ Think about pediatricians - see handout for list
- ▶ Crib - for safe sleeping

# ABC's of Safe Sleep

- ▶ **ALONE**
- ▶ On their **BACK**
- ▶ In a **CRIB**
- ▶ No toys, blankets, pillows, siblings (even twins)



# Newborn Hospital Care

- ▶ Vitamin K - prevents brain hemorrhage
- ▶ Hepatitis B vaccine
- ▶ Erythromycin eye ointment - prevent eye infections
- ▶ Hearing screen
- ▶ Congenital heart defect screening
- ▶ State of MN metabolic disease screening
- ▶ Circumcision if desired for male infants

# Feeding your baby

- ▶ Breastfeeding is free and ideally formulated to suit a newborn's nutritional needs
- ▶ Breast milk can take several days to come in.
- ▶ Latching can be difficult
- ▶ Some nurses at the hospital are trained lactation consultants and can help you troubleshoot
- ▶ Check with your insurance if you want a breast pump for home use. Your provider can write a prescription for this.
- ▶ **HOWEVER** - if breastfeeding does not work for you, bottle feeding is a good alternative
- ▶ Feeding your baby in the way that works for you is the most important thing

QUESTIONS?

# Pain control during delivery

- ▶ Breathing techniques
- ▶ Massage
- ▶ Aromatherapy
- ▶ Nitrous oxide (laughing gas)
- ▶ IV medication
- ▶ Epidural
- ▶ Laboring pool or tub laboring (not for delivery, just for labor)

# Vaginal Delivery

## ▶ The delivery process

- ▶ “Fully dilated” at 10 cm
- ▶ Pushing, or “second stage” of labor
- ▶ Bear down like having a bowel movement during contractions
- ▶ Push for 10 seconds x 3 with each contraction
- ▶ Poop may happen! This is NORMAL
- ▶ Crowning: when the head is emerging
- ▶ After delivery, the placenta is delivered and any tears are repaired
- ▶ Pitocin helps prevent hemorrhage

## ▶ Recovery

- ▶ Epidural lasts 1-2 hours, then able to walk
- ▶ Soreness, tenderness in vulva
- ▶ Ice packs
- ▶ After pains
- ▶ Stitches are usually made of material that dissolves over time
- ▶ Nothing in the vagina for 6 weeks (no sex, tampons, or douching)
- ▶ Postpartum visit 4-6 weeks after delivery

# Cesarean Delivery

## ▶ The delivery process

- ▶ Anesthesia in the back, or go to sleep if in an emergency
- ▶ May feel pressure sensations but should not feel sharp pain
- ▶ Support person sitting near your head
- ▶ Incision near your pubic bone, where a bikini sits
- ▶ Lots of abdominal and chest pressure when the baby is being delivered
- ▶ Sutures dissolve over time. You may have dissolvable staples under the skin.
- ▶ Thick bandage over the top of the incision
- ▶ Urinary catheter for 12 hours after delivery

## ▶ Recovery

- ▶ Major abdominal surgery!
- ▶ Walking and moving around within 12 hours after surgery
- ▶ Lifting no more than 20 lbs for 4 weeks (a gallon of milk is 9 lbs)
- ▶ Ibuprofen and Tylenol around the clock, and stronger pain medication if you need it
- ▶ Showers are fine for the first week, then you may resume taking baths
- ▶ Incision check in the office in 1-2 weeks
- ▶ Regular postpartum visit at 4-6 weeks

# Birth control

- ▶ Optimal birth spacing: 18-60 months
- ▶ Many options: IUD, Nexplanon, Tying your tubes, Depo, Pill, Patch, Ring, Condoms, Natural Family Planning
- ▶ Pill, patch, and ring all contain estrogen - must wait at least 3-4 weeks before starting
- ▶ Depo and progestin-only pill (“Minipill”) can be started right away
- ▶ Nexplanon and the IUDs can be done in the office at your postpartum visit, or sooner if you prefer
- ▶ Breastfeeding exclusively can decrease your likelihood of ovulation but is not as effective or reliable as other forms of birth control
- ▶ The return to ovulation can be difficult to predict, making Natural Family Planning challenging
- ▶ **BEDSIDER.ORG**

QUESTIONS?



# Let's Take a Tour!

- ▶ Hospital tour of Labor & Delivery
- ▶ Pre-registration