



The 3rd Trimester

Your guide to weeks 28 - 40 of your pregnancy and welcoming baby.



EASTERN IOWA
HEALTH CENTER
Women's Health

Welcome to your 3rd trimester!

Whether this is your first pregnancy or fourth, you are in the home stretch to meeting your baby.

This guide will help you learn what to expect during your third trimester and how to prepare for the arrival of your baby. If you have other concerns or questions, you can reach us anytime! **Call - 319.730.7300.**

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3RD TRIMESTER PRENATAL CARE

Your provider visits will be twice a month during your seventh and eighth months of pregnancy. In month nine, plan to see your provider once a week until your baby arrives. You and your provider will decide the timing and number of visits based on your health needs. These visits are necessary to learn how your baby is growing. You will also be able to visit with your provider about your feelings, any physical changes and medical tests you are offered.

At each visit we will check your weight, blood pressure, the growth and position of your baby and your baby's heart rate. Your provider will also begin checking your cervix for softening, thinning (effacement) and opening (dilation). Your care team will talk with you about the final steps to ensure we know your wishes for labor and delivery.

What to Expect?

It's almost your baby's birthday! During these last couple of months, your baby will gain up to half his or her birth weight. Baby's brain and lungs are growing and developing quickly during this time. This booklet will provide information to help you during the remainder of your pregnancy. We want your experience to be everything you have imagined, and we want to make sure you are prepared to welcome your baby!

Our top priority is to ensure that you have a healthy pregnancy and deliver a healthy baby.

WHAT YOU MAY ENCOUNTER

Back, pelvis or hips discomfort. Your body has changed so much and in so many ways that aches and pain are common. Move slowly when you turn, lift or bend. Try sleeping on your side with a pillow between your legs. A warm bath or heating pad may help, too.

Leaking from your breasts. This is called colostrum and it means your body is getting ready for making milk. Your breasts could be as much as two pounds heavier by now. They may reveal veins or stretch marks. Wear a comfortable, supportive bra, even at night if it helps.

Bleeding. If you have spotting or bleeding call our office at [319.730.7300](tel:319.730.7300).

Anxiousness. Whether this is your first pregnancy or not (including those who have had a miscarriage), feelings of anxiety, excitement, worry or fear can happen. Your partner may experience those feelings as well. These are very normal and expected. If you feel excessive emotions, such as depression or anger that won't go away, call us at [319.730.7300](tel:319.730.7300).

Frequent urinating. At this point, your baby is pushing down on your bladder, making it feel like you have to go to the bathroom often, day or night. You may even leak a bit when you sneeze or cough. Pain or burning during urination should be checked out.



WHAT ARE BRAXTON HICKS CONTRACTIONS?

Before “true” labor begins, you might have “false” labor pains, also known as **Braxton Hicks** contractions. These irregular uterine contractions are very common and might start to occur from your fourth month of pregnancy. They are your body’s way of getting ready for labor.

Braxton Hicks contractions can be described as tightening in the abdomen that comes and goes. These contractions do not get closer together and do not increase in how long they last. Braxton Hicks contractions do not feel stronger over time. They often start when you change position and will stop with rest.

When Should I Call My Provider?

Pressure, cramps, backaches and mucus discharge are common during the final month of pregnancy. You may experience contractions and/or “bloody show” (mucus mixed with a small amount of blood). This does not necessarily mean labor is starting. If contractions last for less than 30 seconds and the sensation does not intensify (even if contractions are regular), they might be false labor or Braxton Hicks contractions.

If you drink a large glass of water, lie on your left side and relax, these contractions usually stop within an hour. True labor pains usually last 60 to 90 seconds, get closer and closer and intensify with time. If you experience any of the symptoms below or you think you are in labor, please call us at [319.730.7300](tel:319.730.7300).

- Bleeding
- Suddenly puffy face and hands
- Severe headaches
- Dizziness or blurry vision
- Severe pain in your abdomen
- Temperature higher than 100° F
- Burning or pain when you go to the bathroom
- Pain or pressure in your belly or back that keeps getting stronger
- Liquid leaking from your vagina
- Decreased fetal movement



WHAT IS GROUP B STREPTOCOCCUS (GBS)?

GBS is a bacterium generally found in the intestines or lower genital areas. This is typically not harmful to adults. A person who is a carrier typically does not even know they have it. GBS is not the same bacteria that causes strep throat.

Babies who become infected with GBS from exposure during vaginal delivery can become seriously ill. Therefore, the American Academy of Pediatrics recommends all pregnant women get screened for GBS bacteria between 35 – 37 weeks of pregnancy. To screen for GBS, your healthcare provider will swab your lower genital area and send the sample to the lab. If the sample tests positive for GBS — or you previously gave birth to a baby who developed GBS disease — you'll be given intravenous antibiotics during labor. The antibiotics will help protect your baby from getting sick.

Preeclampsia

Preeclampsia is a common pregnancy complication that causes high blood pressure, along with other symptoms, such as protein in urine. According to the Centers for Disease Control and Prevention, around 1 in 25 pregnant women develop the condition. Preeclampsia is one of several hypertensive disorders of pregnancy and can be serious for pregnant women and their babies.

The main symptom of preeclampsia is high blood pressure that starts in the second half of pregnancy. Women with pre-existing high blood pressure can also get preeclampsia, but not all high blood pressure in pregnancy is preeclampsia.

If you have high blood pressure during your pregnancy, your doctor will want to find out if preeclampsia is the cause.

SYMPTOMS

In most cases, a sudden increase in blood pressure beginning sometime after 20 weeks gestation is the first sign of preeclampsia. Less often, blood pressure will rise slowly but steadily. In addition, excess protein in the urine, which is screened for during routine prenatal care visits, can signal kidney problems that often accompany high blood pressure in preeclampsia.

Additional symptoms may include:

- Swelling of face or hands
- A headache that will not go away
- Seeing spots or changes in eyesight
- Pain in the upper abdomen or shoulder
- Nausea and vomiting (in the second half of pregnancy)
- Sudden weight gain
- Difficulty breathing

Treatment includes monitoring the health of mother and baby.

Premature Labor

Premature or pre-term labor is labor that happens more than three weeks before your due date or before 37 weeks of pregnancy. Babies born prematurely can have lifelong or life-threatening health problems. Certain factors may increase the chance of premature labor, such as carrying twins; however, the specific cause is unknown.

It is important to call us if you have any signs or symptoms of pre-term labor as it can often be stopped and allow your baby more time to grow and develop.

WHAT ARE THE SIGNS OF PREMATURE LABOR?

It is important to learn the signs and symptoms of premature labor. Please call your provider right away if you are having any of the following signs or symptoms:

- Change in your vaginal discharge (watery, mucus or bloody) or more vaginal discharge than normal
- Pressure in your pelvis or lower belly – like your baby is pushing down
- Constant low, dull backache (that does not get better by changing positions)
- Regular or frequent contractions that make your belly tighten
- Four or more contractions in one hour after changing position or relaxing
- Belly cramps with or without diarrhea
- Menstrual-like cramps felt in lower abdomen that may be constant or come and go



Count the Kicks!

Your baby's regular movements are a sign of good health. When you start your third trimester, it's time to start counting!

WHY IS IT IMPORTANT TO COUNT?

Counting your baby's kicks (and jabs, pokes and rolls) is important because a change in movement during the third trimester is often the first sign of distress in a baby. When you know what is normal movement for your baby, you will be more alert to any potential problems. On average, a baby kicks or moves at least six to 10 times within a one-hour period. An easy way to check the health of your baby is to keep track of your baby's movements every day beginning at 28 weeks of pregnancy.

HOW TO DO A KICK COUNT

- Choose a time when the baby is active, such as after a meal. Try to count at the same time each day.
- Sit comfortably or lie on your side.
- The first time the baby moves, write down the time.
- Count each movement until the baby has moved 10 times. This usually takes less than a half an hour but each baby is different.
- Count all movements – kicks, twists, turns, swishes and rolls.
- Try to do it at the same time each day.
- Get to know what is **normal** for your baby.

HELPFUL HINTS:

- Pick your time based on when your baby is active. Research shows babies are the most active at night.
- Hiccups do not count as movements.
- Babies do not run out of room or slow down at the end of pregnancy. Babies should move up to and even during labor.

Use the included kick count chart or free apps, such as [CountTheKicks.org](https://www.CountTheKicks.org) to track your baby's movement.

Call your provider if you notice your baby moves fewer than 10 times in two hours while you're doing kick counts or if there is a significant change in your baby's movement.

Contractions and Signs of Labor

When it's time for your baby to arrive, he or she will let you know. It is normal for you to feel both excited and scared about labor and delivery.

RECOGNIZING TRUE LABOR

Labor (also called childbirth) is the process of your baby leaving the uterus. You're in labor when you have regular contractions that cause your cervix to change. Labor contractions do not stop by changing your position or relaxing. Although the contractions might be uncomfortable, you will be able to relax between contractions. This first stage of labor (called the latent phase) is best experienced in the comfort of home. As time progresses, the contractions come at closer intervals.

As you get closer to your due date, learning the signs of labor can help you feel ready for labor and birth.

SIGNS THAT IT'S TIME FOR BABY

You know you're in true labor when:

- You have strong and regular contractions.
- You feel pain in your belly and lower back that does not go away when you move or change positions.
- You may have a bloody/mucus discharge. This is called bloody show.
- Your water breaks. You may feel a big rush of water or just a trickle.

You may have contractions during the last few months of pregnancy. An easy way to remember when it is time to go to the hospital is the **5-1-1 rule**:

Contractions

- **5** minutes apart
- Lasting **1** minute each
- Lasting for **1** hour



TIMING YOUR CONTRACTIONS

Write down the time at the beginning of one contraction and again at the beginning of the next contraction. The time between contractions includes the length or duration of the contraction and the minutes between the contractions (called the interval).

Mild contractions generally begin 10 to 15 minutes apart. Contractions become more regular until they are less than five minutes apart.

Active labor (the time you should go to the hospital) is usually described by strong contractions that are three to four minutes apart.

Getting Ready for Baby

- ❑ Pack your hospital bag during your final weeks of pregnancy.
- ❑ Select an Eastern Iowa Health Center pediatric provider for your baby.
- ❑ Review your insurance for breast pump benefits. If you would like a breast pump, inform your provider at your next visit. A prescription may be required. Depending on the health plan, you may need to contact a third-party administrator to initiate the process.
- ❑ Install your car seat. Don't forget to have a trained professional check the fit.
- ❑ Pre-register at the hospital of your choice.
- ❑ Decide if you want a birth plan. If you have a plan, place a copy in your hospital bag.
- ❑ Create a care plan for your children, pets or other family members for your hospital stay.
- ❑ Plan ahead and meal prep. Having meals ready to heat will let you enjoy the first week or two without having to cook.
- ❑ Create your postpartum care kit that includes essentials for recovery at home.
- ❑ Wash and organize baby clothes and gear.
- ❑ Prepare a safe place for your baby to sleep, such as a pack and play or a bassinet.
- ❑ Take a break. Enjoy a low-key and relaxing day or two.



Car Seat Safety

Your baby should ride in a rear-facing car safety seat as long as possible, until they reach the highest weight or height allowed by the seat. Most convertible seats have limits that will allow children to ride rear-facing for two years or more.

It's helpful to have your car seat installed a few weeks before your expected due date. If you are able, have a trained professional check the installation.

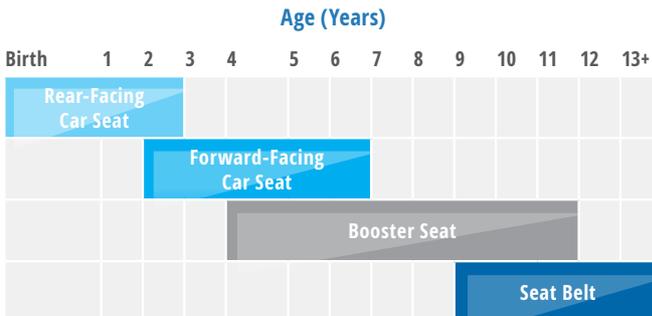
SAFETY TIPS

Always put your infant in a rear-facing child safety seat in the backseat. A baby riding in the front seat can be injured by air bags.

The car seat shoulder straps must be at or below baby's shoulders. Child safety seats have several pairs of harness slots so you can adjust the harness as your baby grows. The harness must be snug so you cannot pinch a fold in the harness material after buckling in baby. The straps should lie flat in a straight line without sagging and the top of the chest clip should be positioned at armpit level.

Never put a blanket between the harness straps and baby. It's also important not to dress your infant in bulky outerwear as it can make it hard to tighten the harness. Instead, place a warm blanket or car seat cover over baby and the harness.

Your baby is getting too big for the rear-facing child safety seat when their head nears the top of the seat. If you need help with a safe car seat, contact an EIHC medical social worker.



After Delivery: Postpartum Care

Now that you've given birth it is important to maintain the healthy habits you started during pregnancy and realize you are still changing, both physically and emotionally. It is common to feel discomfort and emotional after giving birth; however it is important to recognize the difference between postpartum blues and depression.

BABY BLUES VS. POSTPARTUM DEPRESSION

- **Baby blues** are feelings of sadness in the first few days after delivery. These feelings are common and affect up to 80 percent of mothers. Emotional symptoms are mild and may last anywhere from one to two weeks. These feelings typically go away on their own.
- **Postpartum depression (PPD)** is a medical condition that many women get after having a baby. PPD includes strong feelings of sadness, anxiety and tiredness for a long time after birth. PPD can make it hard to take care of you and your baby. Postpartum depression can happen any time after childbirth and needs treatment to get better.

PPD is not your fault and does not make you a bad mother. If you think you have postpartum depression tell your healthcare provider right away. This may be your prenatal provider, your primary care provider, a mental health provider or your baby's pediatric provider.

POSTPARTUM CARE

A postpartum checkup is a medical exam you get after having your baby to make sure you are recovering well from labor and birth. It is important to go to all postpartum appointments, even if you're feeling ok. These appointments are important because new moms are at risk for serious and sometimes life-threatening health complications. Make sure to have a complete postpartum checkup no later than 12 weeks after giving birth.

Parenting Resources

EASTERN IOWA DIAPER BANK

Diapers are essential for every baby. We want to ensure your baby has access to clean diapers! As an EIHC patient, you have access to the Eastern Iowa Diaper Bank. You may continue to earn diapers if your baby is cared for by one of our excellent pediatric providers.

To learn more about hours and how to access free diapers, ask an EIHC Social Worker or visit eiDiaperBank.org.

YPN

YPN's mission is to create a network of support through education and resources, to build confidence and personal accountability for healthy and successful families. Services focus on having a healthy pregnancy, raising a healthy baby and focus on early childhood growth and development.

Call 319.364.8909 or visit ypniowa.org for information on family programs and services.

HACAP

HACAP is a community action agency serving nine counties in Eastern Iowa. They have a commitment to empower and improve the lives of families, living with the everyday barriers of poverty. Programs include food pantries, energy assistance, child care programs, homeless support and more.

Call 319.393.7811 or visit hacap.org for additional information.

WOMEN, INFANTS, AND CHILDREN (WIC)

WIC is a supplemental nutrition program that provides pregnant/postpartum women and their children with nutritious foods, nutrition education and referrals to other health care agencies.

To schedule an appointment, call 319.892.6024.



PEDIATRIC CARE

Your baby's health matters. Our talented pediatric team is dedicated to providing the highest quality care for your little one. Our child and parent - friendly health center provides care for newborns to teens and every age in between including well-child visits, education and parenting support. We welcome the chance to get to know you and your baby. If you have any questions, please call us at **319.730.7300**.