

TABLE OF CONTENTS

I. Third Trimester Topics	
A. Warning Signs of Problems	1
B. Labor Signs	2
C. Discomfort Measures	3
D. Fetal Activity/Kick Counts	3
E. General Labor & Delivery Questions	3
F. General Postpartum Questions	3
II. Car Seat Safety	3
III. Group Beta Streptococcus (GBS)	3

I. Third Trimester Topics
A. Warning Signs of Problems

If you have bright-red bleeding, pain that does not go away, or a gush of fluid or leaking sensation, call or go to the hospital. It is important to note the color of the fluid; if it is green or brownish go to the hospital as soon as possible. Also be aware of signs of toxemia. 10% of pregnant patients will develop toxemia. You will notice a headache that does not go away, blurred vision, swelling in the face, hands, and feet, and may also have flu-like symptoms. You may also see a rise in your blood pressure and protein in your urine.

B. Labor Signs

When and how to call? Once contractions are every 5-7 minutes go to the hospital. If you are uncertain if it is labor call the office (no matter the time of day). If you have any questions or concerns, do not hesitate to contact your physician or physician's office. If you know you are going to go to the hospital, the L & D staff will notify the doctor on call of your presence and status, so you do not need to call your doctor.

Distinguishing Between True and False Labor

True Labor	False Labor
Uterine Contractions:	
Show regular pattern.	Show irregular pattern.
Usually become closer together, stronger, and longer.	Usually vary.
Increase in intensity with walking.	May stop with walking or position change.
Are usually felt in lower back, radiating to lower abdomen	Are usually felt in back
Are not stopped by relaxation techniques such as hot bath or sedation.	Will eventually stop with relaxation techniques, such as hydration, warm bath or resting.
Cervix:	
Softens, effaces, and dilates.	May soften, no significant change in dilation or effacement.
Fetus:	
Starts to descend into pelvis.	No noticeable change in position.

C. Discomfort Measures

It is not unusual to feel pain in the sciatic area, pubic area, or hips. Your body is producing a hormone called relaxin. It causes your pelvic girdle to separate. Some patients feel grinding in the pelvic area. It can be very painful; support with pillows will help when trying to sleep. You will have more shortness of breath due to the baby's size and movement under the ribs.

D. Fetal Activity/Kick Counts

It is good when your baby moves, it is very reassuring. In the third trimester, you should feel your baby move often. Here are good guidelines to check fetal movement daily:

- Perception of least 10 fetal movements (FMs) over up to two hours when the you are at rest and focused on counting
- Perception of at least 10 FMs during 12 hours when you are doing normal activity

What should you call a "movement?" It is hard to say, because it will feel different from one mother to another and from one pregnancy to the next. The important thing is that you count the movements the same way throughout your pregnancy. If you have more questions, you should contact your physician.

The standard fetal movement is 10 movements within a 2 hour time period. Please contact your doctor if baby does not meet this criteria.

E. General Labor & Delivery Questions

Travel Restrictions: Please consult with your physician regarding travel especially after 34 weeks.

Labor and Delivery Routine: After you have chosen the hospital you will deliver at consider taking prenatal classes provided by the hospital. You can also take a tour of the hospital to become familiar with the facilities. You will need to register before delivery with the hospital. Refer to the pamphlet on what to expect in labor and delivery for more information.

Anesthesia/Analgesia: There are many different types of anesthesia offered during delivery. The most common type is an epidural or regional anesthesia. If you would like anesthesia during your delivery, you will meet with an anesthesiologist during delivery who will discuss the procedure with you. For more information, please see enclosed brochure.

Episiotomy: An episiotomy is a cut made in the perineum (skin between the vagina and anus) to allow for delivery of the baby. An episiotomy is not a routine procedure and depends on many factors that are assessed during delivery, such as, how large the baby's head/shoulders are and how much the perineum stretches.

Breast Feeding: Breast milk is the best source of nutrition for your baby. Breast milk promotes development of the infant's immune system and decreases the risk of newborn illnesses such as respiratory infections. Breastfeeding may also make it less likely for your baby to have other illnesses later in life such as, obesity, cardiovascular disease, certain childhood cancers, and autoimmune diseases (including diabetes).

Breastfeeding is also very beneficial to moms. Breastfeeding decreases blood loss after delivery and can decrease stress due to the hormones produced. It helps with weight loss and can even decrease your risk of breast cancer.

Breastmilk is the only food your baby needs for the first six months of life. Breastfeeding for at least one year is recommended for optimum health of your baby. We are here to support you in your efforts to breastfeed. We can help you get a breast pump, set you up with lactation consultants as needed and help with common breastfeeding problems.

Labor and delivery complications/Operative delivery: Possibility of C-section for many different reasons (fetal distress, blood pressure problems, or the baby could be breech).

F. General Postpartum Questions (After Delivery)

Post Term Management: If you deliver vaginally you will typically be in the hospital 1-2 days; if you have a C-section, you will typically be in the hospital 3-4 days. We need to see you at 2-weeks postpartum, and 6-weeks postpartum.

Birth Control Options: Cannot take regular/combo birth control pills if nursing. A “mini-pill” or progesterone only pill is available. If the mini-pill is used, it needs to be used consistently to be effective. Breast feeding does not prevent pregnancy. There are other progesterone only options for birth control including Depo Provera, Nexplanon and an IUD. A non-hormonal IUD is also available. You will discuss birth control options more at your post-partum appointments.

II. Car Seat Safety

Car Seat: Do you have a safety seat? Do you know how to use it? You will need a car seat to bring your baby home from the hospital. You should be familiar with its use prior to delivery.

For more information see enclosed information sheet.

III. Group Beta Streptococcus (GBS)

Group B streptococcus (GBS) infection is a bacterial infection that causes 2 of every 1,000 babies born in the United States to become sick or die. Between 10 and 30 percent of pregnant women carry the GBS bacterium in the vagina or rectal area, but few babies of these women actually develop an infection.

In the mother, GBS can cause infections of the amniotic fluid or uterus, and early delivery (called preterm birth). In newborns, GBS can cause serious infections in the lungs, blood, brain and spinal cord, bones and joints, and skin and soft tissues (such as muscle or fat).

All pregnant women are screened for GBS with a vaginal swab between 35 and 36 weeks of pregnancy. If positive, antibiotics are given during delivery to prevent transmission of the bacteria to the newborn. Antibiotic treatment during labor and delivery also is recommended for all women who have had a urinary-tract infection caused by GBS during pregnancy or who have previously delivered a baby with a GBS infection.