Third Trimester Check List

_____ Choose a healthcare provider for your newborn.
   Are you looking for a pediatrician, family health physician, nurse practitioner?
   Ask family members or close friends for recommendations.
   Make an appointment to visit their office while you are still pregnant.
   If you already have a pediatric provider for your other children, notify their office of your pregnancy and expected due date. If they do not see new babies at Yale-New Haven Saint Raphael’s Campus we have hospital pediatricians who will take care of your baby in the hospital and then transfer all of your child’s information to your chosen pediatrician.

_____ Decide about method of feeding your newborn; breastfeeding or formula feeding.
   Prenatal breastfeeding classes are available through YNHH.

_____ A childbirth education is recommended. Classes are offered through YNHH
   https://www.ynhh.org/services/maternity-services/childbirth-resources/childbirth-parenting-classes.aspx

_____ Discuss cord blood banking.

_____ Complete a tour of the labor and birth unit at the St. Raphael campus of YNHH

_____ Plan of care for your other children and pets when you are in the hospital.

_____ Pack your labor and postpartum bags.

_____ Car seat for the car should be installed correctly prior to discharge from the hospital.
   www.ctsafekids.org

_____ If you are working, check with your Human Resource Department about forms to be completed for short term disability and Family Medical Leave.

_____ Decide about circumcision.

_____ Consider making and freezing some meals in advance.
COMMON DISCOMFORTS OF THE THIRD TRIMESTER OF PREGNANCY

Heartburn

- Avoid acidic or spicy foods.
- Eat small frequent meals.
- Do not lie down for 1-2 hours after eating.
- Try chewing gum.
- Elevate the head of your bed or try extra pillows.
- Try chewing 1-2 Tums tablets.
- You can try eating some papaya, either fresh, dried, or tablet form from the health food store.
- Pepcid AC and Zantac may be taken according to the package directions.

Backache and Sciatic Discomfort - Occasionally the baby’s head may press on your back and/or the sciatic nerve. You may experience a sharp shooting pain down your buttocks and your leg making your leg feel weak and unsteady.

- You can try pelvic tilts
- Lunges
- Cross-leg stretches
- Rocking on hands and knees position.
- Ice or heat compresses on your back.
- A massage may feel good or a warm tub bath.
- Tylenol may help the pain but do not take Motrin, Advil, Ibuprofen, Aspirin or any other medications for pain.
- Acupuncture or chiropractic care may also help.
- Try sleeping with a pillow between your legs and under your belly.

Swelling of hands and feet - Some degree of swelling during pregnancy is normal.

- Try to increase the amount of water you are drinking.
- Rest on your left side.
- Try support hose
- Cool water bath with Epsom salts.

Hemorrhoids - The increased pressure of the baby’s head on the rectal area may cause hemorrhoids to develop.

- You may try Preparation H,
- Tucks (witch hazel compresses),
- Anusol cream or a warm bath.
- If you are having constipation, a mild stool softener, such as Colace, may help to relieve the constipation.
Braxton-Hicks Contractions

- These are “practice” contractions, preparing your uterus for labor.
- It may feel like the baby is “balling up” or your entire uterus feels firm.
- This may occur infrequently throughout the day or you may not feel any.
- Frequency may increase if you are dehydrated, tired, or bladder is full.
- You should feel no more than 5-6 Braxton-Hicks contractions in one hour.

If you have more than 6 contractions, empty your bladder, drink several glasses of water, and lie down on your left side. If the contractions get longer in duration, stronger in intensity, and more frequent, or they do not go away, you should call the office no matter what time of day it is.

Pubic bone and pelvic discomforts Your body starts to produce the hormone “relaxin” which softens the joints and ligaments, allowing the pelvis to be more flexible so your baby can come through. Rest, a warm bath, or a maternity belt may help.

Coping with Labor Pain


Using Medication to Cope with Labor Pain


Circumcision


Cord Blood Banking

https://www.acog.org/patient-resources/faqs/pregnancy/cord-blood-banking

Back Pain in Pregnancy


Signs of Preterm Labor (before 37 weeks)

- Increased uterine contractions that can feel like abdominal/menstrual cramps or low-backache which continue after rest, drinking fluids, and emptying your bladder.
- Pelvic pressure-feels like the baby is pushing down in your vagina.
- Increased vaginal discharge-more mucous, watery, or slightly bloody.
Reasons to Call the Office (at any point)

- Heavy bright red vaginal bleeding (like a period)
- Water (not urine or vaginal discharge) leaking from your vagina
- Headache with visual changes such as “spots”, flashing lights or “floaters”, which continue after taking Tylenol and resting
- Decreased fetal movement—your baby should move every day
- Only YOU can tell us your baby’s normal movement pattern.
  - If you perceive a decrease in your baby’s normal movement pattern: eat something, lie down, put your hands on your belly and count fetal movements. **If you do not get at least 6 fetal movements in the hour after you have eaten something, CALL US**

WHAT TO BRING WITH YOU TO THE HOSPITAL

The hospital will provide sanitary pads, diapers, formula (if you choose not to breastfeed), and clothes for your baby while in the hospital.

**Labor bag:**

- Camera
- Hair tie and brush (if you have long hair and might want to pull it back)
- Lollipops, hard candy
- Lip gloss or Chapstick
- Snacks for the coach
- Cell phone and charger (put your name on it in case it gets left behind)
- Pillows, massage oils
- Pictures or comfort items
- Change for the vending machines
- Small fan
- Tennis ball for backrubs with back labor

**Postpartum bag:**

Leave your postpartum bag in the car until after you have completed your birth and are moved to the postpartum unit.

- Pajamas, nightgowns, or sleeping attire you prefer or you can wear the hospital gowns and slippers the hospital provides
- Bras—nursing bras if breastfeeding
- Slippers
- Toiletries-toothbrush, toothpaste, comb and/or brush, make-up, shampoo, cream rinse, deodorant, body lotion
- Clothes for you to go home in - your pre-pregnancy clothes won’t fit yet
- Clothes to bring the baby home in
- Infant Car Seat - Connecticut state law requires this
- Pack for your partner too-they can stay with you the entire time.

PAIN MANAGEMENT IN LABOR

- Many women chose to have a natural birth experience and do not request pain medication, but it’s nice to know there are options available for pain relief
- Go into labor with an open mind about what is available and what you think you might need

1. Hydrotherapy (shower, tub)
2. Epidural
3. Massage /Acupressure
6. Sterile Water Injections
7. Narcotics: Stadol or Morphine (often given in combination with Benadryl/Atarax)
8. Lidocaine- this will be used prior to an episiotomy and repair of lacerations.
9. Position Assists (Birth Ball, Ballet Bar, Cub Chair, Squat Bar)

30-31 Weeks: BREASTFEEDING INFORMATION

What to Expect in the Early Days of Breastfeeding?

Bringing Your Baby to Breast: Positioning and Latch

Working and Breastfeeding

Breastfeeding Resources at Yale New Haven Hospital
https://www.ynhh.org/services/maternity-services/childbirth-resources/breastfeeding-resources.aspx
32-33 Weeks: Birth Thoughts and Fetal Monitoring

Thoughts About My Pregnancy, Birth and Baby

1. Have you thought about breastfeeding? If so, who do you know who will support you? Any barriers?

2. What pediatrician have you chosen?

3. If you have other children or pets at home, have you figured out who will take care of them when you are in the hospital?

4. Things on your “to do” list that may be a source of stress before baby arrives?

5. Who is bringing you to the hospital?

6. Who do you want in the delivery on your support team? (you may have 3 guests) Is there anyone you want us to know that you do NOT want to be there?

7. What do you think labor will be like?

8. What are you going to do at home, in early labor, to cope with contractions?

9. What are your plans for dealing with contractions once you are at the hospital?

10. Is there anything else you would like the midwives to know about you or your wishes for your birth?

Fetal Heart Rate Monitoring In Labor

34-35 Weeks: CONTRACEPTION INFORMATION

Your Birth Control Choices

Breastfeeding and Birth Control

36 WEEKS: IMPORTANT INFORMATION
COMMON DISCOMFORTS OF LATE PREGNANCY

These are a few of the things you may experience:

**Round ligament pain**
- pain on either side, low, sometimes radiating to the top of your thighs
- A warm bath, position changes, and a maternity belt may sometimes be helpful.

**“Screwdriver effect”**
- Sharp shooting pain in your vagina, sometimes taking you by surprise, but usually lasts for a very short time.

**Menstrual cramps**
- These are getting your cervix ready for labor or “ripened” (softened, effaced, and maybe a little dilated)
- You could try a warm bath and some Tylenol if you are very uncomfortable.

**Increased vaginal discharge/Loss of Mucus plug**
- It may be mucousy, slimy and occasionally mixed with blood (dark brown, pink, or red).
- This is sometimes called a bloody show and may be more noticeable after a vaginal examination in the office.
- This is normal and no need to call unless the blood is running down your leg.

**Frequent urination**
- You may be getting up at night to urinate more often and then have trouble falling back to sleep.
- Sometimes you may have crazy dreams or nightmares, often related to the pregnancy and birth.

**Increased Braxton-Hicks contractions**
- Your uterus is still practicing and getting ready for the big event.
- Try drinking more water, walking around, emptying your bladder, or a
warm bath

True vs. false labor
• If you are unsure if you are in labor or just having a lot of Braxton-Hicks contractions, try a warm bath or shower, change your position, increase your fluid intake.
• If it continues and the contractions are getting longer in duration, stronger in intensity, and more frequent, it could be early labor—so get some rest and keep drinking fluids.

LABOR AND BIRTH

How will I know I’m in labor?
1. Over time, your contractions will get stronger and closer together.
2. The intensity of the contractions will increase with activity.
3. Your contractions will be very regular and consistent in strength.
4. You may have bloody show or mucous tinged with blood.
5. Your water may break.

What should I do when labor starts?
1. If it is during the day, go for a walk, do some shopping or finish packing.
2. If it is nighttime, TRY TO GET SOME SLEEP! Even if you just doze in between contractions.
3. Don’t start timing your contractions unless they are so strong that you cannot walk or talk when you are having them. If they are mild, it’s still early labor.

What do I do when the contractions are stronger?
1. Take a warm, relaxing bath.
2. Showers are helpful—until you run out of hot water!
3. Have your coach give you a back rub, especially in the lower back area.
4. Pelvic rocking exercises, swaying your hips through the contractions or getting on your hands and knees may help relieve back discomfort.
5. Remember to change your position at least every half hour. Getting into a position where the contractions feel stronger (like on your side) may mean they are more effective and might shorten your labor.
6. Most importantly, try to stay relaxed. The more relaxed you are, the quicker your labor will progress and less discomfort you will experience. Working with the contractions is important. Try not to fight them.

What do I do if my water breaks?
1. If your water breaks during the day and the fluid is clear (it may have flecks of white or pink-tinged), call us. We may ask you to come to the office to be examined. If it happens during the night, call us and we will make a plan for when you should come to be evaluated based on your symptoms, GBS status, and the color of the fluid.

2. If your GBS culture was positive, you should call as soon as your water breaks, no matter what time of day.

3. If the fluid is green, yellow, or brown, or if you are not sure, call no matter what time your water breaks. This might mean that the fluid is meconium-stained, or that the baby has had a bowel movement inside. In this case, we monitor the baby at the hospital right from the beginning. This is fairly common and most of the time the baby is absolutely fine.

What do I do when I lose my mucous plug or have a bloody show?

1. Relax! If you lose your mucous plug, it just means that the cervix is starting to thin out (efface) and perhaps open (dilate) a little. Labor may still be days away!

2. Some women will have some bloody discharge after an exam—not to worry! If you have a bloody show AND strong, regular contractions, you are probably starting to dilate and that’s what you’ve been waiting for! This is good news!

When should I call the midwife? 203-789-3029

1. Unless we have instructed you otherwise during your visits, call when your contractions are 3-5 minutes apart, lasting at least 60 seconds and are strong enough that you can’t walk or talk through them.

2. Call if your water breaks and your GBS culture is positive or the fluid is green, yellow, or brown.

3. Call if you have a large amount of bright red bleeding. This may not be bloody show.

4. Call if you are worried that your baby has not been moving. During labor, babies still move but you may be concentrating on the contractions so much that you forget to pay attention to the baby’s movements. Try drinking something sweet and lying down. The baby should move within the next 20 minutes.

5. If you are not coping and don’t know what else to do, CALL! That’s why we’re here.

When will I go to the hospital?

1. If this is your first baby, you probably will not go to the hospital until the contractions have been 3-4 minutes apart and lasting 60-90 seconds for at least an hour.

2. If you have had a baby before, and always had vaginal births, then you
will probably go to the hospital when the contractions have been 3-4 minutes apart and strong for at least an hour, unless we have told you differently during your visits.

Don’t worry, you will be talking to the midwife during the time that you are laboring at home and we will decide together when is the best time for you to go to the hospital.

**REMEMBER-DO NOT GO TO THE HOSPITAL WITHOUT SPEAKING TO ONE OF US! WE WANT TO BE THERE TO CARE FOR YOU WHEN YOU GET THERE 😊**


### 37 Week Handout

Want to know what are some things you can do to get your cervix ready for labor?

- Have sex (the prostaglandins in the semen can ripen the cervix and the hormones from the orgasm can help also)

- Evening Primrose Oil  1000mg tablet three times per day by mouth, at night poke holes in one or two with a thumbtack and place high up in vagina (expect more contractions, this is a sign that it is working)

- Red Raspberry Leaf tea try it with sugar or honey, sometimes as iced tea it is a nice beverage

### 38 Weeks: Getting Ready For Baby

**Postpartum Shopping List**
- Pads (some patients prefer Depends/Poise type underwear for comfort)
- Benadryl or Tylenol PM (can be helpful in early labor)
- Dermoplast Spray (this is a nice numbing spray for your vagina after you have the baby)
- Tylenol/Motrin
- Nursing Bras
- Rectal Thermometer for Baby (also Vaseline to go with it)
- Diapers/Wips
- Baby Clothes and Blankets

**Umbilical Cord Clamping After Birth**

**Promoting Skin-to-Skin Contact**
Welcome to Your Due Date! (40 WEEKS)

Your due date has come and gone and you are feeling a little let down. You may be tired of waiting but we would like to avoid unnecessary inductions. Elective inductions can more than double your risk of having a cesarean section and increase the risk of other complications such as infections.

Late Term Testing
At 41 weeks, we will do a few extra tests to ensure that your baby and placenta continue to thrive inside you uterus.

- A nonstress test (NST) will be performed. Monitors will be placed on your abdomen in order to observe for contractions and the fetal heart rate. When your baby moves inside your uterus, its heart rate increases. We can track this increase in heart rate on the fetal monitor.
- We will be looking for two heart rate increases with fetal movement in a 20 minute monitoring session. We will also be looking for no decelerations in the heart rate.
- Occasionally we will also see contractions on the monitor, which you may or may not feel.
• An ultrasound will be done to look at the amount of amniotic fluid surrounding your baby.

If any of these tests show signs of stress or signals that the placenta is aging, we will start the induction process.

**Fetal Movement Counting**

- You should continue to monitor your baby’s movements on a daily basis. Babies do not slow down or stop moving before labor starts.
- If you feel like there is a decrease in fetal movement, eat something and lie down with your hands on your belly to feel for fetal movement.
- **If you do not get at least 6 fetal movements in the hour after you have eaten, you should call the office.**

**Things you can do to encourage labor’s onset:**

- Stay active!! Go walking.
- Sex. The prostaglandins in semen, gentle breast stimulation, and orgasms help the cervix soften and begin to open while stimulating contractions.
- We can “sweep your membranes”. During a vaginal exam, the midwife will use a finger to gently massage the cervix to loosen things up inside. Unfortunately, this cannot be done if your GBS culture is positive because it may increase the risk of infection.
- Evening Primrose Oil

**Castor Oil**

- Castor oil can cause some people to have significant diarrhea and cramping. It should be reserved for times when you are approaching 42 weeks and induction is likely. **Please only take castor oil with the midwife’s knowledge of this, she will review your status and decide if you are a good candidate for this intervention.**
  - You should take the Castor oil first thing in the morning; set your alarm for 6 am and take 2 ounces. You can mix it in orange juice, root beer, or ice cream. Drink something warm after you finish the dose.
  - At noon, if you are not contracting, you can repeat the dose of Castor oil. Make sure you keep drinking fluids so you do not become dehydrated.
  - Do not take more that two doses in the day.
  - Some women do not go into labor and only have diarrhea and no cramping. To be prepared for this possibility, we advise that you purchase bananas and Gatorade when you buy the castor oil in case you are someone who only has diarrhea, this will help you remain hydrated and resolve diarrhea.

**Resting**
Although waiting can be difficult, sometimes attempting all of these remedies at once creates exhaustion and frustration.

- Allow yourself time to rest. We want you to go into labor well rested and hydrated.
- If you are having trouble sleeping, you can try: warm baths by candlelight, soothing music, a warm glass of milk, massage, Tylenol PM, or Benadryl.
- If these things don’t work, we can prescribe a mild sedative to help you rest.
- Sometimes the days of waiting are more pleasant if you find things to do, like trips to the movies, walks on the beach or other distractions to balance out the overwhelming desire to go into labor and to meet our new baby.