

Welcome to the third trimester! You are now in the final stretch of pregnancy and depending on how things are going these last few weeks might be quick or the slowest of your life. Here are some tips for the last bit....

If you haven't done so, register at the hospital. This way you are not fishing out cards and filling out forms when you are in labor. It also means you can get your epidural faster if this is your plan because they will not have to put you in the system.

If you want to take prenatal classes and haven't signed up, do so now. Some classes fill up quickly.

Body Aches: are very common toward the end. These can make it difficult to get comfortable or sleep. Warm showers and baths are OK and can help. Prenatal massage helps too. It's not too late to start prenatal yoga – Gaiam makes a good tape for beginners and its' available at Target or Whole Foods.

Sleep Disturbance: also very common. This is nature's way of preparing you for life after delivery. Still, a good night sleep goes a long way. Try to have a snack with protein and fiber at bedtime. Keep the room cool. Get a good egg crate for your bed. If things are really bad discuss this with our providers.

Bladder issues: especially with second, third, etc. pregnancies. Leaks happen- Kegels help. It's a good idea to start now-you will probably need them after delivery.

Heartburn: avoid caffeine!! Teas, coffee, and soda along with chocolate, mint flavored stuff, tomato sauces, and spicy food. If these are what you live on, Tums or over the counter Pepcid can help. Try not to lay down for 1-2 hours after you eat (not always possible). If things are severe, please let us know-sometimes severe symptoms are not actually heart burn.

Crankiness: you will not be pregnant forever.

Things can occasionally go wrong in pregnancy. Here are some things to look out for... Please call the office during normal business hours. After hours, it's the same number and the answering service will get in touch with the physician on call so he or she can alert labor and delivery. This process helps limit your wait once you get to the hospital.

Preterm labor: it is common to start contracting in the third trimester, but we worry about too much contracting. If you are having more than 4-5 contractions an hour, please rest and drink a ton of fluids. If they are not getting better, please call (even at night and weekends). Other signs of preterm labor include leaking fluid or vaginal bleeding, low dull backache, "menstrual" like cramps, and pelvic pressure not getting better.

Preeclampsia: otherwise known as toxemia is a blood pressure disorder of pregnancy. If you are experiencing any of the following, please call as soon as possible:

- Headache not resolving with Tylenol
- Visual changes (spots in your vision, blurry vision, loss of vision) lasting more than a couple of minutes
- Right upper stomach/right shoulder pain not going away
- Nausea and vomiting that's not going away

Decreased fetal movement: when babies move well, we know they are doing OK. During this time your baby will develop sleep cycles. You will know what is normal for your baby. Babies do not move constantly at this point, but they should not stop moving for several hours. If you have not felt your baby move for a while, eat something or drink something sweet. Rest on your side in a quiet place and concentrate on feeling the baby move (i.e. no TV, no laptop, etc). Count for a half hour. If your baby does not move at least 3 times in 30 minutes, flip to the other side and keep on counter for another 30 minutes. If within that hour the baby moves 6 times or less please call- even if it is a night or on a weekend. We will bring you into the office or send you to labor and delivery for monitoring to make sure the baby is doing OK.

Other things to call for: bleeding, leaking fluid, severe pain

Labor: if you are after 36 weeks we will not try to stop your labor unless you have been told otherwise. The main sign of labor is contractions. These might come and go before you truly go into labor. If your contractions are coming every 5 minutes or less for 2 hours and are making you cranky, you most likely are in labor. If you are not there yet, feel free to eat, drink, walk around, take a shower, etc. to help you feel better, because it might be a long day (and night). Do keep in mind that what goes down might come up. Other signs of labor include diarrhea, breaking your water, and vaginal bleeding. Please call the service if it is after hours so that the doctor on call knows you are coming in and can alert labor and delivery so a bed is waiting for you.

Other tips: it's a good idea to bring very little jewelry to the hospital. Necklaces and large earrings can get in the way. Metal objects can be a safety hazard if you should need surgery. There often is not time to remove these before an emergency C-section, especially tongue and belly-button rings. Trying to remove these quickly can lead to pain and injury. Piercings in other areas might also get in the way. Please leave these at home. Things have a way of getting lost and we would hate for you to lose an expensive or well-loved piece of jewelry.

If it is after 8 pm, please enter St. Luke's through the emergency room, they will bring you upstairs.

Make sure all batteries are charged.

Get a pediatrician and car seat now. You will need them before you leave the hospital with the baby. We have attached a list of recommended pediatricians.

Thank you,
Consultants in ObGyn

Pertussis

Pertussis is very contagious and can cause serious illness – especially in infants who are too young to be fully immune. In adults pertussis symptoms can be very mild and may resemble a common cold or bronchitis. As a result many cases go undiagnosed increasing the risk of your child being exposed. Adolescents and adults need to be revaccinated, even if they were completely vaccinated as children to prevent exposure to infants not yet vaccinated. The vaccine you received as a child may wear off after 5-10 years. That’s why the CDC recommends that everyone from 11 years old and older get a Tdap (tetanus, diphtheria and pertussis) booster.

Since the 1980’s there has been a dramatic increase in the number of cases of pertussis, especially among teens and babies less than 6 months of age. In 2008, there were more than 13,000 cases including 18 deaths from pertussis nationally. The CDC and Colorado ACOG are now recommending that pregnant women receive the Tdap vaccination after 20 weeks. Otherwise, it will be offered postpartum in the hospital. We recommend that anyone who will be in close contact should be vaccinated at least 1 month before coming into contact with the baby. If you have received the Tdap vaccination within the last 10 years, you do not need one. If you have received only the Td vaccination within the last 10 years, it is recommended that you now get the Tdap vaccination.

Walgreens across the street will provide Tdap vaccinations for anyone. They charge \$63.99 for the vaccine and injection. Some insurance companies will pay. You can also check into your County Health Departments.

There are 2 websites that have some information and can help assist you:

www.cdc.gov/features/pertussis

www.doitforyourbaby.com