

Welcome to the Third Trimester!

You are now in the final stretch of pregnancy and, depending on how you are feeling, these last few weeks might be the quickest or slowest of your life. Here are some tips to get you through:

If you have not done so, please make sure you register at the hospital. This would expedite the check-in process when you arrive to the hospital for your delivery.

If you want to take prenatal classes and have not signed up, please do so now. Some classes fill up quickly.

Contact your insurance to begin the process of acquiring a breast pump.

Body Aches: These are very common towards the end of your pregnancy. These can make it difficult to get comfortable or sleep. Warm showers and baths are helpful, as are prenatal massages and prenatal yoga.

Sleep Disturbance: This is very common in pregnancy, but good night's sleep goes a long way. Try to keep the room cool during the night, and be sure you have a comfortable, supportive mattress. Also, a high protein or fiber before bedtime can help, too. If lack of sleep becomes too hard to manage, please speak to your provider.

Bladder Issues: Urinary frequency and *occasional* bladder leaking are both common in pregnancy. We recommend starting kegel exercises even before your delivery. If bladder leakage becomes too frequent, please discuss with your doctor.

Heartburn: Caffeine, teas, soda, chocolate, mint and tomato sauces can all exacerbate heartburn. If you struggle to stay clear of these, you can use Tums or over-the-counter Pepcid. Try to not lie down for 1-2 hours after eating, and refrain from drinking fluids for 30 minutes after eating. If your symptoms become severe, please let us know immediately.



When to Call the Office

Preterm contractions: It is okay to have occasional contractions; however, if you are having more than 4-5 contractions in a one-hour window, increase your fluid intake and rest. If your contractions do not decrease, please call the office immediately.

Preeclampsia: Also known as “toxemia”, is a blood pressure complication in pregnancy. If you are experiencing any of the following, please contact the office as soon as possible:

- Headache, not resolving with Tylenol
- Visual changes (spots, blurry vision, loss of vision)
- Persistent right upper stomach/right shoulder pain
- Persistent nausea/vomiting

Decreased Fetal Movement: When you can feel baby move frequently, we know they are doing well. During this time your baby will develop sleep cycles where their movements can be less than normal, but still present. If you have not felt your baby move for more than a few hours, try eating something or drinking something sweet. Rest on your side in a quiet place and concentrate on feeling baby’s movements. Count the number of movements felt for a 30 minute time period. If you feel less than 3 movements in those 30 minutes, flip over to lie on your other side, and count for another 30 minutes. If within that 60 minutes you feel less than 6 baby movements, please contact the office.

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

Labor: If you are after 36 weeks, prodromal labor can last for many hours. Please call the office if you are having contractions every 5 minutes in a one-hour window, especially if they are getting progressively stronger. Leaking of amniotic fluid (aka broken bag of water) or vaginal bleeding may also be signs of labor.

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 is often no time to remove these items before an emergency c-section, especially tongue and belly-button rings. Removing these quickly can lead to pain and injury. Piercings in other areas might also get in the way. Please leave these at home.

Choose your pediatrician and be sure to have a car seat ready. You will need them before you leave the hospital with baby.

If it is after 8pm, please enter Presbyterian/St.Luke’s through the emergency room. They will escort you to Labor and Delivery.

Pertussis

Pertussis (Whooping Cough) is very contagious and can cause serious illness-especially in infants. 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.

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 nationally, including 18 pertussis-related deaths.

The CDC and Colorado ACOG are now recommending that pregnant women receive the Tdap (tetanus, diphtheria, and pertussis) vaccination after 28 weeks. Even if you have had a Tdap vaccine within the last 10 years, it is still recommended you receive the vaccine in pregnancy. This way, the baby can receive immunity to pertussis from mom through the placenta.

We also recommend that anyone who will be in close-contact with your baby get the vaccination at least 1 month prior to coming in contact, for the first 6 months of your baby's life.

Additional information on the Tdap vaccine can be found at the websites listed below:

www.cdc.gov/features/pertussis

www.doitforyourbaby.com

Having Your Baby at the Special Delivery Unit at Presbyterian/St. Luke's Medical Center

The birth of a child is one of the most exciting, fulfilling events life has to offer. At the Family Birthplace, we have created an environment that provides a childbirth experience uniquely suited to your needs as an individual, a couple and a family.

What to Bring to the Hospital for Labor and Delivery:

Pack these things for yourself:

- Warm socks
- Hand lotion and lip balm
- Lollipops or hard candy; favorite snacks or juice
- Toiletries—dental care, contact lenses, deodorant, shampoo
- Comb, brush, and elastics for long hair
- Favorite relaxing music, books, or magazines
- Several pairs of underwear, socks, and bras
- Pajamas, with button front if you plan to breastfeed (2 sets)
- Bathrobe and slippers
- Extra pillow, if you are partial to yours
- Loose-fitting outfit and shoes to wear home
- Camera or camcorder

Pack for your baby:

- Name and contact information for your baby's healthcare provider
- Outfit for baby's photo and an outfit to wear home (a onesie and an outer garment)
- Mittens or extra pair of socks to cover baby's nails (to avoid scratches on the face)
- One receiving blanket

- One outer blanket
- One hat and pair of booties
- If using cloth diapers, bring 2 diapers and Velcro diaper covers
- If the weather is cold, a heavy blanket, sweater, and hat
- Infant car seat already installed
 - Learn more about our [free car seat checks](#)-- an appointment you can make (often by 36 weeks of pregnancy) to ensure your car seat is properly installed
 - If you are having difficulty obtaining a car seat, please contact the Social Services office in your county.

Your partner should pack a bag, too:

- Underwear and a change of comfortable clothes
- Pajamas, if staying overnight
- Toiletries

If you have children, designate someone to babysit while you are in the hospital.

Choosing Your Baby's Doctor

Choosing your child's doctor is very important. If you are having your first child or if you are new to the area, plan to visit the physician you select for your child's care during your pregnancy. Physicians normally will schedule a "meet and greet" interview with new parents. You may want to interview a number of physicians before making your decision. Your choice should make you feel comfortable about your children visiting the doctor and assure you that communication will be open. The first visit should be the beginning of a long-term, supportive relationship.

Before your initial visit, decide what questions you want to ask. The following may serve as a guideline for this interview:

1. What is the doctor's training, competency, communication skills, approach to child rearing and routine for well-child care?
2. Does the doctor have any specific "parenting philosophy" for moms and dads?
3. What is the doctor's primary hospital affiliation? If you choose a pediatrician who does not care for newborns at Presbyterian/St.Luke's, your obstetrician can arrange for one of the neonatologists or pediatricians at one of these locations to care for your baby during his/her hospital stay.
4. How many partners, if any, does the doctor have? Are there other healthcare providers on staff, such as a pediatric nurse practitioner or child health associates? How are patients assigned?
5. What are the office hours, and are there extended hours for working parents?
6. What is the policy and coverage for after-hours care or telephone calls?
7. What hospital emergency department do they recommend?
8. If there are older siblings, will the physician care for them as well?