

Labor plans: By the 36th week, you should have some idea of what your labor plans will be. You need to decide who the baby's Pediatrician is going to be. We have a list of pediatricians in the area, but we do not know their HMO or PPO affiliations. If you desire, most Pediatricians will meet with you prior to the baby's birth, although it is not a requirement for most of them. You should also consider whether or not you plan to have the baby circumcised. We have pamphlets available which discuss the risks and benefits, and we will be happy to answer any questions about the procedure. Also, consider whether or not you wish to have any medication for pain in labor. (Our brochure "The Last Month" discusses the options and indications.) You need to decide whether you plan to breast or bottle feed. And, you should have already sent in the registration form to the hospital.

THE WOMEN'S OB-GYN GROUP
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 THE THIRD TRIMESTER 

The third trimester is from 26 weeks until delivery. This brochure will cover the period from 26 to 36 weeks, and the next one, "The Last Month of Pregnancy," will cover from 36 weeks until delivery.

Prenatal Care: Starting at 28 weeks, you will be seen every 2 weeks. Visits will still be brief, consisting of blood pressure, weight, and urine checks, along with measurements of the size of your uterus and the fetal heart rate. Routine tests done during this time include the "mini-GTT," RPR (a state-mandated test for syphilis) and hematocrit (a blood count to test for anemia). The mini-GTT is also known as a one-hour GTT (glucose tolerance test), and is a screening test for diabetes in pregnancy. If the one-hour test is abnormal, a three-hour GTT is done to confirm or rule-out the diagnosis. For the mini-GTT, you will be given a very sweet cola drink, and your blood sugar will be tested one hour later. For the three-hour GTT, a fasting blood sugar level is drawn, then you are given the sweet cola, and your blood sugar will be tested one, two and three hours after you drink the cola. If the three hour test is abnormal, then you have gestational diabetes. Approximately 5% of women have this condition during pregnancy, and only half of them have a history suggestive of the condition (family history of diabetes, previous large infant, previous stillbirth, or glucose in the urine). If the one hour GTT is abnormal, there is a one-in-three chance that the three hour GTT is also abnormal.

If you were to have gestational diabetes and it was not diagnosed and treated, it can cause problems with the baby as you get closer to term. Gestational diabetes does not develop until the third trimester; that is why we do not test for it earlier. Uncontrolled high blood sugar can cause the fetus to become unusually large, yet fail to properly mature its lungs and other internal organs. Thus there is increased risk of a difficult delivery or Caesarean section from an unusually large baby, but at the same time, the baby may act like a premature baby, and have trouble breathing or keeping its own blood sugar level normal. The diabetes is not, however, transmitted to the baby. If your blood sugar is properly controlled, usually through diet alone, you do not have these increased risks.

Problems in the third trimester:

Preterm labor: One of the greatest risks to the baby at this point is premature delivery. Preterm labor is more likely to occur in women with a previous history of preterm labor or DES exposure or in women who are carrying twins. Signs to watch for are contractions, spotting, increased watery discharge, lower back pains that come and go, or painless "tightenings" occurring 4 or more times in an hour. If you notice contractions before the 36th week that seem to be occurring more frequently: Drink one or two large glasses of fluid, lie down on your left side, and record the time of the contractions for an hour, noting also the length of the contractions. If you have four or more in an hour call us, even if it is at night or on the weekend. In many cases, we can give medications to stop preterm labor, if we catch it early enough.



Although many babies who are born early do well, your best chances of delivering a normal healthy baby are at term.

High blood pressure: The third trimester is when gestational hypertension (high blood pressure in pregnancy, also called pregnancy induced hypertension, or PIH) may develop. Gestational hypertension may also lead to preeclampsia, also known as toxemia (a condition characterized by high blood pressure, marked swelling, and protein in the urine). We usually are able to control the high blood pressure with bed rest. When high blood pressure is not controlled, it may lead to decreased blood flow to the uterus, thus causing the fetus to fail to grow properly, or even have fetal distress. We monitor the fetal well-being by ultrasound (to ensure adequate growth and adequate fluid transport across the placenta) and fetal monitoring. Fetal monitoring takes the form of "non-stress tests," (NST) where the fetal heart rate is recorded for 20-30 minutes, or "stress tests," (CST, OCT, BST) where the fetal heart rate is recorded in the presence of contractions for up to an hour. If the non-stress test is normal, we do not do the stress tests. In addition, if you develop high blood pressure, we will be increasing your visits to once a week, or even twice a week until delivery. If you show signs of preeclampsia, we will probably need to deliver you early, depending on how severe the preeclampsia is, how far along you are and how ready your cervix is for labor.

Sleep: As you progress in pregnancy, it gets harder to sleep at night. You should sleep on your side, and not flat on your back (flat on your stomach is impossible). Try to avoid caffeine late in the day, and get some mild exercise before evening. Use extra pillows to try to obtain a comfortable position, and consider the use of a fan if you get too hot. If you wake up in the middle of the night, and

find you can't fall back to sleep after 30 minutes, get up and drink a glass of milk, or eat some crackers. Then go back to bed.

Heartburn: As the baby grows, your uterus presses on your stomach, causing acid to reflux into your esophagus. Maalox and Mylanta are both safe and effective for this burning sensation. The liquid forms work faster and better than the tablet forms.

Swelling: It is common at the end of pregnancy to have swelling in your feet and ankles, especially if you have been on your feet all day. Salty foods may make the swelling worse. This swelling does no harm, and does not indicate any problems unless the swelling is very severe or you have high blood pressure with it.

Travel: We recommend that you do not travel far after 32 weeks, and that you do not travel at all after 36 weeks. Up to 32 weeks (unless otherwise instructed), you may travel by any means. However, with airplane travel, make sure you stay well hydrated, avoid prolonged sitting in one position, and avoid carrying heavy objects or becoming overheated or exhausted. From 32-36 weeks, car rides up to 6 hours or plane rides up to two hours are acceptable (again, unless you have any complications of pregnancy).