

The Third Trimester (Weeks 29 - 40)



You're on the home stretch! Some of the same discomforts you had in your second trimester will continue. Plus, many women find breathing difficult and notice they have to go to the bathroom even more often. This is because the baby is getting bigger and it is putting more pressure on your organs. Don't worry, your baby is fine and these problems will lessen once you give birth.

Some new body changes you might notice in the third trimester include:

- Shortness of breath
- Heartburn
- Swelling of the ankles, fingers, and face. *(If you notice any sudden or extreme swelling or if you gain a lot of weight quickly, call your provider right away. This could be a sign of preeclampsia.)*
- Hemorrhoids
- Tender breasts, which may leak a watery pre-milk called colostrum.
- Your belly button may stick out
- Trouble sleeping
- The baby "dropping", or moving lower in your abdomen
- Contractions, which can be a sign of real or false labor

As you near your due date, your cervix becomes thinner and softer (called effacing). This is a normal, natural process that helps the vagina to open during the birthing process. Your doctor will check your progress with a vaginal exam as you near your due date. Get excited — the final countdown has begun!

Signs and symptoms of preterm labor

Even if you do everything right, you can still have preterm labor. Preterm labor is labor that happens too early, before 37 weeks of pregnancy.

Babies born before 37 weeks of pregnancy are called preterm. Preterm babies can have serious health problems at birth and later in life. Learning the signs and symptoms of preterm labor may help keep your baby from being born too early.



TAKE ACTION

Learn the signs and symptoms of preterm labor.

Call your provider if you have even one sign or symptom:

- Change in your vaginal discharge (watery, mucus or bloody) or more vaginal discharge than usual.
- Pressure in your pelvis or lower belly, like your baby is pushing down.
- Constant low, dull backache.
- Belly cramps with or without diarrhea.
- Regular or frequent contractions that make your belly tighten like a fist. The contractions may or may not be painful.
- Your water breaks.

Your provider may check your cervix to see if you're in labor. If you're in labor, your provider may give you treatment to help stop labor or to improve your baby's health before birth. If you have preterm labor, getting help is the best thing you can do.

Are you at risk for preterm labor?

No one knows for sure what causes preterm labor. But there are some things that may make you more likely than other pregnant people to give birth early. These are called risk factors.

These three risk factors make you most likely to have preterm labor:

1. You've had a preterm baby in the past.
2. You're pregnant with multiples (twins, triplets or more).
3. You have problems with your uterus or cervix or you've had these problems in the past.

Other risk factors include:

- You're overweight or underweight.
- Preterm birth runs in your family.
- You have certain health conditions, like diabetes, high blood pressure or depression.
- You smoke, drink alcohol or use harmful drugs.
- You have a lot of stress in your life.
- You get pregnant too soon after having a baby.

MORE INFORMATION

marchofdimes.org/preterm-labor

Señales y síntomas del parto prematuro

Aunque haga todo bien, aún puede tener un parto prematuro. El parto prematuro es el parto que sucede muy temprano, antes de las 37 semanas de embarazo.

A los bebés nacidos antes de las 37 semanas de embarazo se les llama prematuros. Los bebés prematuros pueden tener graves problemas de salud al nacer y más tarde en la vida. Conocer las señales y los síntomas del parto prematuro podría ayudar a evitar a que su bebé nazca antes de tiempo.



TOME ACCIÓN

Aprenda sobre las señales y los síntomas del parto prematuro.

Llame a su profesional de la salud de inmediato aunque solo tenga una señal o síntoma:

- Cambio en su flujo vaginal (acuoso, mucoso o con sangre) o más flujo vaginal de lo usual.
- Presión en su pelvis o bajo vientre, como que su bebé empuja hacia abajo.
- Dolor leve y constante en la espalda baja.
- Dolor de vientre con o sin diarrea.
- Contracciones regulares o frecuentes que hacen que su vientre se endurezca como un puño. Las contracciones pueden o no causar dolor.
- Rompe fuente.

Cuando vea a su profesional, es posible que le chequee su cuello uterino para ver si el parto ha comenzado. Si está de parto, su profesional le puede dar tratamiento para ayudar a detenerlo o mejorar la salud de su bebé antes de nacer. Si su parto es prematuro, recibir ayuda lo antes posible es lo mejor que puede hacer.

MÁS INFORMACIÓN

nacersano.org/partoprematuro

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¿Corre riesgo de tener un parto prematuro?

No se sabe con certeza las causas del parto prematuro. Pero hay ciertas cosas que pueden aumentar sus probabilidades de tener un parto antes de tiempo que otras personas embarazadas. A esas se les conocen como factores de riesgo.

Estos tres factores de riesgo aumentan sus probabilidades de tener un parto prematuro:

1. Usted tuvo un bebé prematuro antes.
2. Está embarazada de múltiples (mellizos, trillizos o más).
3. Tiene problemas con su útero o cuello uterino o los ha tenido en el pasado.

Otros factores incluyen:

- Tener poco peso o sobrepeso.
- Tener un historial familiar de nacimiento prematuro.
- Tener ciertos problemas de salud, como alta presión arterial, diabetes o depresión.
- Fumar, beber alcohol, usar drogas ilegales.
- Tener mucho estrés en la vida.
- Quedar embarazada demasiado pronto después de tener un bebé.

Your Baby Grows throughout Your Entire Pregnancy

You may feel ready to meet your baby, but your baby may not be ready to meet the world.

Important developments occur throughout pregnancy—especially in the final months and weeks.



32 weeks pregnant

It's too early...

Although your baby's lungs are still developing, he or she can practice breathing.



35 weeks pregnant

It's still too early...

Your baby's brain develops the fastest at the end of your pregnancy.



37 weeks pregnant

Almost there...

Your baby is quickly adding weight. If your baby is born too small, he or she may need extra support to grow healthy.



39+ weeks pregnant

You made it!

Congratulations!

If you have a healthy pregnancy, wait at least 39 weeks until delivery.

Let your baby come naturally, on his or her own time.



Counting Fetal Kicks

Healthy babies move several times throughout the day. Active babies are healthy babies! All babies are different. Some are active in the morning while others are active in the evening. After 28 weeks, the movement may feel different because the space is becoming more limited, so movements can be more subtle-but still should move the same. We like to have your baby move 10 times in one hour but 10 movements in two hours is very acceptable. This should be done at the baby's most active time of day.

How to Count Kicks?

- Do this when you know your baby is active. Try just after you eat. Your baby is active then!
- Sit, or lie down on your left side.
- Put your hands on your belly.
- Count how many times your baby moves. A “move” is any kick, wiggle, twist, turn, roll, or stretch.
- Count 10 moves. Look at the clock, if less than one hour—you can stop counting

IF the baby does not move 10 times in the first hour?

Don't worry! Your baby may be sleeping. Here's what you can do:

- Eat or drink something (cold is better, little sweet too).
- Walk around for 5 minutes.
- Then count kick where you left off for another hour.

Call the Immediately if:

- You do not feel at total of 10 moves in the second hour.
- You feel a sudden increase from your normal in the baby kicks, twists, or turns.

Please call 215-804-2660 (during office hours) or 215-536-3200 (to reach the on-call physician after hours) if you have any concerns about your baby's movement.

You can start protecting your baby from whooping cough before birth



Information for pregnant woman



When you get Tdap vaccine during your 3rd trimester, your baby will be born with protection against whooping cough.

Why do I need to get Tdap vaccine while I am pregnant?

CDC recommends Tdap vaccine during your third trimester so that your body can create antibodies and pass them to your baby before birth. These antibodies will help protect your newborn right after birth and until your baby gets his own first whooping cough vaccine at 2 months of age. During the first few months of life, your baby is most vulnerable to serious complications from this disease.

Is this vaccine safe for me and my baby?

Yes, Tdap vaccine is very safe for you and your baby. The most common side effects are mild, like redness, swelling or pain where the shot is given in the arm. This should go away within a few days. You cannot get whooping cough from the vaccine. The vaccine does not contain any live bacteria.

Doctors and midwives who specialize in caring for pregnant women agree that Tdap vaccine is safe and important to get during the third trimester of each pregnancy. Getting the vaccine during pregnancy does not put you at increased risk for pregnancy complications like low birth weight or preterm delivery.

If I recently got this vaccine, why do I need to get it again?

The amount of antibodies in your body is highest about 2 weeks after getting the vaccine, but then starts to decrease over time. That is why the vaccine is recommended during every pregnancy—so that each of your babies gets the greatest number of protective antibodies from you and the best protection possible against this disease.

Are babies even getting whooping cough anymore in the United States?

Yes. In fact, babies are at greatest risk for getting whooping cough. We used to think of this as a disease of the past, but it's still common in the United States. Recently, we saw the most cases we had seen in 60 years. Cases, which include people of all ages, are reported in every state. Typically more than 1,000 babies younger than 2 months old are diagnosed with whooping cough each year in the United States.

Whooping cough (sometimes called pertussis) is a serious disease that can cause babies to stop breathing. Unfortunately, babies must be 2 months old before they can start getting their whooping cough vaccine. The good news is you can avoid this gap in protection by getting a whooping cough vaccine called Tdap during your pregnancy. The recommended time to get the shot is your 27th through 36th week of pregnancy, preferably during the earlier part of this time period. By getting vaccinated, you will pass antibodies to your baby so she is born with protection against whooping cough.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

www.cdc.gov/whoopingcough



American Academy of Pediatrics
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Mom, only you can provide your newborn baby with the best protection possible against whooping cough.

You may have heard that your baby's father, grandparents, and others who will be in contact with your baby will need to get their whooping cough vaccine as well. This strategy of surrounding babies with protection against whooping cough is called "cocooning." However, cocooning might not be enough to prevent whooping cough illness and death. This is because cocooning does not provide any direct protection (antibodies) to your baby, and it can be difficult to make sure everyone who is around your baby has gotten their whooping cough vaccine. Since cocooning does not completely protect babies from whooping cough, it is even more important that you get the vaccine while you are pregnant.

How dangerous is whooping cough for babies?

Whooping cough is very serious for babies. Many babies with whooping cough don't cough at all. Instead it can cause them to stop breathing. In the United States, about half of babies younger than 1 year old who get whooping cough are hospitalized. About 7 in 10 deaths from whooping cough are among babies younger than 2 months old. These babies are too young to be protected by their own vaccination.

How could my baby be exposed to whooping cough?

Whooping cough spreads from person to person when coughing or sneezing. It also spreads when people spend a lot of time together or share breathing space, like when you hold your newborn on your chest. Some people with whooping cough may just have a mild cough or what seems like a common cold. Since symptoms can vary, children and adults may not know they have whooping cough and can end up spreading it to babies they are in close contact with.

Why is the vaccine recommended during pregnancy instead of in the hospital after my baby is born?

When you get Tdap vaccine during pregnancy, you will pass protective antibodies to your baby before birth, so both you and your baby have protection. Tdap vaccine used to be recommended for women to get in the hospital after giving birth. This helped protect moms from getting whooping cough, but did not directly protect babies.

Is it safe to breastfeed after getting Tdap vaccine?

Yes, in fact you can pass some whooping cough protection to your baby by breastfeeding. When you get Tdap vaccine during pregnancy, you will have protective antibodies in your breast milk that you can share with your baby as soon as your milk comes in. However, your baby will not get protective antibodies immediately if you wait to get Tdap until after you give birth. This is because it takes about 2 weeks after getting vaccinated before your body develops antibodies.

Where can I go for more information?

Pregnancy and Whooping Cough website:
www.cdc.gov/pertussis/pregnant

Immunization for Women website:
www.immunizationforwomen.org/patients/diseases-vaccines/tetanus-diphtheria-pertussis/faqs.php

Vaccines and Pregnancy Quiz:
www.cdc.gov/vaccines/pregnancy/vaccine-quiz.html

American Academy of Family Physicians website:
www.aafp.org/patient-care/immunizations/disease-population.html

Tdap Vaccine Information Statement (VIS):
www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html

Ask your doctor or midwife about getting Tdap vaccine during your 3rd trimester.

To learn more about vaccines recommended during pregnancy, visit www.cdc.gov/vaccines/pregnancy

Selecting a Pediatrician to Care for Your Baby

CHOP Care Network Pediatrics

3456 Bethlehem Pike
Souderton, PA 18964
215-723-7177

100 Manor Drive
Chalfont, PA 18914
215-822-7700

708 North Shady Retreat Road
Doylestown, PA 18901
215-345-6090

1590 Medical Drive
Pottstown, PA 19464
610-326-4980

Grand View Health Primary Care

700 Horizon Circle
Chalfont, PA 18914

176 Main Street
Harleysville, PA 19438

658 Harleysville Pike
Harleysville, PA 19438

99 North West End Blvd.
Quakertown, PA 18951

3456 Bethlehem Pike
Souderton, PA 18964

Just 4 Kids

345 Main Street
Harleysville, PA 19438
215-256-3080

925 Main Street
Pennsburg, PA 18073
267-923-8646

Lansdale Medical Associates

1240 South Broad Street
Lansdale, PA 19446
215-361-5040

North Penn Pediatrics

2031 North Broad Street
Lansdale, PA 19446
215-368-1114

Pennridge Pediatrics

711 Lawn Avenue
Sellersville, PA 18960
215-257-2727

270 Main Street
Harleysville, PA 19438
215-256-1999

TriValley Primary Care

682 Main Street
Harleysville, PA 19438
215-256-8040

1101 South Broad Street
Lansdale, PA 19446
215-361-5010

420 Pottstown Avenue
Pennsburg, PA 18073
215-679-9321

1532 Park Avenue
Quakertown, PA 18951
215-536-0655

1105 Bethlehem Pike
Sellersville, PA 18960
215-257-5128

777 Route 313
Souderton, PA 18964
215-723-3280

211 Telford Pike
Telford, PA 18969
215-723-7833



Grand View also has an inpatient pediatric hospitalist program affiliated with CHOP, *CHOP Pediatric Care at Grand View Hospital*.

CHOP pediatricians are available 24 hours a day/365 days a year for your infant/child should they require emergency or hospital care as they grow.



Five Keys to Successful Breastfeeding

1

Keep your baby skin to skin with you until after the first feeding

The first feeding sets the pace for next several feedings. In the time right after birth, babies are often awake and ready to feed during that hour. Take advantage of this special time by asking the nurses to delay the eye treatment, weight, and routine injections until after the first feeding. Your partner can do skin-to-skin too, especially if you have had a cesarean and skin-to-skin may be delayed a bit. Ask your nurse for assistance.

2

Room in with your baby

Keep your baby with you during your hospital stay so you can learn your baby's hunger cues and feed on demand. Babies typically feed more than 8 times each 24 hour day for the first several weeks. Offer the breast whenever your baby seems willing.

3

Avoid supplementary feedings

All your baby needs is you! Rarely is there a baby who needs more than the breast in the first 24 hours. Offer the breast often. The fast flow and different feel of a bottle nipple can confuse babies and make subsequent feedings difficult.

Breastfeed whenever your baby seems hungry. Observe your baby for feeding cues: mouthing, sticking the tongue out, bringing hands to the face; offer the breast – before he begins crying.

4

Limit the use of pacifiers and swaddling

Anytime your baby seems hungry, offer the breast. In-between, continue your skin to skin holding. Later your health care provider may recommend the use of a pacifier to reduce the risks of SIDs, but not until breastfeeding is well established.

Babies who are constantly swaddled do not wake up as often for feeding. And their hands help them find the way, so babies' hands should be free during feedings. Frequent feedings in these early days assures that you will bring in an abundant milk supply and your baby will feed adequately.

5

Ask for help

If things don't seem to be going well, or your breasts become sore, ask to see the lactation consultant in the hospital. She can watch a feeding and give you tips on how to hold your baby at the breast.

When you get home, contact a breastfeeding support group, a lactation consultant in the community, or other breastfeeding assistance. A family member who was successful with breastfeeding may be able to help.



Information for breastfeeding families

I Wish Someone Had Told Me...

Moms who have successfully breastfed their babies can give great advice. Here are some of their gems.

Take a breastfeeding class before delivery

Breastfeeding is a wonderfully natural thing to do, but learning how can help. Spend a little time learning about what happens after delivery.

Start breastfeeding right in the delivery room

Your baby will be interested in feeding within a few minutes of birth. Keep skin-to-skin and enjoy an early feeding.

It's all about the latch

How your baby holds your nipple and areola is the key to comfortable breastfeeding. Make sure the mouth is opened wide and baby gets a big mouthful. If it hurts, get help as soon as possible!

Feed throughout the night at first

No matter how tired or sore you are, you do need to feed around the clock in the beginning. This brings in an excellent supply of milk and assures that your baby starts gaining weight quickly.

Babies cry more on their second day of life

This can be upsetting and you might not know what to do to soothe your baby. Crying doesn't always mean hunger. Hold your baby skin to skin and offer the breast frequently. This fussiness is common and is called "Second Night Syndrome" although it can happen during the daytime also.

You don't need a breast pump right away

Your newborn is the best pump, and frequent feedings get breastfeeding off to a good start. If a breast pump does become necessary for a medical reason, a lactation consultant (IBCLC) can give you advice about the best kind for your situation.

Use it or lose it

The best way to make more milk is to feed the baby. An "empty" breast makes more milk. Don't skip breastfeeding sessions in the early days.

Don't wait too long to try a bottle

Breastfeeding exclusively for the first 4-6 weeks gets breastfeeding off to a good start. But if you are planning on going back to work or will need to give a bottle for some reason, start around 4 weeks and offer it weekly to keep the baby in practice.

The best milk to use in the bottle is your pumped breastmilk. A breast pump can make that an easy thing to do.

If you are going to be home with your baby, you can skip this step.

You might make too little or too much milk for your baby.

Feed often in the early days to get a good start. If your baby is not gaining weight well or you are overflowing with milk, get advice from a lactation consultant (IBCLC).

Attend a breastfeeding support group

Just seeing other parents breastfeed and chatting with them can be a world of reassurance. The leader will sometimes be a lactation consultant who can answer questions and help you troubleshoot problems.

Nurse lying down

Recline with your baby "on top of you" or lie on your side while your baby feeds. Use pillows to get yourself and your baby comfortable. You need a little rest too!

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