

# Childbirth Series

## Section One: The Last Trimester of Pregnancy



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# Agenda

1. Pregnancy timeline
2. The meaning of the pregnancy due date
3. Reducing risk for preterm labor
4. When to call your physician
5. When to go to the hospital
6. Discomfort during the last trimester and how to help
7. Safety exercises
8. Vaccination
9. How to do kick counts
10. Group B Strep Infection
11. What to discuss with your physician
12. To-Do list

# Pregnancy Timeline

Week 1

Week 40

## First Trimester

### Week 1 – week 12

The most crucial trimester in your baby's development

## Second Trimester

### Week 13 – week 28

“Honeymoon period”

Baby's early movements

Gender may be seen

Screening for gestational diabetes

## Third Trimester

### Week 29 – week 40

Maximum growth

Kick counts are encouraged

More frequent visits to the doctor

# Your Pregnancy Due Date

## 1. The first day of your last menstrual period

### Average length of pregnancy

1<sup>st</sup> day of your last  
menstrual period

280 days or  
40 weeks

For example: Last menstrual period: May 6, 2019

- **Counting 40 weeks**

EDD = May 6, 2019 + 40 weeks = February 10, 2020

- **Naegele's rule:** adding a year, subtracting 3 months, add 7 days.

+ 1 year = 2019 + 1 = 2020

– 3 months = May -3 = February

+ 7 days = 6 + 7 = 13

EDD = February 13, 2020



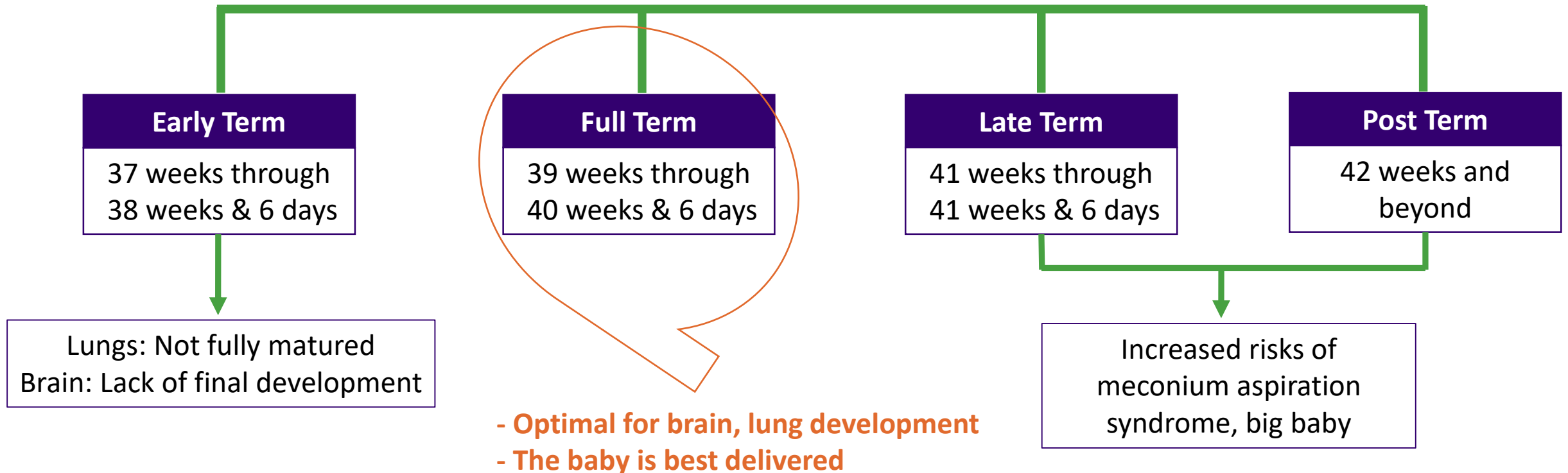
## 2. Ultrasound

# What Does Your Pregnancy Due Date Really Mean?

- It's **NOT** the actual birth date of the baby.
- It's a date that clinicians use to decide which intervention is necessary and when to start the medical procedures.
- Your due date is only an estimate.
- Your baby will come when it's ready.



# Different Types of Term Pregnancy



\* Please be sure to discuss with your health care provider for more information about what is best for you and your baby.



# Breastfeeding is the Best for Your Baby



Orange Coast Medical Center has optimal feeding plan for babies that are born before 37 weeks.

- Moms are encouraged to provide their breastmilk to their baby regardless of when the baby is born.
- There are many components in breast milk that do not exist in formula.
- The components in breast milk are easier to be digested and absorbed better than those in formula.
- The nutrients in your breast milk adapt to your growing baby's needs, as does the amount of breast milk you can produce.



# Reducing Risk for Preterm Labor

## Risk factors

- Previous preterm labor or premature birth
- Problems with the uterus
- High-risk pregnancy
- Certain infections
- Stressful life events
- Age of mother
- Unknown causes

## Prevention

- Have early and regular prenatal care
- Treat infection as instructed
- Protect yourself from infections
- Lower your stress
- Don't smoke, drink alcohol, or use drugs
- Eat a healthy diet
- Drink plenty of water

# When to Call Your Healthcare Provider

- Vaginal bleeding
- Fever (temperature of 100.4° F or greater)
- Pain or burning with urination
- Difficulty breathing or shortness of breath
- Headaches, chest pain, pelvic pain, abdominal pain
- Blurred vision, dizziness
- Sudden swelling in your face or hands
- Vomiting or diarrhea more than 2 times a day or last more than 1 day
- Unusual or severe cramping
- Water breaking / fluid leak
- Changes in your baby's movements (less than 10 movements in 2 hours)



# When to Go to the Hospital

- **Leaking fluid**
- **Vaginal bleeding**
- **Reduced fetal movements**
- **Contractions:**
  - Every 10 minutes or less
  - Rhythmic repetition
  - Last for more than 2 hours



# 3<sup>rd</sup> Trimester Discomforts

Backache

Heartburn

Frequent urination

Varicose veins



Insomnia

And more . . .

# Backache - Causes

## 1<sup>st</sup> trimester

- Stretching of the uterus
- Position of the uterus in the pelvis

## 2<sup>nd</sup> trimester

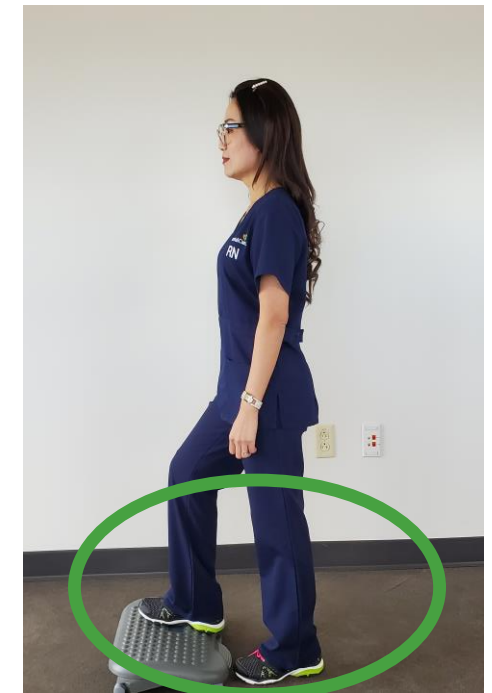
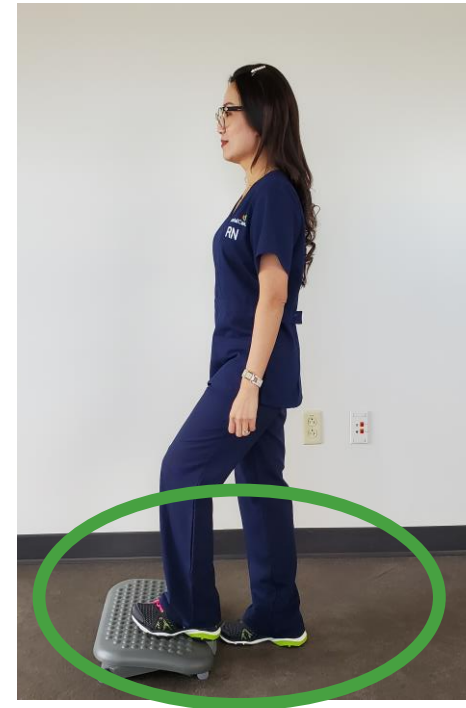
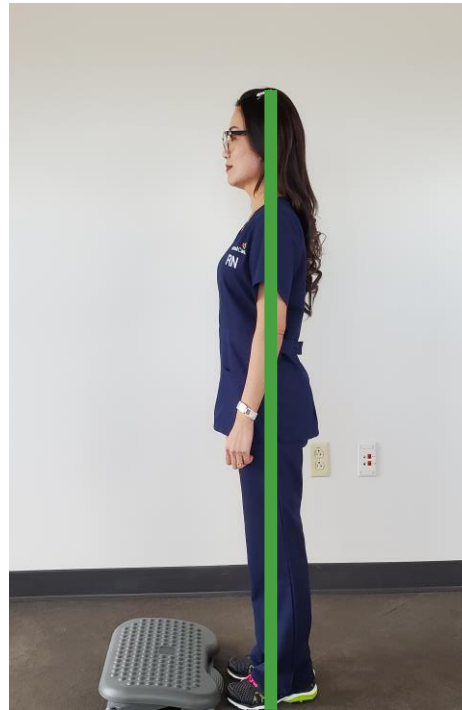
- Uterus compression on the spine
- Uterus leaning on the right ureter

## 3<sup>rd</sup> trimester

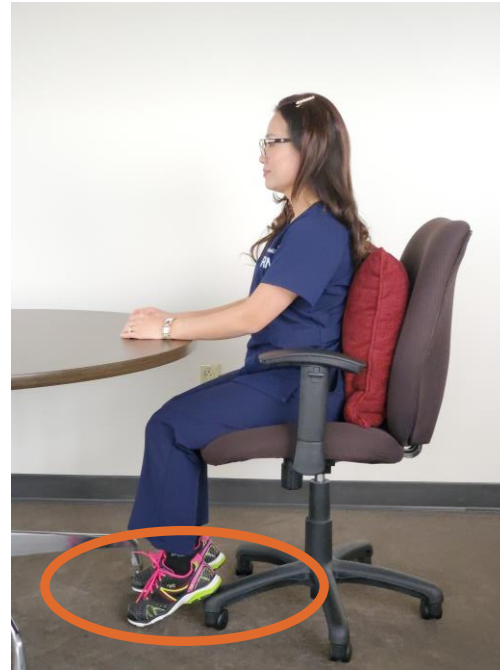
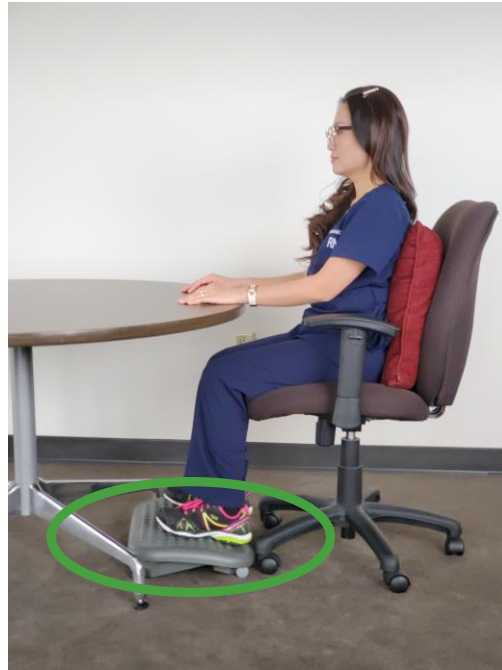
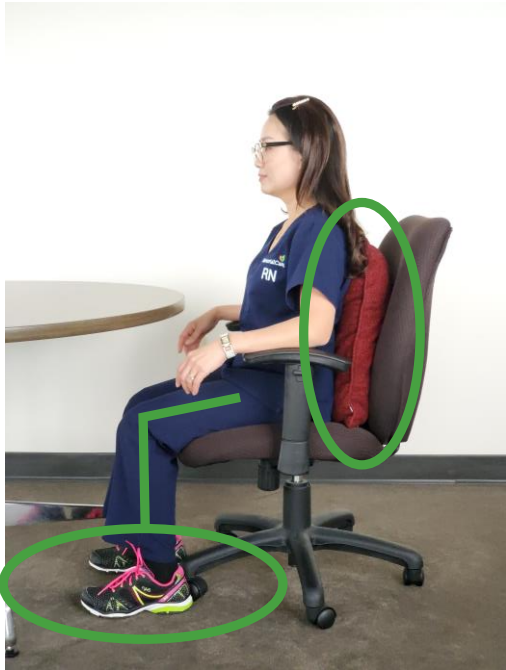
- Uterus is big & heavier
- Abdominal muscles are stretched
- Changing the posture of the spine

# Backache – How to Help (Standing)

- Keep your chin tucked in, raise your head and shoulders
- Tuck in or tilt your pelvis forward to keep your lower back from arching in a swayback position
- Avoid standing for a long period
- Make sure ear lobes are in line with the middle of your shoulders
- Keep your knees straight



# Backache – How to Help (Sitting)





# Backache – How to Help (Lifting)

- Avoid lifting anything heavy
- Keep your back straight
- Bend your knees
- Stand close to the object
- Use your leg muscles
- Do not lean forward



# Heartburn - Causes

- Reduced mobility of the gastrointestinal tract
- Compression of the uterus against the stomach
- Acid is pushed back into the esophagus



# Heartburn – How to Help

- Eat small frequent meals
- Avoid drinking while eating
- Do not lie down immediately after eating
- Use over the counter medications
  - Antacid to neutralize acid: Calcium Carbonate, Tums, or Maalox Calcium tablets
  - Reducing the production of acid: Famotidine or Pepcid AC



# Varicose Veins - Causes

- Blood flow returning to the heart from the lower extremities is reduced.
- The veins remain open instead of compressed.
- They can be in the legs, in the vulva, or around the anus.

# Varicose Veins – How to Help

- Don't cross your legs.
- Avoid standing or sitting for a long period of time.
- Elevate your legs with pillows while sleeping.
- Exercise regularly.
- Wear properly-fitting compression stockings.
- Use ace bandage as needed.

# Insomnia and Frequent Urination - Causes

- Mechanical compression on the bladder
- Getting up frequently in the night to void
- Anxiety
- Discomfort from the baby's movements
- Shortness of breath
- Gastroesophageal reflux



# Insomnia and Frequent Urination – How to Help

- Low-impact exercise during the day
- Avoid drinking fluid 3 hours before going to bed
- Avoid drinking coffee in the afternoon
- Keep regular sleep hours
- Keep a quiet environment in the bedroom
- Use a timer to turn off the music
- Use a pillow between the legs and behind the back for adding comfort





# Exercise During Pregnancy

**Recommendation: Be active.**

## **Benefits of exercise:**

- Decrease discomfort
- Improve blood sugar control
- Lower your stress
- Promote an easier birth

## **If you were exercising before the pregnancy:**

- Continue your activity in moderation unless advised against by your doctor

## **If you have never exercised regularly before:**

- Consult your doctor
- Do not try a new strenuous activity

**Exercises: Breathing, Kegel, Squats**

# Kegel Exercise: Strengthening the Pelvic Floor Muscles

Pelvic floor muscles support uterus, bladder, and bowels

## Benefits of exercise

### During the pregnancy:

- ✓ Minimize common problems: leaking urine, leaking gas, pelvic organ prolapse
- ✓ Promote an easier birth

### After delivery:

- ✓ Prevent uterus to prolapse
- ✓ Strengthen pelvic floor muscles
- ✓ Regain bladder control
- ✓ Promote perineal healing

**Women should practice before pregnancy, during pregnancy, and after delivery.**

# How to Do the Kegel Exercise

- Like trying to stop while you are urinating
- Need to sense the right muscles to tighten
- Do not practice Kegel exercise while urinating
- Your abdomen, thigh, buttocks, or chest muscles should remain relaxed.

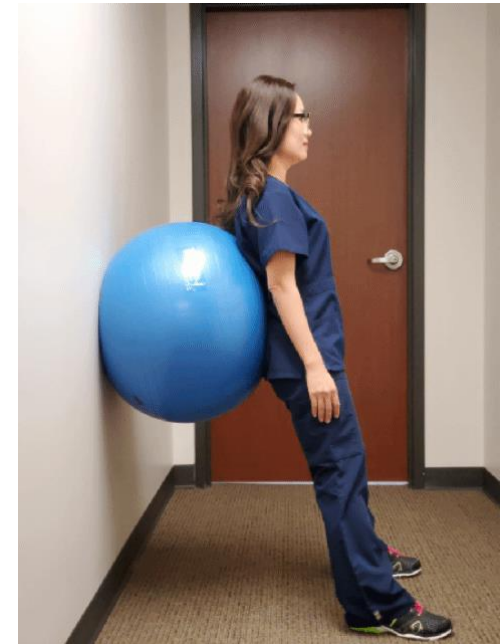
## Steps:

- Squeeze your pelvic floor muscles for 3 seconds
- Then relax the muscles for 3 seconds
- Then do it again
- Do it 10 times in a row, 2 to 3 times a day

# Squatting Exercise

During labor, squatting helps

- Open the pelvis
- Assist in baby's descent
- Aid in delivery



# Vaccination

## Tdap vaccine

- Helps protect against whooping cough
- Pregnant women should get vaccinated between 27 and 36 weeks of pregnancy.
- Antibody will pass to your baby before birth.
- Family members should also get the vaccine.

## Flu vaccine

- Helps protect against flu virus
- Everyone should get vaccinated by the end of October, if possible.
- Other useful protection: wash your hands, wear masks, stay away from large crowds

# Kick Counts

- Begin at 26 to 28 weeks
- Pick your time based on when your baby is usually active, preferably at the same time everyday
- Record the time of the 1<sup>st</sup> & 10<sup>th</sup> kick
- Need at least 10 kicks in 2 hours
- Fetal movements are kicks, rolls, pokes, or jabs, NOT hiccups.



# Group B Strep Infection - GBS

- Group B Streptococcus / Group B Strep infection
- Vaginal GBS screening between 34<sup>th</sup> and 37<sup>th</sup> week
- If GBS +, recommend IV antibiotic when mom is in labor to protect baby
- Ideally, the 1<sup>st</sup> dose should be at least 4 hours before delivery.
- GBS is NOT sexually transmitted disease, NOT related to strep throat.
- If you have GBS +, it means you are a carrier.
- No symptoms
- Cannot be prevented
- Does not go away



# What to Discuss with Your Physician

## Birth plan

- Describe your wishes
- Not a contract
- Be flexible

## Contraception & family planning

## Circumcision



# To-Do List

- Take antenatal classes
- Take a hospital tour
- Understand visiting hours and policy
- Complete a pre-admission form
- Choose your baby's pediatrician
- Choose your labor coach
- Prepare what to bring to the hospital for delivery



Thank you.

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