

## Information for 24-36 weeks

The third and last trimester often feels longer than all the rest. Now is when you start to get uncomfortable. You may have difficulty sleeping, moving, and tying your shoes. This is also the time when we start to watch for problems.

### Gestational Diabetes

This is a type of diabetes that is caused by the pregnancy and can occur even if you don't have it otherwise. Risks of gestational diabetes include a large baby, difficulty for the baby to control its blood sugar after birth, and if very uncontrolled, stillbirth. We test for this around 24-28 weeks in a variety of ways depending on your risks. Usually you will have to drink an orange sugary drink and get your blood drawn 1 hour afterwards. If this test is abnormal, a confirmatory test will need to be done.

### Preterm Labor

Preterm labor occurs in about 10-12% of pregnancies (less than 5% if you have delivered your other babies full-term). It is actually hard to diagnose because preterm contractions (contractions that don't dilate your cervix) are very common at this time. Labor is defined as contractions and cervical change. These contractions can come often and be somewhat painful so it's hard to know when they become concerning. The time when you should call or come in is when you are having regular tightening of your uterus, or periodic backaches or pressure that can be timed. For example, if you feel a tightening every 3 minutes, you should call. If these contractions go away with a little rest or fluids they are usually nothing to be concerned about. If you lay down for a while and they only seem to be getting worse then you need to be seen. We do have some tests that will help us differentiate between contractions and labor if the need arises. If you have any questions about the amount that you're contracting it's better to be safe than sorry and come in and be checked.

### Preeclampsia / Toxemia

Pregnancy induced hypertension (formally called toxemia) occurs in about 8-12% of pregnancies. It is a disease unique to pregnancy, is essentially from an unknown cause, and affects your small vessels (the ones that reach your organs). You may, therefore, have problems with your blood pressure, liver, kidneys, placenta, brain, eyes, etc. The first sign is almost always your blood pressure, which we check each visit. You may also have some protein in your urine and we will check this each visit in this trimester. Headaches are common in pregnancy, but unusually persistent headaches with changes in your vision are something you need to tell us about. The same goes for swelling. Swelling in your feet is very common, and some in your hands as well, but worsening swelling, particularly in the face, is something you should tell us about.

### **Prenatal Courses**

If you are planning on taking a class you should look to start around 30 weeks if you are going to do the 6 week course. There is a Fri/Sat one time class as well but it is not offered every weekend. If you can't make a class you are welcome to call Labor and Delivery and see if you can have a little tour and then we can answer questions in the office about pain control etc.

### **Back Pain / Sciatica**

As your baby grows you will probably get more back pain and perhaps even pain and numbness shooting down your leg. This is due to your baby and uterus putting pressure on your sciatic nerve and unfortunately, may not go away until you deliver. There are some back exercises that we can give you that may help. You may also try ice, heat and/or Tylenol as well. We prefer that you don't take Ibuprofen at this point in your pregnancy, but once in awhile is still okay.

### **Fetal Movement**

After 28 weeks you should start to count your baby's movements each day. Babies sleep a lot of the time. However, at least once a day, when your baby is most active, you should be able to count at least 10 movements in one hour. If this does not occur call our office or Labor and Delivery.

### **Sleep**

If you are having trouble sleeping you may want to consider a small dose of Benadryl or Unisom before bed. Also, try to take shorter naps during the day and try a warm bath before bed.

### **Rhogam**

If you have an Rh negative blood type, you will need an injection of rhogam around 28-30 weeks to protect future pregnancies from anti-bodies (little warriors) that your body might create.

### **Birth Control Options**

We will discuss these options with you at your post-partum visit six weeks after you deliver. However, if you are considering a tubal ligation, some insurance require completion of a consent form one month prior to the procedure. If you need to discuss this just ask. If you would like a pamphlet on birth control options just ask.

### **Pediatricians**

You'll need to pick a pediatrician that you're comfortable with. We would highly recommend any of the Budge doctors. They are all very competent. They all have different personalities though, and you'll need to decide for yourself who you will "click" with. They all offer appointments to just meet and talk to them if you desire. There is also a brochure in the waiting room that tells about each of them.

You do not need to notify them of your choice before delivery – the nurse on the Labor and Delivery will do that when you come in. Despite your decision, if a pediatrician is required for your delivery you will most likely have the on-call doctor attend.