

Third Trimester Information (28 weeks until delivery)

Cord Blood Banking

Cord blood is blood from the baby that is left in the umbilical cord and placenta after birth. It contains stem cells that can be used for various medical therapies. Unlike most other cells in our bodies, stem cells can mature into different kinds of cells. They can be used to treat various disorders of the blood, immune system and metabolism. Currently, if a baby is born with a genetic disease, the baby's stem cells cannot be used for treatment because they have the same genes that caused the disorder. However, stem cells from a healthy child can be used as any other donated organ to treat another child's leukemia or other similar disorders.

Cord blood can be banked or stored in two ways. Public cord blood banks store cord blood that is available for anyone who is a "match." Private cord blood banks store blood for a "directed donor." Typically, there is a fee for private cord blood storage. There are many factors to consider before deciding to store your baby's cord blood. There is more information available at www.cordbloodbank.com.

Group B Beta Strep (GBS)

At approximately 36 weeks, we will check your cervix to see if you have started to dilate and to confirm the baby's position. During the first exam we will also do a vaginal swab for GBS. About 20% of women carry GBS, a normal bacteria found in the vagina. Babies' immune systems are less developed so they can become infected with these bacteria as they come through the birth canal. Studies show that most cases of neonatal infection can be prevented by testing women, and if they are positive for GBS, treating them with antibiotics when they go into labor or "break" their water. It is not necessary to treat them before because GBS is not a problem for women.

Choosing a Pediatrician

After you deliver we will continue to care for you, but your baby will need to be seen by a pediatrician. We encourage all of our mothers to choose a pediatrician **before** they deliver. Many women like to meet the pediatrician ahead of time. Advocare's extensive list of pediatricians can be found at www.advocaredoctors.com. Please select a pediatrician before you deliver. Try to choose one who accepts your insurance and is convenient to where you live.

Labor & Delivery - How will you know if it's Labor?

The definition of labor is when the uterus begins to contract on a regular basis and the cervix begins to dilate. Most women feel this as menstrual cramps or gas pains which progressively worsen. Some women just have a backache in the area of the coccyx (tail bone) that comes and goes in a rhythmic pattern. Other women may have a combination of these symptoms.

Check to see if you are in labor by timing your contractions. Time the contractions from the beginning of one until the beginning of the next. It is also important to note how long they last. You should feel pain in your lower stomach by your hair line, in your back by your tail bone, or a pain that moves from front to back or back to front. At the same time you feel this pain, you should also feel your stomach get tight all over (almost like the baby is balling up inside). Contractions usually start out in an irregular pattern and then become regular. It is also common for contractions to start and then stop after a few hours. True labor occurs when women have regular contractions occurring every 3 to 5 minutes lasting 1 minute each for at least an hour. You should call our office if you are feeling strong regular contractions.

You may also notice a plug of thick blood tinged mucus come from your vagina. This is nothing to worry about and in some women may appear a week or two before labor even starts. It is also common to have some vaginal bleeding after a cervical exam in the office.

Rupturing Your Membranes or Breaking Your Bag of Water

Some women may break their bag of water before they go into labor, others will break it during labor on their own, and some women will have it broken by their caregiver at the hospital. The important thing to remember is that once your water breaks, the protection your baby had from bacteria in your vagina is gone.

When your water bag breaks, you may feel a large gush of fluid that runs down your legs. Occasionally however, this may be urine. If you have a contraction or your baby presses on your bladder, it may cause you to leak urine. If it is urine though, it will not continue. Amniotic fluid will continue to leak out. Another thing that may happen is that you may have a slow leak. When this happens, you will have a continuous leakage of fluid from your vagina that you cannot control and will make you have to keep changing your underpants. In most instances, amniotic fluid is clear. However, if your baby has passed its first stool, the fluid may be color tinged green or yellow.

When to go to the Hospital

You should go to the hospital **when you break your bag of water whether you are contracting or not**. If this is your first baby, you should go to the hospital when your contractions are every three to five minutes apart (from the beginning of one to the beginning of the next) and lasting 60 seconds each for one hour. If this is your second baby, you should go when your contractions are every five minutes apart, lasting 45 to 60 seconds for one hour or, if your bag of water breaks. (*On occasion, caregiver may give different instructions; follow those instructions instead.*) Please call the office prior to going to the hospital. We will then notify the hospital triage area of your arrival and let them know who is on call for our practice. When the office is closed, the answering service will obtain your information and contact the on call practitioner who will call you back and then notify the hospital. If you do not receive a call back in thirty minutes, please call again. If you bleed from the vagina, much like the flow of a period, you should also call and go to the hospital.

How long does labor usually last?

Labor usually lasts 12 to 18 hours for women having their first baby. It usually takes 1 to 2 hours to push the baby out once the cervix is completely dilated. For women who are having their second baby, labor is usually shorter and they usually have to push much less before the baby is born.

Anesthesia

Each woman's labor experience is different. Some women have short easy labors and others have long drawn out labors. For a better labor experience, there are several options for pain relief available. It is important to know about your options before you go into labor.

The first type is **sedation**. This is a medication that is given by injection either into a muscle or intravenously. It helps take away the sensation of pain and helps you to relax.

The second option is an **epidural**. This is where an anesthesiologist places a thin catheter in the epidural space in the back. Through this catheter, medication is then administered which makes you numb from the waist down. You are often still able to move and may feel some pressure, but no pain.

Another method used is a **local** anesthetic, which is given to numb the outside of the vagina for an episiotomy if it is needed. This type is used only at the time of delivery. An episiotomy is a small incision in the perineum (tissue between the vagina and anus) to give the baby more room for delivery.

An alternative option is the "labor ball." This is a large exercise ball that you sit on in labor. It has been shown to make labor shorter and less painful. Many women love it and don't want to get off it.

Antenatal Fetal Testing

Antenatal Testing is a formal way of assessing fetal well-being. Kick counts are an informal way of evaluating a baby's healthiness. A nonstress test is the most common test to assess the health of your baby. Monitors are placed on the maternal abdomen to check for contractions and to evaluate the baby's heartbeat. A tracing of the heartbeat is checked for certain patterns that are known to be reassuring. Most babies have the neurological ability to "pass" this test at 32-34 weeks gestation. Otherwise, a biophysical profile is done. This is an ultrasound that evaluates a baby's well-being by looking at fetal breathing movements (seeing the rib cage move as if the baby were breathing), fetal heart rate, fetal body movements, fetal muscle tone and amniotic fluid volume. These tests are done for many reasons. Any type of complication in pregnancy may prompt fetal testing. Maternal high blood pressure, multiple gestations, age over 35, poor fetal growth, too much or too little amniotic fluid are just some of the reasons antenatal fetal testing is done. Often antenatal testing is done weekly or even twice weekly closer to full term. Your caregivers will tell you if you require antenatal fetal testing.

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