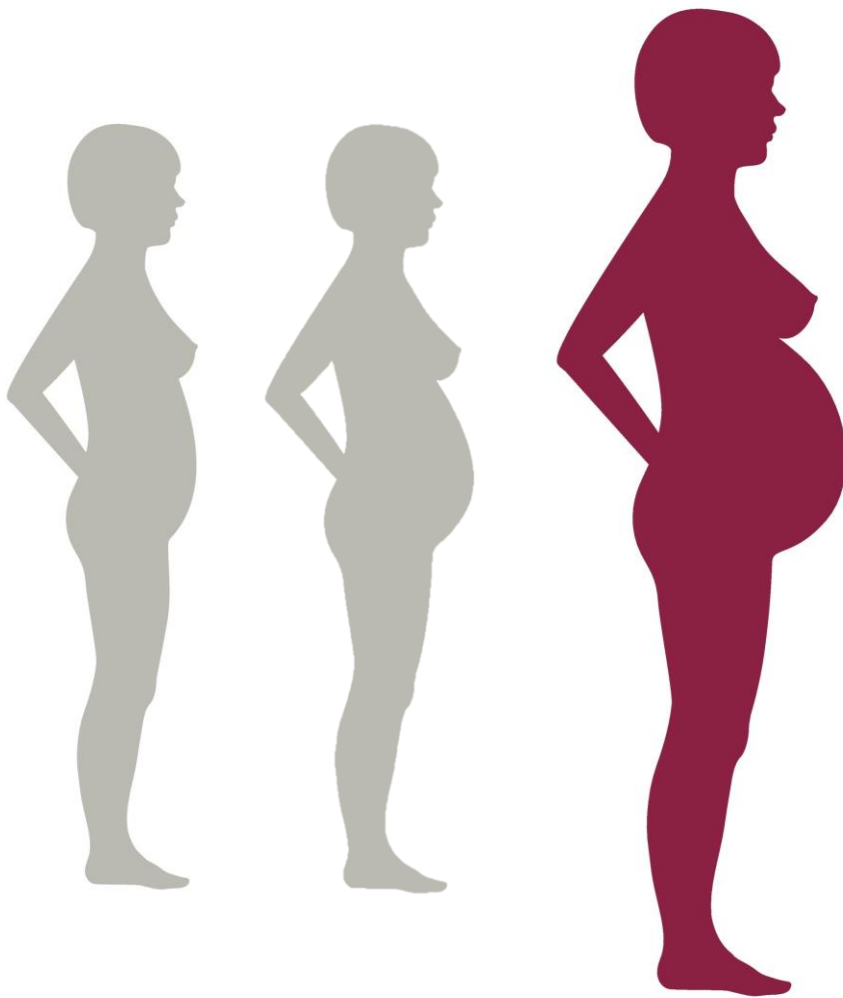


What to Know During Your Pregnancy: Weeks 34-42



We look forward to caring for you, and we hope all goes well during your pregnancy. **Just in case, here is some information on when to call us or come to OB Triage.**

OB Triage is the Emergency Room for pregnant women and for women up to 6 weeks after birth (postpartum).

Go to OB Triage right now

--Less than 37 weeks with contractions or with water breaking

--Any time in pregnancy or postpartum with:

- A blow or injury to the stomach
- Severe headache that has not gone away after taking Tylenol
- Visual changes or blurred vision
- Seizures or fainting
- Heavy vaginal bleeding
- Feeling something in the vagina
- Unable to breathe
- Constant chest pain
- Severe stomach pain

--Postpartum with wound (cut) that is red or swollen **or** stomach that is very tender

Go to OB Triage soon

--More than 37 weeks:

- With strong contractions every 3-5 minutes or closer for 1 hour
- If your water breaks

--More than 24 weeks with less movement of the baby

--Any time in pregnancy with spotting not related to recent vaginal exam or sex

--Any time in pregnancy or postpartum with:

Fever (greater 100.4)

- Diarrhea more than 5 times a day
- Vomiting more than 4 times a day
- Leg swelling on one side
- Pain with peeing or peeing much more often than normal

Call the clinic nurse or the nurse advice line at **1-877-925-6877** for questions or concerns

--More than 37 weeks with irregular contractions or cramping

--More than 24 weeks with vomiting 1-2 times a day

--Any time in pregnancy with:

- Cold symptoms or sore throat
- Toothache or earache
- Vaginal discharge with itch or bad smell
- Ongoing constipation
- Ligament pain (ligaments are the bands of tissue that connect bones, for example in your knees)
- Prescription refill

What's in This Booklet

Congratulations! Your baby is almost here! This booklet has information about Weeks 34-42 of your pregnancy.

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Things to Do

During Weeks 34-36 of Your Pregnancy

Medical Test – Group B Beta Strep Culture

At the clinic, we will test you for a common bacteria called Group Beta Strep (GBS).

- About 2 of every 10 women have this bacteria.
- It is not sexually-transmitted.
- It usually does not cause symptoms (like discharge or itching).
- We treat it during labor to protect your baby from a lung or blood infection. We don't need to treat it before you go into labor.

In the test, we get a swab sample from your vagina and your rectum (where poop leaves your body). If you have the GBS bacteria in your body, we will give you antibiotics during labor.

Do Your Pre-Admission Paperwork

The hospital needs your information before you go into labor. Please fill out pre-admission paperwork **one month before your due date**.

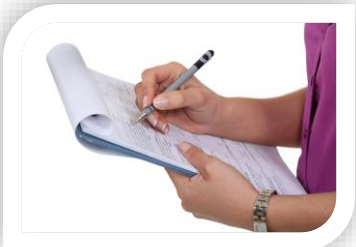
Here's how:

- Go to the **Admitting Office** on the first floor of the main hospital. Ask the information desk for directions or follow signs to "Admitting."
- If you have health insurance, bring your insurance card or Medicaid card with you. The Admitting Office will call your insurance to tell them to pay for the costs of having your baby.
- If you do not have health insurance, the Admitting Office will tell you if you qualify and how to apply.

Childcare

Plan to have someone take care of your other children while you are in the hospital.

During flu season (early winter through spring months) the baby's siblings may be allowed to visit the Labor and Delivery and Postpartum (after birth) areas. Before going into these areas, the hospital staff will ask questions about how your child is feeling. These questions will help staff know whether your child might spread a sickness to you or your baby. If your child is sick, they will not be allowed to visit you. Sometimes, if the flu season is very bad, nobody under age 14 is allowed to visit.



Get a Car Seat for the Baby

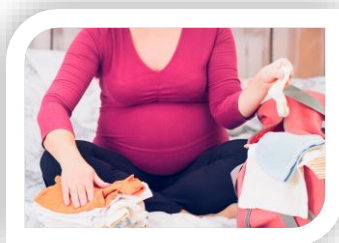
You must have an infant (baby) car seat for the baby to leave the hospital.

- It is the law that all babies younger than 1 year old must sit in the back seat in a rear-facing car seat (facing the back of the car). The car seat must meet federal standards.
- If you have Blue Cross Community Centennial, you may be able to get a free car seat and crib. Your provider has to sign a form. You can find the form at this link:
https://www.bcbsnm.com/pdf/forms/cc_crib_carseat_nm.pdf
- If you have Presbyterian Centennial, they also have a Presbyterian Baby Benefits Program. You may be able to use rewards to buy a car seat. Get more information at <https://www.phs.org/health-plans/centennial-care-medicaid/presbyterian-baby-benefits/Pages/default.aspx>

During Weeks 37-42 of Your Pregnancy

Get Ready for the Birth of Your Baby

- Pack your bag for the hospital. (See page 9 to find out what to pack.)
- Keep important phone numbers handy (like the OB Triage Nurse Advice Line at 1-877-925-6877).
- If you go one week past your due date, we will talk about and schedule a **labor induction**. This means we will plan a day to give you medicine to help you go into labor.
 - We schedule inductions between 41 and 42 weeks.
 - If you do not have an induction at 41 weeks, we'll do some tests. We will check the baby's heart rate and look at the amount of fluid surrounding your baby.
 - We usually do not recommend labor inductions before 41 weeks unless you have certain medical problems.
- We will go over other labor instructions and precautions with you.



Rear-facing car seat



All about Labor

A full term (normal length) pregnancy lasts 37 to 42 weeks. Most women go into labor during this time

What Is Labor?

Labor is the process of giving birth to your baby. It happens when your uterus contracts to push the baby out.

- Your uterus is a very strong muscle. When it contracts, it helps soften and open (dilate) your cervix.
- The contractions will get stronger and more painful as your labor continues.
- Normal labor can last between 2 and 24 hours.

Signs That Labor Is Getting Closer

- **Lightening:** This is when the baby drops down into the pelvic bones. You might feel like:
 - it is easier to breathe.
 - you pee more often because there is pressure on your bladder.
- **Vaginal Discharge:** Mucus and fluid coming out of your vagina might increase. You may have thick mucus and a bloody “plug” coming from your vagina. This can be normal.
- **Braxton-Hicks Contractions:** These are contractions that help your body practice for labor. Once you get closer to your due date, they get stronger and come more often. The orange box can help you tell the difference between Braxton-Hicks contractions and real labor contractions.
- **Burst of Energy:** You might feel more energetic because your body is getting ready for the hard work of labor. Remember to take some time to rest!

Braxton-Hicks Contractions are:

- Irregular
- Don't come very often
- Last for 15-30 seconds (but sometimes up to 2 minutes)
- They often go away when you change positions or activity

Real Labor Contractions are:

- More regular
- They get stronger, longer, and closer together as you near labor
- They usually last 30-70 seconds
- They don't go away when you change positions or activity
- They come with other signs of labor



What Should I Do If I Think I'm In Labor?

You should call the OB Triage Nurse Advice Line at 1-877-925-6877. Please let them know if your blood pressure has been high or if you have had a C-Section before. Here is some information on when to call:

- Call when you're having regular painful contractions for 1 hour that:
 - come every 3 to 5 minutes (see orange box on the right).
 - last 1 minute each.
 - feel **very strong**.
 - are all the same strength.
- Call **sooner** than 1 hour if:
 - this isn't your first baby **and** your previous labors were fast.
 - you live far away from the hospital.
- Also call if your "bag of waters" breaks (your water breaks).
 - Tell us if the fluid is yellow, green, or brown colored (like the baby pooped inside).
 - Tell us if you are GBS positive (have the Group B Beta Strep bacteria). See Page 4 for more information on GBS.



How to Time Contractions

Count the time from the **start** of one contraction to the **start** of the next contraction.

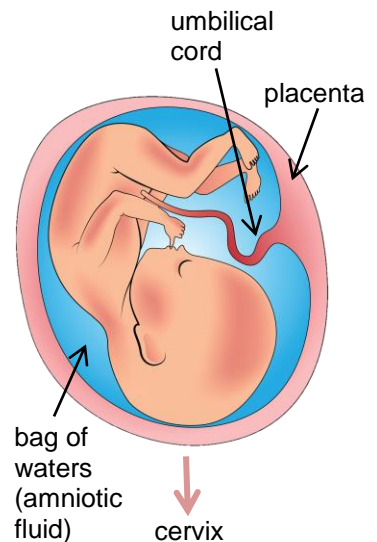
Not Sure if Your Water (Bag of Waters) Broke?

Usually when your water breaks, you will leak fluid until your baby is born. Here are some things you can do to tell if you are leaking.

- Put a pad on your underwear to see if the pad collects more fluid.
- Take your underwear off and wear a skirt or towel to see if fluid is dripping down your leg.
- Walk around for about an hour. If your water has broken, you will still leak and feel wet.

If you think your water has broken, don't put anything in your vagina. This makes your risk for getting an infection higher.

If you think your water has broken, ask your providers to only do vaginal exams when absolutely necessary. This protects you and your baby from infection.



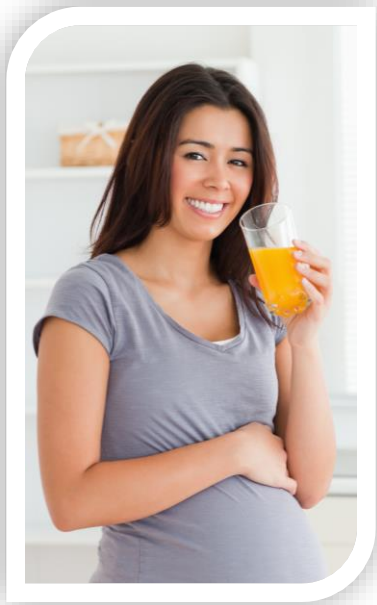
Come to the Hospital If:

- ⚠️ you have heavy bleeding from your vagina, like a period.
- ⚠️ you have a very bad headache, problems seeing, or pain under your ribs on the right side that doesn't go away.
- ⚠️ you have had a C-section delivery in the past and you are having contractions.
- ⚠️ your baby isn't moving.

What to Do at Home

Here are some ways to make yourself comfortable at the start of your labor.

- Have loved ones at home with you who will encourage and support you.
- If it is night-time, try to sleep. If it is day-time, try lying down to sleep or rest. Get all the rest you can.
- Take a walk or move around, but save some of your energy for later when contractions get stronger.
- Try distracting yourself. Watch movies, cook food to eat after you come home from the hospital, make a birthday cake for the baby, or do a craft project.
- Take a shower or bath. This can help you relax.
- Drink lots of water and fluids with calories, such as Gatorade, coconut water, or juice. This will keep you hydrated and can give you energy. Try to drink at least 8 ounces of fluid every hour.
 - ✗ **Do not** drink caffeine (coffee, black or green tea, coke or soda, energy drinks).
- Eat something. Labor takes a lot of energy.
 - ✗ **Do not** eat foods that are very heavy, fatty, or greasy.
- Don't panic! You can do this. Your body was made for this. You are strong!

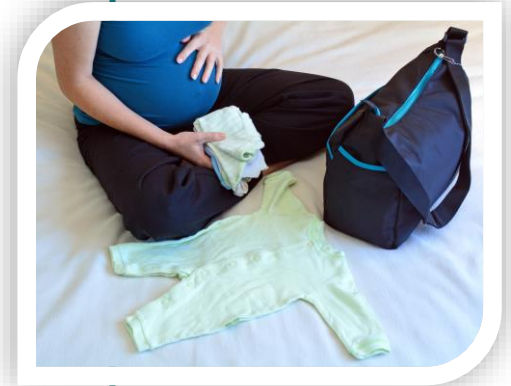


Drink lots of water and fluids

What to Bring to the Hospital

Things for Labor

- Food and drinks for your visitors and yourself (the hospital can give you meals, juice, and ice)
- Camera or phone for pictures (don't forget chargers!)
- Glasses, contact lenses, and cases
- Things to help make you comfortable like massage oil or music
- Your own pillow. (Put a pillowcase on it that is **not** white so you know it is yours.)
- Robe, slippers, and socks
- Chapstick, hair ties or clips, comb, brush, toothbrush, toothpaste, shampoo
- If you are getting an induction, you may want to bring things to keep you busy before labor starts, like cards, games, a laptop, or movies.



Things for After the Birth

- Bra (nursing bra if you're breastfeeding)
- Clothes to wear home
- Clothes for the baby—T-shirt, hat, socks, blanket, sleeper, outfit
- Newborn car seat



Bring a toothbrush, deodorant, toothpaste, and hair products

What to Know about Pain During Childbirth

How Painful Is Giving Birth?

You've probably heard stories about giving birth. Birth is very different for each person.

- Each person has a different amount of pain.
- The kind of pain you have and the amount of pain you have changes during your labor.

Why Is Labor Painful?

Labor hurts because your body is working hard. Your uterus is pushing the baby down and stretching your cervix (the opening of your uterus).

- Each time the uterus muscles flex, you may feel pain like a strong cramp.
- As your cervix and vagina stretch and open, you might feel a stretching, burning pain.

Although contractions are painful, you can rest in between them. Most contractions last 30 to 60 seconds.

Remember!

Nobody knows ahead of time how painful or difficult your labor will be. Knowing what you want is a good place to start.

When you are in labor, be open and willing to change. Trust your support persons and caregivers to help you make decisions that work for you.

The next sections will give you more information to help you decide whether to use medicine and what kinds of medicine to use.



Coping with Pain Without Using Medicine

The less tense and afraid you are, the less painful your labor will be. Three things can help you labor successfully without using medicines:

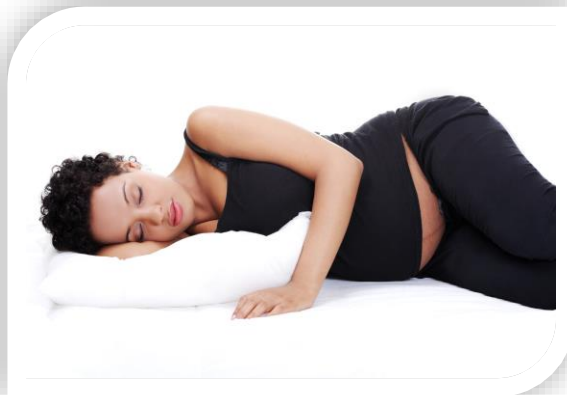
- Know what to expect.
- Believe in yourself!
- Have emotional support and coaching during your labor.

What Can I Do Before Labor?

- **Stay active** during your whole pregnancy. Regular exercise will keep you strong to get through labor.
- Take **childbirth classes**. The more you know, the less you fear. Fear makes pain hurt more.
- Have a **birth coach or doula**. Their job is to support you during labor and pregnancy. This may help you cope with pain and feel better.

What Can I Do During the Beginning of Labor?

- When labor begins try to rest or sleep. Save energy for when harder labor starts.
- In early labor go for a walk or dance. The more you move, the less you hurt.
- Drink lots of fluids so you don't get dehydrated.
- Eat small meals or snacks if you are hungry.
- Take a warm shower or bath.
- Have support people with you.



When labor starts, try to rest or sleep.



Believe in yourself!
You can do it!

What Can I Do During Active Labor?

Find your rhythm. Women who do well often rest between contractions or move to help cope with contraction pain. Each person has their own rhythm that works. You may:

- Rest between contractions by being still or by rocking gently.
- Focus on your natural breathing. Awareness of breath relaxes you.
- Change positions often.
- Don't be afraid to make noise. You might moan, hum, or repeat comforting words over and over as you go through each contraction.
- Try using a birth ball.
- Use the shower or bath tub to help your body relax.
- Believe you can do it. You can!
- Remember why you are doing this. Your baby will be here soon!

What Can My Birth Partner Do During Labor?

- Help you find your rhythm and then help you during each part.
- Give you a back rub or hold your hand quietly.
- Offer you ice chips, water, or juice.
- Help you change positions and support your body.
- Keep the lights low and play soft music.
- Put a cold washcloth on your forehead.
- Put a warm washcloth on your lower back or belly.
- Talk you through contractions, supporting your movements and your noises.
- Cheer you on!

What Can My Provider Do During Labor?

- Answer your questions.
- Check your progress and give you direction and support.
- Discuss pain medicine if you want it.



Using Medicine for Pain Relief

The most common pain medicines are:

- **Intravenous (IV) Pain Medicines:** pain medicines that go into your veins
- **Nitrous Oxide (laughing gas):** a gas that you breathe in through a mask to lessen your labor pain
- **Epidural:** a small tube that goes into the lower part of your back. It gives you medicine to lessen your pain from contractions.

What Are the Pros and Cons of IV Pain Medicines?

Pros:

- 👍 They relieve pain fast. You usually feel less pain in 2 to 10 minutes.
- 👍 They go directly into your blood through an IV.
- 👍 They may help you relax and be more comfortable.
- 👍 They don't usually slow down your labor.

Cons:

- 👎 IV pain medicines don't last long. They usually relieve pain for 20 to 90 minutes.
- 👎 They may cause itching or nausea (feeling like you're going to throw up).
- 👎 They might make you feel really "out of it" or sleepy.
- 👎 If you get IV pain medicines close to the time you deliver your baby, your baby might have trouble breathing or breastfeeding right after birth. If you get a lot of IV pain medicine during labor, this risk goes up.
- 👎 IV pain medicines don't take away all of the pain or make your body numb. But they may make contractions less painful.



IV Pain Medicines

What Is Nitrous Oxide?

Nitrous Oxide (also called laughing gas) lessens pain during labor. You put a mask on your face and breathe the gas in before a contraction begins.

- ☑ You can use Nitrous Oxide before an epidural.
- ✗ You cannot use it with IV pain medicines.
- ✗ You cannot use it if you have a Vitamin B-12 deficiency.

Pros:

- 👍 It is considered safe for you and your baby.
- 👍 It can make you feel less worried.

Cons:

- 👎 You may feel sleepy, dizzy, or unsteady while using Nitrous Oxide.
- 👎 You may feel nauseous or throw up.
- 👎 Nitrous Oxide does not take away all of the pain or make your body numb. But it may make contractions less painful.



Nitrous Oxide

What Is an Epidural?

An epidural is a small tube that goes into the lower part of your back and gives numbing medicine to your nerves. This lessens the pain of contractions. It numbs your belly and legs.

How Does the Anesthesia Doctor Put In an Epidural?

Your anesthesia doctor will talk with you before putting in an epidural to learn more about your medical history and pregnancy. If you and your doctor decide on putting in an epidural:

- You will sit on the side of the bed or curl up on your side.
- The doctor will numb your skin and then put an epidural tube in the lower part of your back, between the bones in your spine.
- The doctor will put numbing medicine through the tube to make you more comfortable during labor.
- A pump will be connected to the tube to give you more numbing medicine during labor.

After the epidural goes in, your nurse will put a tube in your bladder to drain your pee during your labor. There is a small risk of getting a bladder infection with a tube in your bladder.

After birth, the nurse will remove the epidural tube and the numbness will start to go away. You'll be able to move your legs and walk in a few hours.

How Well Does an Epidural Work?

For most people, an epidural works very well.

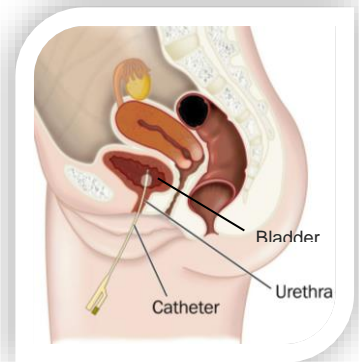
- An epidural takes 15 to 20 minutes to lessen your labor pain.
- Many people are so comfortable they can talk, watch TV, or sleep.
- About 1 in 100 people may need an epidural adjusted or replaced if it is not working well.

What Are the Benefits of an Epidural?

- Epidurals are the most effective way to lessen the pain during labor.
- An epidural can help you rest and relax.
- If your labor lasts a long time, an epidural may help you dilate quicker.
- Less medicine reaches the baby compared to IV pain medicines.
- If you need a C-section, your epidural can make you numb for the surgery.



Epidural



A catheter (small tube) will drain pee from your bladder.

Are There Risks of Getting an Epidural?

Common Side Effects of an Epidural

- The medicine can lower your blood pressure.
- It can make you itchy.
- It can make you nauseous or throw up.
- You could get a fever during labor, which may mean more tests for you and your baby.
- You may have a small bruise where the tube is placed.
- You may need medicine to make your contractions stronger.
- It may be hard to feel your contractions when you need to push. If so, pushing may take longer. If you are having a lot of trouble pushing, your care team may need to use a special vacuum to help pull the baby out.

Rare Risks of an Epidural

- There is a small risk of infection or bleeding (1 in a million people).
- The epidural tube can slip into a vein or the spinal fluid in your back. This may make it harder to breathe if you get too numb.
- There is a small risk of damage to a nerve or tissue (1 in 20,000 people) that could cause numbness, tingling, or a nerve not working (paralysis) even after the epidural wears off.
- You may get a headache after you deliver your baby that needs treatment before you leave the hospital.
- The baby may have trouble latching to breastfeed.

What Else Should I Know about Epidurals?

- Epidurals do not increase your risk of needing a C-Section.
- Epidurals do not cause long term back pain.
- When you get an epidural, your legs will be numb and tingling, so you cannot walk around. You can move around in bed (hands and knees, sitting up) to a comfortable position for labor and pushing.

Common Questions

1. How many people can I have with me during labor?

This decision is up to you. You should have people there who will love and support you in labor. We usually suggest 1 to 2 people with whom you feel very comfortable. Having too many people in the room is sometimes distracting and not helpful to the person in labor.

During the flu season (early winter through spring months), siblings can usually visit the Labor and Delivery or Postpartum (after birth) departments only if they are not feeling sick.

2. Will I get an IV (intravenous)?

Not always. We will give you an IV if:

- you are dehydrated (from vomiting or not being able to drink a lot of fluid)
- you need medicines or want to use pain medicines
- you have anemia (low iron in your blood, low blood count)
- you have a history of bleeding too much after giving birth
- we are concerned about the baby

Even if you have an IV, you can sometimes have a “saline lock,” which means you are not connected to the IV bag or pump. This makes it easier to move around.

3. Will I be connected to a monitor the whole time?

When you arrive at OB Triage or Labor and Delivery, we will use a machine called a monitor to check your baby’s heartbeat for about 20-30 minutes.

We continue monitoring your baby the whole time if:

- you had a C-section in the past
- you are using medicine for pain
- you are using medicine to make you have contractions (labor induction)
- we have concerns about your baby

If these do not apply to you and you and your baby are healthy, then we will connect you to the monitor every once in a while, but not for the whole time.



The monitor will look like this.

Words to Know

- **Episiotomy:** a small cut that makes the opening of your vagina bigger
- **Postpartum:** the time period after birth



4. Will I have an episiotomy?

An episiotomy is a small cut that makes the opening of your vagina bigger. Providers should only do an episiotomy if there is a problem with the baby or mother. Episiotomies are very rare.

Your provider can also show you exercises to help stretch your vaginal tissue to get ready for pushing.

5. How long will I stay in the hospital after birth?

- If you have a vaginal birth, you will stay in the hospital for at least 1-2 days after giving birth. The length depends on what time you give birth and if you or your baby have any medical problems.
- If you are a new parent or if you are getting help with breastfeeding, we recommend that you stay for 2 days.
- If you have a C-Section, you may stay for 3-4 days.

6. Will the baby stay with me in the hospital?

If you and your baby are healthy, your baby will be with you in your room the whole time after birth.

If you have a C-section, your baby can be with you if another adult is there to help you for the first 12 hours.

7. Can I have visitors after I give birth?

We try to give patients and their babies time to rest after giving birth when they are in the postpartum area.

One support person can stay with the patient and baby at all times. This person will get an arm band when the baby is born.

Visitors can come between 5am and 9am and between 12pm and 10pm.

8. What treatments and tests will my baby get at the hospital?

After your baby is born, doctors recommend:

- Eye ointment to protect against infections
- A Vitamin K shot to protect against too much bleeding
- A Hepatitis B vaccine
- A blood test to check for genetic problems

9. When do I see my provider after my baby is born?

We encourage you to schedule two visits at these times:

- 2 weeks after birth
- 6 weeks after birth

At these visits you may get a physical exam. We will talk more about your birth and how things have been going postpartum (after birth). We will also talk about birth control. If you want an IUD, it can be inserted at your 6 week visit.

Breastfeeding—You Can Do It!

Everyone at UNM wants to help you breastfeed! Ask for help if you need it. We have breastfeeding support nurses and a special clinic to support you.

Breastfeeding Resources

- **UNM Lactation Support**
 - Call our Lactation Hotline 272-MILK (272-6455). This hotline is for nurses, doctors, and patients to talk to any of our Lactation consultants. Just leave a message with your concerns or issues. We return all messages within 24 hours.
 - Visit our website:
<http://hospitals.unm.edu/women/maternity/breastfeeding.shtml>
 - You can make an appointment at the UNMH Outpatient Lactation Clinic at 272-0480.
- **La Leche League of Albuquerque**
 - For English, call their helpline at 505-821-2511. For Spanish, call Cindy at 505-867-1789. These numbers are available 7 days a week from 9am-7pm.
 - Email them at albuquerque11@gmail.com
 - Visit their Facebook page:
www.facebook.com/groups/AlbuquerqueLLL
 - Visit their website: www.lalecheleague.org
- **Breastfeeding and New Mom Support Group:** Meets Wednesday mornings from 10am-12pm (except holidays) at Dar A Luz Birth Center
- **B.F.F. (Breastfeeding Friends Network)**
 - Wednesdays 5pm-6:30pm at Young Children’s Health Center (306 San Pablo SE)
 - Visit their Facebook page: <http://www.facebook.com/BFFnetwork>
- **UNM Breastfeeding Taskforce:** www.breastfeedingnewmexico.org
- **Dr. Jack Newman:** www.drjacknewman.com
- www.breastfeedingbasics.com
- www.kellymom.com



Breast Pumps

You might be able to get electric breast pumps and some breastfeeding supplies through your health insurance. Call your insurance company or Medicaid for more information.

Important Phone Numbers

- **1-877-925-6877: Emergencies** –OB Triage nurse advice line (see the next section) or UNM Hospital OB Triage: 272-2460
- **272-2245:** University Center for Women’s Health (at UNMH)
- **925-CARE (925-2273):** UNMH Women’s Primary Care (on Eubank)
- **272-8913** Women’s Ultrasound/Imaging
- **272-2900:** Westside Family Health
- **861-1013:** Belen First Choice Clinic
- **865-4618:** Los Lunas First Choice Clinic
- **248-7703:** Albuquerque Indian Health
- **1-800-773-3645:** New Mexico Coalition Against Domestic Violence Hotline
- **247-4219:** S.A.F.E. House (for Domestic Violence)

If you have an **emergency or if you are in labor, call the OB Triage nurse advice line at 1-877-925 6877**

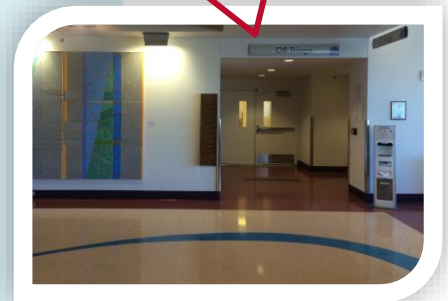
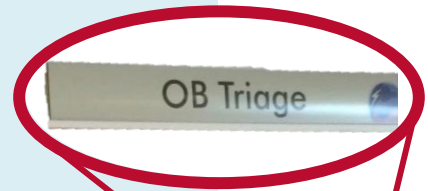
You can call at any time.

OB Triage is the part of the hospital that takes care of pregnant patients who are in labor or have an emergency. It is always open.

OB Triage is on the 4th floor of the Barbara and Bill Richardson Pavilion (the new part of the hospital).

Things to Know about OB Triage

- Call OB Triage nurse advice line before you go there at **1-877-925-6877**. Sometimes the nurse can help you on the phone.
- OB Triage staff will see the patients who are the sickest or are in labor first.
- 2 people may be with you in the triage room.
- Bring a snack and something to drink in case you have to wait for a long time.
- Providers send most patients from OB Triage to Labor and Delivery when they are actively in labor. This is called “active labor” and is when the cervix is open (dilated) about 5-6cm.



If you do not have an emergency and are not in labor, but have questions, concerns, or are sick:

Call your clinic.

When the clinic is open—Call your clinic to talk to a nurse or leave a message. They’ll try to call you back on the same day.

During weekends and when the clinic is closed—You can call your clinic and leave a message on the nurse line. Someone will call you back during normal business hours.