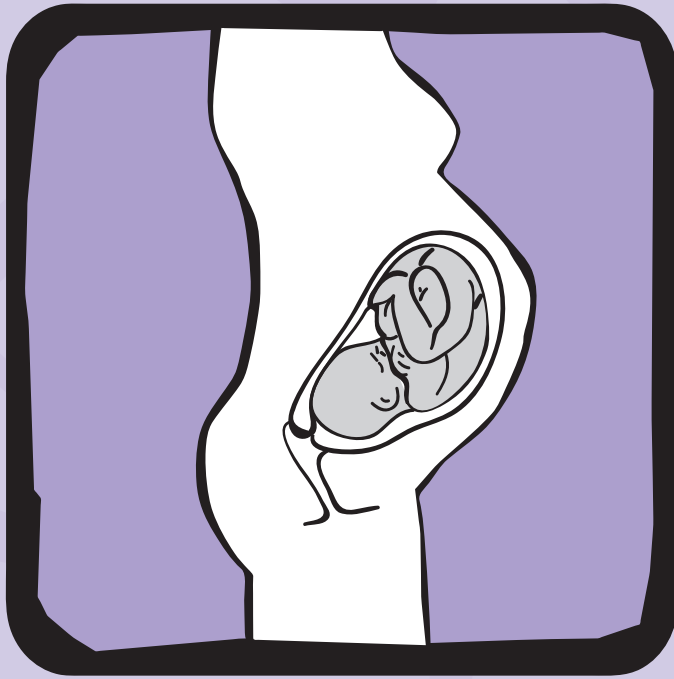


38–41 Week Visit Prenatal Information Sheet



Goal: Preparing for the delivery and
baby's arrival at home

Prenatal Information Sheet: 38–41 Week Visit

Goal: Preparing for the delivery and baby's arrival at home

Your baby's growth

- Your baby probably weighs around 7 pounds now and is about 21 inches in total length.
- Most likely, your baby is in the “head down into the pelvis” position, but some babies won't drop into position until a few days before delivery or until labor begins.
- We know babies are usually mature enough to do very well on the outside beginning at 39 weeks. Many are ready at 37 to 38 weeks. We also know babies continue to grow well within mom up to 42 weeks. If you have not delivered by 41 weeks, we will begin testing to ensure the placenta is functioning well.
- If you are still pregnant, labor will be induced between 41^{0/7} and 42^{0/7} weeks. Keep in mind that a majority of pregnancies are anywhere from 37 to 42 weeks long.



Your baby's growth

Your body's changes

- While baby's type of movement may change as he or she takes up more room in the uterus, it is still important to count and report any decrease in the number of movements.
- Baby is getting big and you are getting tired. Avoid over-exhaustion; take frequent breaks and prop your feet up.
- If you have trouble sleeping, try a warm bath before bed, a soothing massage, pillows between your legs, or sleeping on your side.
- You will be seen by your provider more frequently as your due date nears to promote a safe delivery for both you and your baby.



Your body's changes

Your family's changes

- Keep in mind that you can deliver anytime from today until 42 weeks of pregnancy. Few babies are born on their due date.
- You and your family may become more frightened and/or frustrated if you have not delivered. Tips on conquering these fears and frustrations include:
 - Talking them over with your partner, friends, or provider
 - Using relaxation techniques such as deep breathing, music, quiet walks, afternoon naps, and quiet time alone
- Enjoy this time with your family and try to rest up for the big event.
- Review your labor and delivery plans/wishes and coping techniques with your support person and provider.



Your family's changes



Thoughts
&
Feelings

Thoughts
&
feelings

Your thoughts and feelings

- Some women find that as the due date approaches they become very anxious about labor and delivery or their ability to care for a newborn. You may experience mood swings, anxiety, or be very short-tempered and emotional in these last few weeks of your pregnancy. These feelings are common.
- It is important to notice how you are feeling and coping. Do not hesitate to ask loved ones or professionals for assistance.
- Discuss your feelings with someone you trust, and your healthcare provider, especially if you have been very sad or depressed in the last couple weeks.



Signs to report
immediately

Signs to report immediately

- When in doubt, call the clinic, your healthcare provider or Labor and Delivery!
- Bright red bleeding or gush of fluid from the vagina
- The baby is not moving as much as you expect
- Four or more painful cramping contractions within an hour (after resting and emptying bladder)
- Any nausea and vomiting:
- Producing a small amount of dark urine or no urine at all
- Persistent headache (unrelieved by taking Tylenol®)
- Loss of vision
- Sudden weight gain
- Rapid swelling of hands and face
- Constant right upper belly pain (not related to baby movement)
- Fever at or over 100.4° F or 38° C




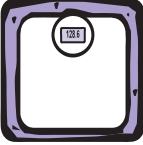




Today's visit

Today's visit

- We will measure your uterine growth, blood pressure, weight, listen to your baby's heart rate, review the fetal movement record, assess baby's position, and discuss any concerns/questions you may have.
- With a vaginal exam, your provider may check for any cervical opening or thinning.
- Discuss Group B Streptococcus (GBS) results.

You will:

- Sign up for any missed classes or tours.
- Make sure all necessary forms are completed and are at the Admissions Office.

<p>My BP/date:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Your blood pressure</p> <ul style="list-style-type: none"> • It is still important to report to your healthcare provider any severe headache, loss of vision, sudden weight gain, or rapid swelling of hands and face. 	 <p>Your blood pressure</p>
<p>My weight/date:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Your weight and nutrition</p> <ul style="list-style-type: none"> • Total weight gain should be about 25 pounds unless you are over or underweight. Your weight gain is not all fat. It is mostly water in your body and the weight of the growing baby. • Weight gain generally slows down or ceases towards the end of your pregnancy. 	 <p>Your weight</p>
<p>Reference: Prenatal Fitness and Exercise</p>	<p>Your exercise routine</p> <ul style="list-style-type: none"> • Continue your exercises but modify intensity to avoid fatigue. • Don't forget to finish your exercise with an adequate cool down and relaxation period. • See Exercise in Resource Section for further information. 	 <p>Your exercise</p>
	<p>Breastfeeding - a great start</p> <ul style="list-style-type: none"> • Breastfeeding for even a few weeks has long term health benefits for the baby and mom. • Drinking plenty of water will help maintain your milk supply. • Breastfeeding is not for every mother. Your decision will depend on lifestyle, desire, time and support. 	 <p>Consider breastfeeding</p>
<p>Fetal heart rate/date:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Fetal heart rate</p> <ul style="list-style-type: none"> • This measurement will be done at each visit to monitor your baby's well-being. 	 <p>Fetal heart rate</p>
	<p>Fundal height</p> <ul style="list-style-type: none"> • Measure uterine growth, and check to see if baby is dropping into the pelvis. You may feel this "drop" as an increase in frequency of urination and easier breathing. 	 <p>Fundal height</p>



Fetal movement count

- See Fetal Movement Count record. Complete Fetal Movement Count daily.

Fetal movement count



Cervical sweeping

- Towards the end of pregnancy, the cervix will start to prepare itself for going into labor. This preparation or “ripening” results in cervical softening (effacement) and opening (dilatation). The part of the membranes that was over the cervical opening can now usually be felt by a vaginal exam.
- If indicated, your provider may examine your cervix at this visit. Some providers may offer you cervical sweeping. This is done by your provider inserting a gloved finger between the membranes and the inner wall of the cervix. The finger is then swept in a circular motion around the inner cervix to separate the membranes from the cervical wall.
- Most women will find this process uncomfortable. Some women, but not many, will get some contractions and some vaginal spotting as a result of this procedure. Some (but not many) will actually go into labor!

Weekly cervical sweeping

Cervical Exam

Date: _____

_____cm

_____%

_____station

Cervical Exam

Date: _____

_____cm

_____%

_____station



Postdate pregnancy plan

- If you have not delivered by the end of your 40th week, you will begin a postdate pregnancy plan.
- This plan may include:
 - Non-stress tests twice a week
 - Weekly ultrasound measurement of amniotic fluid levels
 - Continued daily fetal movement recording
 - Continued weekly clinic visits

Postdate pregnancy plan

Labor and Delivery

- Hopefully, by now, you have toured the Labor & Delivery area, are pre-admitted, have transportation and child/pet care arranged, and have camera and film in your bag.
- Expect to be a little nervous. The big event is about to happen!
- Prior to admission, you will probably be given a vaginal exam to determine where you are in labor. Your vital signs will be taken and the baby will be monitored.
- If you are in active labor or your bag of water broke or you need close observation, you will be admitted and taken to a labor room where your baby's heart rate and your contractions will be monitored by an external fetal monitor (same monitor as used for the non-stress test you may have had). You will have your blood drawn and possibly an IV started at this time.
- Now you and your partner get to put all that practice to work! Remember each contraction puts you one contraction closer to holding your baby.
- If you have any special requests, such as having the father cut the cord, or you want to breast feed immediately after delivery, let the staff know now. Don't forget the camera for your baby's very first pictures.
- Right after the baby is born is a good time to put your baby to breast. Getting your baby and you skin-to-skin is great for both of you. This serves two functions: helps you bond with your new baby and decreases your blood loss by contracting your uterus.
- Your placenta usually delivers within 30 minutes after the baby is born. You may be too occupied with baby to take much notice.



**When you are
admitted**



**Postpartum
(after the
delivery)**

Postpartum (after the delivery)

- Even though you have worked hard and long to bring about this birth, most mothers are too excited to sleep. Enjoy this time but sleep when you can. Getting enough rest will decrease your irritability, help you feel better, and help in your recovery.
- The staff will be checking on both you and your baby frequently during this postpartum period. These checks are done to ensure both of you are doing well.
- If your baby is a male, you will need to decide on whether or not to have him circumcised. This procedure is usually done prior to hospital discharge. While there may be health benefits, at present, there is not enough medical evidence to recommend routine circumcision. Circumcision is a personal decision based on cultural, health, and religious beliefs.
- If you are having any problems caring for your newborn, let the staff know immediately. They are there to help you feel more comfortable and secure in your new role.
- The nursing staff will go over the basics of self and infant care. Ask questions and make sure you understand the information you are given.



Going home

Going home

- **Appointments:** At the time of discharge, you will be given information regarding follow-up appointments to be made for you and your baby.
- **Car seat:** Before leaving the hospital, your car seat will be evaluated and instructions given. The safest place for a newborn car seat is in the middle of the back seat facing the rear.
- **Family Planning:** If you need a prescription for birth control, get it before leaving the hospital.
- **Immunizations:**
 - If your chicken pox and rubella titers indicate you have not had these diseases you will be given the vaccines to prevent these diseases in the future.
 - If you have not received the flu vaccine, you may receive it prior to hospital discharge.
 - If you are less than 26 years old, we recommend that you receive the series of three immunizations of the Human Papilloma Virus (HPV) vaccine. If you have not had it, the first dose is after your delivery before discharge from the hospital, with follow-up repeat immunizations at two months and at six months after the first immunization.
- **DEERS:** Soon after discharge, you must stop by the Military Personnel Office or the nearest DEERS office to enroll your baby in DEERS. At this time you should receive the forms to enroll your baby in TRICARE. Complete these forms and forward them to your local TRICARE office.

- **Shaken Baby Syndrome:** Going home with a newborn is an exciting but challenging time. Babies cry for many reasons: when they are hungry, feel uncomfortable, have pain, or when they just want to be held. At times, no matter what you do, the baby will not stop crying. This can be very frustrating for parents and caregivers. It is important that no one taking care of your baby shakes your infant out of frustration due to your baby's behavior. If you or your partner are having trouble calming your infant, put your baby in the crib, take a deep breath and call for help from a friend or contact your baby's provider as soon as possible to receive help with this. Additional help may be obtained from the local New Parent Support Program, telephone number: _____
- **Domestic Abuse:** Domestic abuse may increase during the postpartum period as the family adjusts to the changes of adding a baby. Please do not hesitate to seek help from your healthcare provider, counselor or a close friend if you are experiencing physical, sexual, or emotional abuse. The National Domestic Abuse Hotline: 1-800-799-7233
- **Postpartum:** Many new mothers experience the "baby blues". This is a very common reaction during the first few days after delivery. The "baby blues" may include crying, worrying, sadness, anxiety, mood swings, difficulty sleeping and not feeling like yourself.

"Baby blues" is not the same as postpartum depression and does not require medical attention. With time, patience, and the support of family and friends, "baby blues" will usually disappear within a few days. If "baby blues" persist or worsen it may be a sign of a bigger problem. You should contact your provider prior to your scheduled postpartum visit.



Going home



Post delivery appointments

Post delivery appointment for newborn

- At the baby's first appointments, your baby will be measured, weighed, and receive a complete physical exam.
- Parenting concerns such as feeding, bowel movements, sleep, and number of wet diapers will be discussed.
- Be sure to write down questions you have and bring them with you to this visit.
- If you, your baby, or your family are having problems adjusting, be sure to let your health care provider know.



Additional signs to report

Additional signs to report

- **Prior to your six week check-up, call your healthcare provider if you experience:**

- Fever greater than 100.4° F or 38° C
- Burning on urination
- Increased pain near your vagina or surgical site
- Foul smelling vaginal discharge
- Swollen, painful, hot, red area on your leg or breast
- Extended periods of hopelessness or depression (more than two to three days a week)



Your next visit

Your post delivery appointment

Prior to when you leave the hospital, you will be instructed to schedule a post-delivery appointment for 6-8 weeks after you gave birth.

- You will receive a complete physical exam, possibly including a Pap smear.
- During this visit, your healthcare provider will review the following with you:
 - Family planning
 - Your adjustment to parenthood
 - Signs of postpartum depression
- You may receive an HPV immunization.

Your post delivery appointment

- If you are especially sad or “blue” in the weeks after the birth of your baby, contact your provider to discuss this prior to this visit. Many new mothers get the baby “blues” for a few days after delivery but it usually doesn’t last very long. Postpartum depression is more intense and lasts longer. With postpartum depression, signs and symptoms such as overwhelming fatigue, insomnia, loss of appetite, lack of joy in life or thoughts of harming yourself or your baby may actually interfere with your ability for care for yourself and your baby.



Your next visit

Your next visit

If you have another visit prior to delivery, we will:

- Measure your uterine growth, blood pressure, and weight, listen to fetal heart tone, review fetal movement record, assess baby’s position, and discuss any concerns/questions you may have.
- Discuss Postdate Pregnancy Plan if you have not delivered by 41 weeks.
- Schedule you for twice a week Non-Stress Tests and weekly, ultrasound-amniotic fluid measurements beginning at your 41st week.
- Schedule weekly prenatal visits.

ALWAYS
BRING YOUR
PURPLE BOOK
AND
**PREGNANCY
PASSPORT**
TO EVERY VISIT

Do you think you will be like your mother or different when you consider what kind of parent you will be?

How do you visualize yourself as a mother (warm, caring, strict, etc.)?

Write a few words to describe how you feel as a new mother:
