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 and where to call:

**Emergency Warning Signs**

If you have any of these warning signs or signs of labor, **please call your clinic or call OB Triage 272-2460.**

- ⚠️ Heavy bleeding from your vagina (like a period)
- ⚠️ Decreased (less) movement of your baby
- ⚠️ Pain or burning when you pee that doesn’t go away
- ⚠️ Fever more than 101°F after taking Tylenol
- ⚠️ A lot of vomiting (throwing up) that won’t stop
- ⚠️ Pain in one calf (lower leg) or swelling in one leg
- ⚠️ A very bad headache that doesn’t go away even after resting or taking Tylenol
- ⚠️ Changes in your vision, like blurriness or partial blindness
- ⚠️ Pain under your right ribs that won’t go away
What’s in This Booklet

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

### Things to Do

- During Weeks 34-36 of Your Pregnancy ................................................. 4
- During Weeks 37-42 of Your Pregnancy ..................................................... 5

### All about Labor

- What Is Labor? ............................................................................................. 6
- Signs That Labor Is Getting Closer ............................................................. 6
- When to Call OB Triage (272-2460) ............................................................. 7
- Come to The Hospital If ................................................................................ 8
- What to Do At Home .................................................................................... 8
- What to Bring to The Hospital .................................................................... 9

### What to Know about Pain During Childbirth

- How Painful Is Giving Birth? .................................................................... 10
- Why Is Labor Painful? ................................................................................ 10
- Coping With Pain Without Using Medicine .............................................. 11
- Using Medicine for Pain Relief ................................................................. 13

### Common Questions

- .................................................................................................................. 17

### Breastfeeding—You Can Do It!

- .................................................................................................................. 19

### Important Phone Numbers

- .................................................................................................................. 20
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.

This is especially important during the flu season (early winter through spring months). Nobody under age 14 is allowed in the Labor and Delivery or Postpartum (after birth) units during flu season.
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

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 OB Triage 272-2460)
- 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.
  o We schedule inductions between 41 and 42 weeks.
  o 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.
  o 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.
  - 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
When to Call OB Triage (272-2460)

- 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.
- If this isn’t your first baby, call if your previous labors were fast.
- Also call if:
  - you live far away from the hospital.
  - your blood pressure has been high, and you think labor has started.
  - you have had a C-section before.
  - 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!
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.
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 narcotics**: pain medicines that go into your veins
- **Nitrous oxide (laughing gas)**: a gas that you can breathe in through a mask to lessen your labor pain
- **Epidural**: an injection of anesthesia that goes into your spine

What Are the Pros and Cons of Narcotics?

**Pros**—

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

**Cons**—

- Narcotics 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 narcotics are given to you an hour or less before your baby’s birth, they might make the baby sleepy. The baby might also have a harder time breathing or breastfeeding right after birth. However, if the narcotics are given more than an hour before birth, your body and your baby’s body absorb and process the medicine quickly and the medicine doesn’t have harmful effects.
- Narcotics don’t take away all of the pain or make your body numb. They do make contractions less painful.

What is Nitrous Oxide?

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

- ✗ You cannot use it with intravenous narcotics.
- ✓ You can use it before an epidural.
- It is considered safe for you and your baby.
- It can make you feel less worried.
What Is An Epidural?

An epidural is a local anesthetic. This means that it numbs only part of your body (like the kind of anesthesia you get when you go to the dentist).

- An epidural is a shot in your back. Your provider injects it around the nerves in your spine.
- It numbs your pelvis and legs.
- Epidurals block pain messages from traveling up the nerves to the brain. When the pain messages are blocked, you don't feel the pain.

How Does my Provider Give Me An Epidural?

Your provider will talk with you before giving you an epidural.

- You will sit on the side of the bed or curl up on your side.
- The doctor will put a needle in your back with a tube.
- The doctor will put medicine through the tube

The doctor will:

- give you a shot of numbing medicine in the center of your lower back to numb the skin.
- put a long needle into the epidural space through the area that is numbed.
- thread the thin tube through the needle and then take the needle out.
- set up a pump to give you anesthesia through the small tube (catheter) during your labor.

After the placement of the epidural, the nurse will then put a catheter in your bladder to drain your pee during the surgery.

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.

- Within 15 to 20 minutes of starting the medicine, they lose feeling below the waist.
- Many people are so comfortable they can talk, watch TV, or sleep.

Sometimes, the epidural doesn’t work as well and you may still feel pain or pressure even though your legs are numb. If this happens, placing a new epidural usually helps.

There is no way to guess if your epidural will work well or not.

Are There Risks of Getting An Epidural?

An epidural usually helps but rarely does it make labor longer and more complicated. There are three major categories of risks.

1. Risks of Putting the Anesthesia in the Epidural Space

- There’s a very small chance of infection where the doctor inserts the needle. A serious infection can cause paralysis or very rarely death.
- If the epidural is placed incorrectly, you may lose the feeling of your breathing and need help to breathe normally.

2. Risks During Labor

- When you get an epidural, you need a catheter (tube) to drain pee from your bladder. This increases your risk of a bladder infection.
- You have a slightly higher chance of getting a fever during labor. If you do get a fever, your providers and nurses may need to observe your baby and do additional blood tests to make sure the baby doesn’t get an infection.
- You are more likely to need medicine to make contractions stronger.
- Your legs will be numb. If your baby gets stuck in a “crooked” position, you will not be able to move around to “jiggle” the baby into a good position. This may increase your chance of needing a C-section.
- It may be hard to feel your contractions when you need to push. If so, pushing will take longer and you have a higher chance of needing a vacuum or forceps to help give birth.
Are There Risks of Getting An Epidural (continued)?

3. Risks After Labor

- You might get a spinal headache. This is a terrible headache that comes 1 to 2 days after the epidural is removed. This happens in only 1 or 2 people out of 100.
  - If you get a spinal headache that does not go away with pain medicine, you may need to have a special procedure called a “blood patch.” The patch usually helps right away.
- Your baby may have a harder time getting started breastfeeding.
- Many people report ongoing back pain after an epidural, but we do not know if this is because of the epidural or because of other things that may have happened during their labor.
- There is a very, very small risk of permanent paralysis—loss of the ability to move your legs.

What Are the Benefits of An Epidural?

- If the epidural works well, you will not feel the strong pain of labor.
- Sometimes—especially with a first baby—early labor may be long. An epidural can give you a chance to rest so that you can gather your strength for active labor and birth.
- If you are very anxious, an epidural may help you relax.
- For some people, the epidural may actually make your labor go more quickly.
- If you need a C-section, your epidural can make you numb for the surgery.
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), nobody under age 14 is allowed in the Labor and Delivery or Postpartum (after birth) departments.

2. Will I get an I.V. (intravenous)?
Not always. We will give you an I.V. 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 I.V., you can sometimes have a “saline lock,” which means you are not connected to the I.V. 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.
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 during these times:
- 5am-9am
- 12pm-10pm

8. 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](http://hospitals.unm.edu/women(maternity/breastfeeding.shtml)

- **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 albuquerquelll@gmail.com
  - Visit their Facebook page: [www.facebook.com/groups/AlbuquerqueLLL](http://www.facebook.com/groups/AlbuquerqueLLL)
  - Visit their website: [www.lalecheleague.org](http://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](http://www.facebook.com/BFFnetwork)

- **UNM Breastfeeding Taskforce**: [www.breastfeedingnewmexico.org](http://www.breastfeedingnewmexico.org)

- **Dr. Jack Newman**: [www.drjacknewman.com](http://www.drjacknewman.com)

- [www.breastfeedingbasics.com](http://www.breastfeedingbasics.com)

- [www.kellymom.com](http://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.
If you have an emergency or if you are in labor, call OB Triage.

Call UNM Hospital’s OB Triage Unit (272-2460) 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 before you go there at 272-2246. 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.