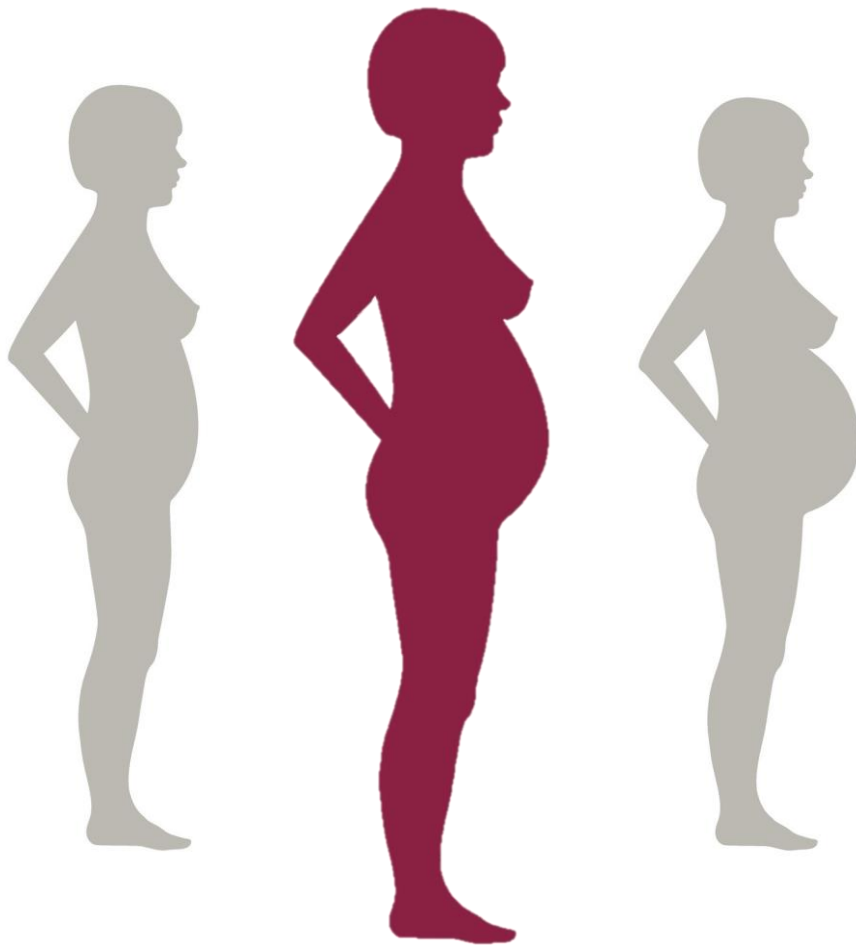


# What to Know During Your Pregnancy: Weeks 26-34



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 symptoms, **please call your clinic or call OB Triage 272-2460.**

- ⚠ Bleeding from your vagina
- ⚠ Strong lower belly pain or cramps
- ⚠ Uterus contractions or low back pain that happens more than 4-6 times an hour (This may be preterm labor. See page 4 for more information.)
- ⚠ A gush or leaking fluid from your vagina
- ⚠ Pain or burning when you pee
- ⚠ Vomiting (throwing up) a lot
- ⚠ Fever more than 101°F after taking Tylenol
- ⚠ Very bad headaches or changes in your vision, even after you take Tylenol
- ⚠ Decreased (less) movement of your baby

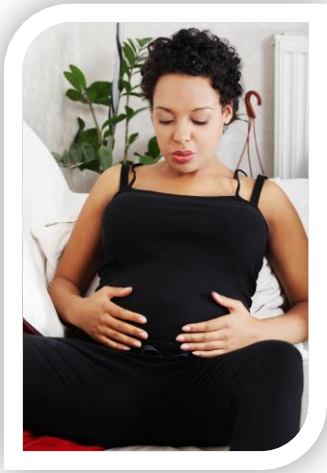
# What's in This Booklet

We want you to stay safe and healthy during your pregnancy! This booklet has information for weeks 26-34 (months 6-8) of your pregnancy.

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## Preterm (Early) Labor

Most pregnancies last 40 weeks. If you go into labor between 20 and 37 weeks of your pregnancy, we call it preterm labor.

When someone has preterm labor contractions, their uterus tightens and their cervix may open earlier than normal. This can cause an early birth. If a baby is born early, it can have problems breathing, eating, and keeping warm. That's why it is important to watch for signs of preterm labor.

### What Are The Signs of Preterm Labor?

- You are having 4 or more contractions in an hour.
  - It is normal to have some contractions of your uterus. They can happen when you change positions, such as from sitting to lying down. But if you have 4 or more contractions in an hour, your cervix may open up and the baby might come early.
- You have cramps (like when you have your period) in the lower belly. The cramps might come and go or they might be constant. You may have diarrhea or you might not.
- You have a low dull back ache below your waistline. The ache might come and go or it might be constant.
- You feel pressure in your pelvis that comes and goes or feels like your baby is pushing down.
- You have discharge (fluid) coming from your vagina that is new or different from normal. It might be watery, mucousy, or bloody.

### How Do I Know If I'm Having Contractions?

- Lie down. Put your fingertips on the top of your uterus.
- If your uterus is contracting, you will feel your abdomen get tight or hard during the contraction. Then you'll feel it relax or soften when the contraction is over.
- Preterm contractions may or may not be painful.



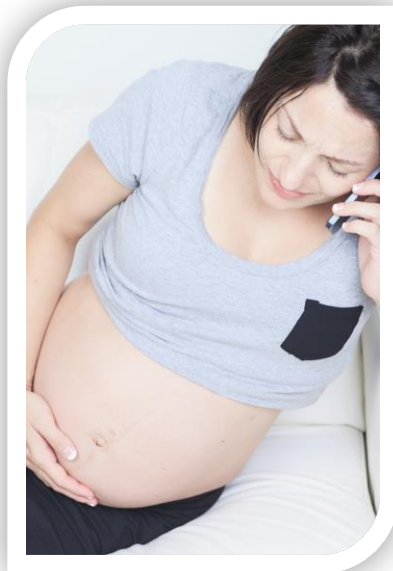
## What Should I Do If I'm Having Preterm Labor?

- Lie down on your side. Place a pillow at your back for support. Don't lie flat on your back, but don't turn too far forward on your side either.
  - Lying flat on your back might cause the contractions to happen more often.
  - If you lie too far forward you might not be able to feel the contractions.
- Drink several large glasses of water and pee often. Sometimes being dehydrated can cause contractions.
- Try taking a warm bath. Sometimes this can relax your muscles so your contractions slow down or stop.
- Track your contractions for one hour.
  - Count the number of minutes from the beginning of one contraction to the beginning of the next. That will tell you how often they are occurring.

### Call OB Triage at 272-2460 if:

- you have any signs of preterm labor for more than one hour.
- you have any fluid or blood leaking from your vagina.

It may be possible to prevent a preterm birth by getting care early!



### Did you know?

Some women have more risk of having preterm labor—for example, if you are having twins or if you have had a preterm birth in the past.

Ask your provider if you have a higher chance of having preterm labor.

## Things to Do

### During Weeks 26-28 of Your Pregnancy

You will visit the clinic regularly. You will have some important tests to make sure you and your baby are safe and healthy.

#### Gestational Diabetes Screening

Some people have high blood sugar during pregnancy. This is called gestational diabetes. It can cause serious problems for you and your baby.

To test for gestational diabetes, you will drink a very sweet orange drink and then get a blood test.

#### Blood Count

The blood count test tells us if you have anemia (low iron in your blood). This test is also called the hematocrit test.

#### Antibody Screening and Rhogam Shot

We will test your blood type for a protein called Rh. If you are Rh negative (you don't have the Rh protein) and your baby is Rh positive (has the Rh protein), your baby can have health problems. Antibodies in your blood can attack your baby's blood cells.

If you are Rh negative:

- We will test your blood for antibodies.
- You will get a Rhogam shot. This shot prevents the antibodies in your blood from attacking your baby's blood. In other words, it keeps your baby safe!

If you are Rh positive, you don't need the shot.



#### Words to know

**Gestational diabetes:** high blood sugar during pregnancy

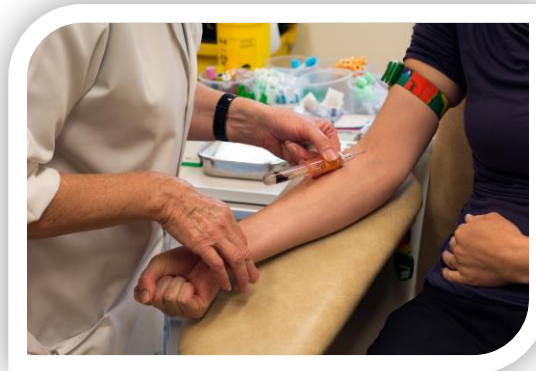
**Rh:** a protein in some people's blood

**Rh negative:** you don't have the Rh protein in your blood

**Rh positive:** you have the Rh protein in your blood

**Antibody:** a cell that fights infections or other foreign things that enter your body

**Rhogam shot:** A shot that keeps your blood's antibodies from attacking your baby's blood



## During Weeks 28-34 of Your Pregnancy

### Choose a Provider to Care For Your Baby

While you're in the hospital, UNM medical staff will take care of your baby.

After you leave the hospital you'll need to take your baby to a health care provider that takes care of children. It's a good idea to start looking for a provider for your baby before you give birth.

### Go to Childbirth Education Classes

There are many classes at UNM and in the Albuquerque area.

UNM offers:

- Evening classes
- All day Saturday classes
- Refresher classes for those who have had a baby before
- Breastfeeding classes
- Parent classes
- Sibling classes

All classes are free! Call 272-2245 to register.



## **Pay Attention to Your Baby's Movement**

Healthy unborn babies move a lot. Some babies are more active than others.

By 28 weeks of pregnancy, most people know how their babies move and the times of the day when their baby is more active. Pay attention to your baby's movement pattern. This pattern should continue right up until your baby is born.

You might feel your baby:

- kicking, fluttering, twisting, rolling, and turning.
- sleeping (not moving) for up to 40 minutes at a time.

### **If Your Baby Is Moving A Lot Less:**

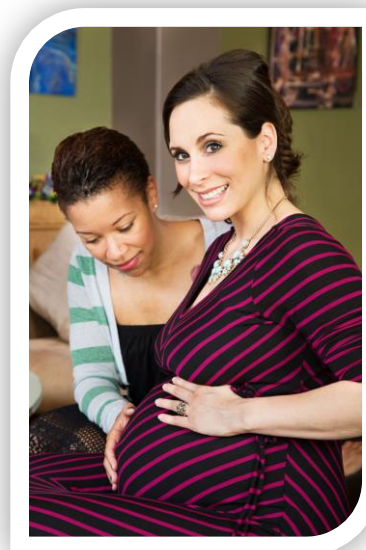
Call your provider or OB Triage (272-2460) within 12 hours.

If you are not sure if your baby is moving a lot less, count your baby's movements. Here is how.

1. Eat or drink something.
2. Lay on your side.
3. Write down the time you start.
4. Place your hands on your belly and notice when your baby moves. Any movement counts! (twists, turns, kicks, etc.)
5. Count until you reach 10 movements.
6. If you don't get 10 movements in 2 hours, call OB Triage at 272-2460.

**You know your baby's pattern of movement better than anyone else!**


**If you don't feel 10 movements in 2 hours, call OB Triage.**

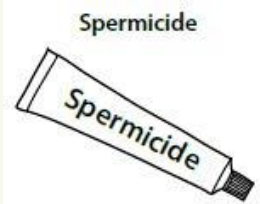
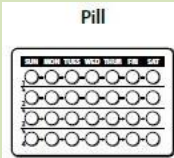
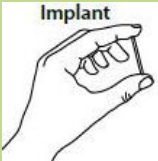
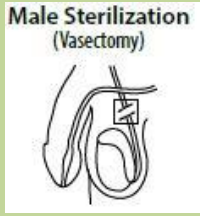
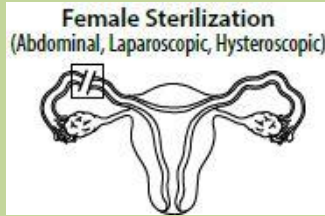




## Think about Family Planning and Birth Control Options

If you want or need birth control, start thinking about what type of birth control you might like to use after your baby's birth. Your provider will talk with you about this. This chart shows the most effective and least effective types of birth control.

 <p style="text-align: center;"><b>Most</b></p> <p style="text-align: center;"><b>Least</b></p>	<p><b>Most Effective</b> (Less than 1 pregnancy per 100 women)</p>	<p>After procedure, little or nothing to do or remember. For vasectomy and Essure sterilization, use another method for first 3 months. Sterilization is permanent.</p>	<p>Once in place, little or nothing to do or remember.</p>		
	<p><b>Somewhat Effective</b> (2-8 pregnancies per 100 women)</p>	<p>Breastfeed exclusively up to 6 months.</p>	<p>Get repeat shots on time.</p>	<p>Take a pill each day.</p>	<p>Keep in place. Change on time.</p>
	<p><b>Less Effective</b> (15-25 pregnancies per 100 women)</p>	<p>Use correctly every time you have sex. Cervical cap and sponge are less effective for women who have given birth.</p>	<p>Abstain or use condoms on fertile days.</p>	<p>Fertility-Awareness Based Methods</p>	
	<p><b>Least Effective</b> (About 30 pregnancies per 100 women)</p>	<p>Use correctly every time you have sex.</p>			



This chart was adapted from a chart by the CDC (Centers for Disease Control): [http://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/contraceptive\\_methods\\_508.pdf](http://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/contraceptive_methods_508.pdf)

## Breastfeeding—You Can Do It!

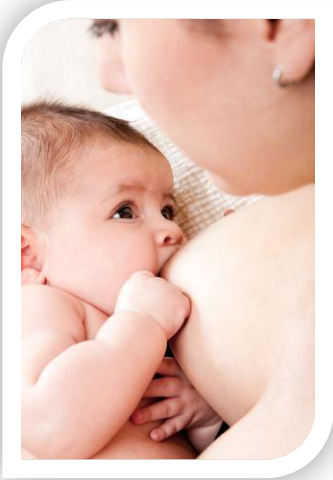
### How Will I Learn to Breastfeed?

When you are at the hospital, our team will help you. Here are some things we might tell you or teach you about breastfeeding.

- We encourage the baby to be skin-to-skin, naked against your bare chest right after the birth (if you and your baby are stable). You can start bonding and feeding your baby as soon as possible.
- We help you notice feeding cues so you know when the baby wants to eat.
- We encourage you to breastfeed any time your baby wants to eat. This is called feeding on demand.
- We teach you how to find the best positioning and latch.
- If all goes well with the birth and neither you nor the baby needs a procedure, the baby will room-in with you. That means that the baby stays in your room at all times so you can snuggle her, feed her often, and look for hunger signs.

### Books on Breastfeeding

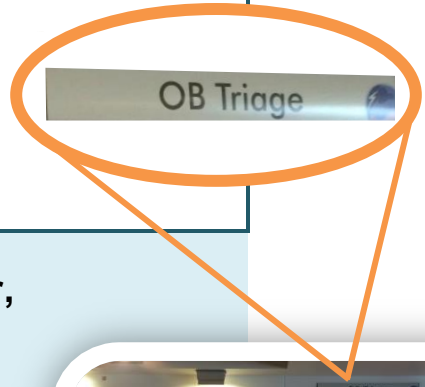
- **The Nursing Mother's Companion**, Huggins & Lawrence
- **The Breastfeeding Book: Everything You Need to Know About Nursing Your Child from Birth through Weaning**, Martha Sears and William Sears
- **The Breastfeeding Answer Book**, Mohrbacher, Stock, and Newton
- **Breastfeeding Made Simple**, Mohrbacher and Kendall-Tackett
- **The Ultimate Breastfeeding Book of Answers**, Newman and Pitman
- **Working Without Weaning: A Working Mother's Guide to Breastfeeding**, Kirsten Berggren
- **The Womanly Art of Breastfeeding**, La Leche League
- **The Breastfeeding Woman's Guide to Making More Milk**, IBLCC





# Important Phone Numbers

- **272-2460: Emergencies** – UNM Hospital OB Triage (see the next section)
- **272-2245:** University Center for Women’s Health (at UNMH)
- **925-CARE (925-2273):** UNMH Women’s Primary Care (on Eubank)
- **272-2900:** Westside Family Health
- **861-1013:** Belen First Choice Clinic
- **865-4618:** Los Lunas First Choice Clinic
- **248-7703:** Albuquerque Indian Health



**If you have an **emergency** or if you are in labor, call OB Triage at 272-2460.**

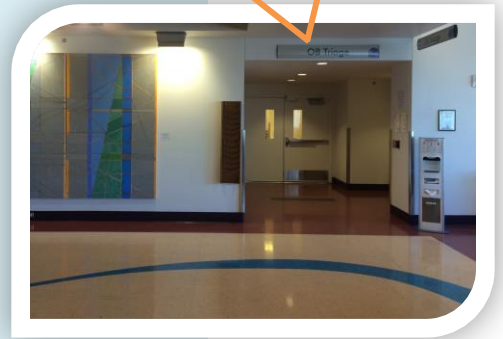
You can call at any time.

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 4<sup>th</sup> 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 272-2460. 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.