

Healthy expectations

About baby

At 34 weeks old, the average baby:

- Is about 18 inches long
- Weighs approximately 4 ¾ to 5 pounds
- Has softer skin and increased body fat
- Has increasing lung capacity and lung strength
- Has a rapidly developing central nervous system

About mom

At this stage in your pregnancy, fatigue commonly returns. You may experience increased swelling in your feet and hands due to an increase in blood flow to your extremities. This can also lead to light headedness and dizzy spells. Be sure to monitor your baby's movement (keeping fetal kick count sheets are recommended) and alert your physician of any changes/decrease in movement. Also talk to your doctor if you are experiencing itchiness on your abdomen or thighs in the form of red bumps, as this may be an indication of pruritic urticarial papules and plaques of pregnancy (PUPPP), a harmless but uncomfortable condition that may be treatable.

Group B streptococcus (GBS)

Unlike Group A Streptococcus, which causes a sore throat (strep throat), Group B Streptococcus (GBS) is a bacteria, found usually in the rectum or vagina, that can be dangerous to your baby. Because the bacteria does not normally adversely affect healthy adults, most women are not aware of its presence, though as many as 30 percent of pregnant women carry it.

Women with GBS may pass the bacteria on to their babies during birth. Children who become infected will develop early-onset GBS disease, which can cause a number of health problems for the child, including:

- Pneumonia
- Meningitis
- Sepsis
- Cerebral palsy
- Gradual vision/hearing loss
- Developmental disabilities or early death

With proper diagnosis and antibiotic treatment for the mother during late pregnancy, these risks can be greatly reduced. It is recommended that all women be screened for GBS at 35–37 weeks of pregnancy. This will most likely occur at your next visit. The only exceptions are for women whose urine tested positive for GBS earlier in their pregnancy or for those who have previously had a child with a GBS infection, as the risk is already present for these women. In these cases, your physician will likely start an antibiotic treatment during labor as a preventative measure.

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False vs. true labor

Once you reach 37 weeks of pregnancy, you may begin feeling increased Braxton Hicks contractions, and you may exhibit signs that fool you into thinking you're going into labor. This 'false' labor is sometimes difficult to differentiate from 'true' labor, but the following tips may help:

Signs of false labor:

- Unpredictable, varying and irregular contractions
- Contraction pain is mainly in the lower abdomen
- Contractions lessen or stop with activity or position shift

Signs of true labor:

- Contractions become more regular, intense & long-lasting
- Contraction pain is in the lower back and around front
- Contractions stay persistent

If you experience any signs of labor, whether you suspect true or false, and you are LESS than 37 weeks pregnant, call your physician immediately.

Cesarean (C-section)

A cesarean section or C-section, is a surgical procedure where the baby is born by removal through an incision made in the lower abdomen. About 30 percent of women give birth via C-section. A physician may order a C-section in the event that a baby cannot be born by traditional, vaginal birth, and is likely in any of the following circumstances:

- Your baby is breech (upside down)
- Your baby is transverse (sideways)
- You have placenta previa
- You are carrying twins or multiples
- Your baby is excessively large (macrosomia)
- You have previously had invasive uterine surgery
- You have previously had a C-section
- You are HIV-Positive or diabetic

C-sections may be planned by your physician when any of the above risk factors are evident. In some cases, emergency C-sections are performed when it becomes clear that a vaginal birth is either not possible or potentially dangerous to the mother and/or child.

Because a C-section is a major surgery, there is an increased risk of complications and postpartum effects, including:

- Increased hospital stay & recovery time
- Heavy bleeding
- Blood clots
- Infection
- Pain
- Potential bladder and/or bowel injuries

Additional risk factors that may lead to an emergency C-section include:

- Your baby stops moving down the birth canal
- Your cervix stops dialating
- You have Placental Abruption (the placenta separates from the uterus)
- The umbilical cord becomes entangled around the baby or its neck
- You have a prolapsed cord (the umbilical cord slips through the cervix)
- Any situation that your physician determines puts you or your baby at risk

Resources

Below are a couple of online resources that our patients have found to be helpful. Please note that these sites are not intended to take the place of the care of your provider.

babycenter.com

babycenter.com/calculators-birthplan

cosprings.optum.com



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