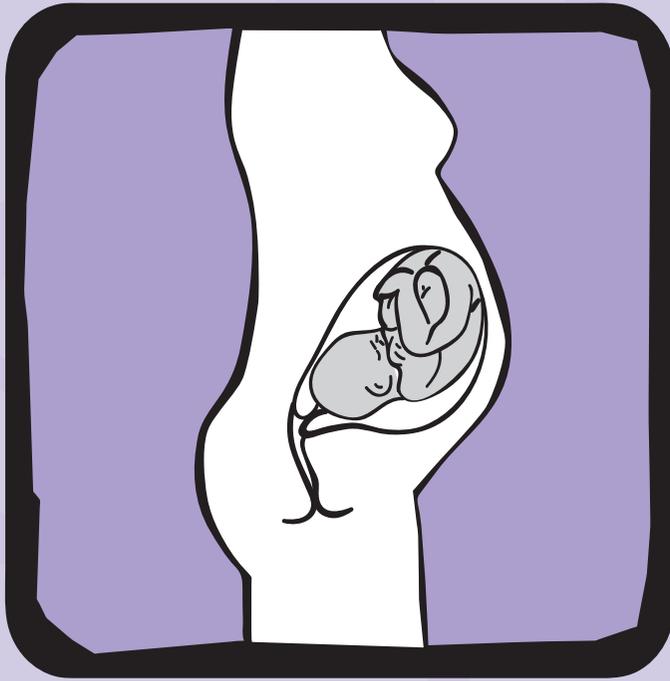


36 Week Visit Prenatal Information Sheet



Goal: Begin preparations for your hospital experience

Prenatal Information Sheet: 36 Week Visit

Goal: Begin preparations for your hospital experience

Your baby's growth

- Your baby probably weighs around 6 pounds now and is about 20 inches in length.
- Most likely, your baby is in the "head down" position. However, some babies settle into the head down position only a few days before delivery. If baby is in the breech (or butt down) position, your provider will discuss options to turn the baby to head down position.



Your baby's growth

Your body's changes

- Easier breathing after the baby "drops" or moves down into pelvis. Some babies don't "drop" until after labor begins.
- More frequent urination after the baby "drops" down.
- Increased backache and heaviness.
- Pelvic and buttock discomfort.
- Increased swelling of the ankles and feet and occasionally the hands.
- More frequent and more intense Braxton-Hicks (non-painful) contractions.



Your body's changes

Your family's changes

- More excitement and anxiety but also more impatience and restlessness as the delivery date nears are common – for both you and the baby's father. Many parents feel a renewed desire this month to tie up loose ends at work or home, organize the home, or catch up on social obligations. While you may think you have more energy now than in the last two months, don't overdo it. Involve your partner in carrying out needed tasks.
- Apprehension about the baby's health and labor and delivery is common.
- Share your concerns about the changes you anticipate with your partner and those around you.



Your family's changes



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.
- If at any time you believe you are close to hurting yourself or someone else, due to anger, contact your provider immediately. If you cannot reach your provider, seek help at the hospital Emergency Department.
- Discuss your feelings with someone you trust, and your healthcare provider, especially if you have been very sad or depressed in the last couple of 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)
- Severe nausea and vomiting:
 - Inability to keep fluids down
 - 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 baby's heart rate, review the fetal movement record, check baby's position, do a test for Group B Streptococcus (GBS) and discuss any concerns/questions you may have.
- Discuss any specific plans you have for your birth experience.
- You will complete necessary forms from your healthcare provider and take them to the Admissions Office.
- **Homework** - Prior to going into labor and being admitted to the hospital, make sure you have made arrangements for childcare and pet care.

<p>My weight:</p> <p>_____</p> <p>Total weight change:</p> <p>_____</p>	<p>Your weight and nutrition</p> <ul style="list-style-type: none"> • When making your choices from each food group, pick those that are low in fat and high in fiber and iron. • With your enlarging uterus, you may need to eat smaller, more frequent meals. • Track your weight gain in the Resource Section of this book. 	 <p>Your weight</p>
<p>Reference: Prenatal Fitness and Exercise</p>	<p>Your exercise routine</p> <ul style="list-style-type: none"> • Regular exercise helps you keep fit during your pregnancy and feeling better during a time when your body is changing. • Avoid overheating by drinking adequate amounts of fluids and wearing appropriate clothing. 	 <p>Your exercise</p>
	<p>Breastfeeding - a great start</p> <ul style="list-style-type: none"> • Breast milk is the ideal food for a baby and is easily digested. 	 <p>Consider breastfeeding</p>
<p>Fetal heart rate:</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> <p>_____</p>	<p>Fundal height</p> <ul style="list-style-type: none"> • This measurement will be done at each visit to monitor the progress of your pregnancy. 	 <p>Fundal height</p>
<p>My BP:</p> <p>_____</p>	<p>Your blood pressure</p> <ul style="list-style-type: none"> • Blood pressure is measured at every prenatal visit because high blood pressure can cause serious complications for baby and mother if not controlled. It can also be a sign of pre-eclampsia. 	 <p>Your blood pressure</p>



Fetal movement count

Fetal movement count

- Review fetal movement count record.

Fetal Movement Count:



Fetal presentation

Fetal presentation

- The location of the baby's heartbeat in the lower half of your abdomen is a clue to your baby being in the head down position.
- If the baby's position is not head-down, your healthcare provider will discuss with you what may need to occur.



Group B Streptococcus

Group B Streptococcus (GBS)

- GBS, bacteria commonly found in the vagina or rectum, can sometimes be passed on to the baby during labor and delivery.
- Testing will determine if you have GBS.
- Your provider will swab the vaginal and rectal area and send the specimen to the lab.
- Once completed, test results will be discussed with you at your next visit.
- If the test is positive, you will receive antibiotics during labor. See GBS in Resource Section for further information.



Birth plan

Birth plan

- It is anticipated that most women will have spontaneous onset of labor and deliver vaginally. However, induction of labor with medications may be required if you have premature rupture of membranes and labor did not start spontaneously, or if you developed medical problems that required delivery.
- At times, operative delivery is required (forceps, vacuum, or cesarean section) to assist in the delivery of your baby. Your provider will discuss with you if operative delivery is required.
- If you have a birth plan or any special requests, please let your nurse or healthcare provider know and we will do whatever we can to accommodate you and your family while also providing an optimal and healthy outcome.

Preparing for baby's arrival

- Pack two bags, one for you and one for the baby. The baby's bag can stay in the car until after the baby is born. This way your partner will have less to carry while helping you to Labor & Delivery.
- Bring things to make you comfortable: washcloths, extra socks, lip balm, hair items, basic toiletries. If you wear contact lenses, be sure to bring your case and a pair of glasses.
- Bring phone numbers of those you want to call immediately after the baby is born.
- Don't forget the camera! Bring extra film and batteries as back-up. You don't want to miss this once-in-a-lifetime opportunity!
- Bring several pair of your oldest panties as you'll be bleeding quite a bit for a few days after you give birth.
- If breastfeeding, be sure to bring a nursing bra or two.
- Feel free to bring your own nightgowns or pajamas, slippers, and robe, but we can also provide these items for your use while in the hospital.
- You will need your own clothes to go home. Make sure they are comfortable, and, yes, you may still be wearing maternity clothes for awhile.
- For baby: bring an outfit to go home in, a blanket, and a car seat. You won't need these until the day of discharge. Now is a good time to install the car seat in your car and have the installation inspected by a certified car seat technician.
- Feel free to bring a tape/CD player. Your tastes/preferences may change as you move through the different stages of labor, so you may want a variety of music options.



Preparing
for
baby's arrival

Preterm/Labor signs

- Technically, this is the last week you need to report preterm labor symptoms. Most providers will not attempt to stop labor at this time in your pregnancy. If your baby is born prior to 39 weeks, it may require an extended stay in a special nursery for monitoring of temperature, heart rate, and respiratory status.
- Go to Labor & Delivery if you're having:
 - More than six contractions per hour that do not ease up with drinking three to four glasses of water, emptying your bladder, and lying on your side for an hour
 - Leaking of clear fluid, spotting or bleeding
 - Or other preterm labor symptoms previously discussed
 - For further information, see Labor and Deliver Basics in Resource Section.



Preterm
labor guidelines

 <p>Summary of visit</p>	<p>Summary of visit</p> <p>Date of next visit: _____</p> <p>Date for lab work/other medical tests: _____</p> <p>Summary of visit _____</p>	
 <p>Your next visit</p>	<p>Your next visit</p> <p>At your 38-41 week visit we will:</p> <ul style="list-style-type: none"> • Measure your uterine growth, blood pressure, and 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. • Discuss results of Group B Streptococcus (GBS) culture. • Offer to complete a vaginal exam to check for any changes in the cervix. 	<p>ALWAYS BRING YOUR PURPLE BOOK AND PREGNANCY PASSPORT TO EVERY VISIT</p>

Questions to ask at next visit:

Things to do before baby arrives:
