36-week quick reference guide

Ascension Medical Group
Seton Women's Health

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Appointments in the final weeks of your pregnancy

At this point in your pregnancy, you will be seen in the office weekly. Depending on your history, and any complications you have had during your pregnancy, these visits may also include ultrasounds and/or fetal heart rate monitoring to check on the well-being of your baby. You will have your Group B strep test (see info later in this packet), and will likely have an ultrasound to check the position, amniotic fluid level and size of your baby. Cervical exams (checking for dilation) may occur after 37-38 weeks.

Am I going into labor?

At this stage in your pregnancy, you may be experiencing some new symptoms, such as a change in discharge, different aches and pains, or intermittent contractions. Here are some common symptoms, what they mean, and what to do if you experience them.

What may happen	"Bloody show"
What it means	Blood and mucous discharge can be a sign that the cervix is starting to thin and dilate in preparation for labor.
What you should do	If you are 36 weeks or further, this can be a sign of labor to come. You do not need to do anything at this point other than monitor for contractions. If you are less than 36 weeks and you are having bleeding like a menstrual period, contact the office.

What may happen	Back pain
What it means	Back pain is common in pregnancy, but if it is intermittent or rhythmic, it may be a sign of early labor, especially if you are having cramping or pelvic pressure as well.
What you should do	You do not need to do anything unless you are less than 37 weeks. Monitor along with any other signs or symptoms of labor.

What may happen	Contractions
What it means	Contractions are tightening of the uterus. Think of how your bicep feels when you flex your muscle. This firmness is how your uterus/belly will feel during a contraction. Contractions usually start out being irregular and far apart, and then increase in frequency, duration and intensity as labor progresses.
What you should do	Time your contractions and notify us when the contractions are regular and about 5-7 minutes apart.* Notify us immediately if you are less than 37 weeks and having regular contractions.

What may happen	Water breaking (rupture of membranes)
What it means	This can occur as a large gush of fluid from the vagina, or a constant steady trickle. This most commonly happens after contractions have started, but occasionally can happen before contractions start.
What you should do	This can occur as a large gush of fluid from the vagina, or a constant steady trickle. This most commonly happens after contractions have started, but occasionally can happen before contractions start. Note the time that it happened, the color and amount of fluid, and whether or not you are having contractions. Notify us regardless of gestational age and make sure to relay all of the above information.

You should know:

- If you have contractions, rest and drink fluids to see if this changes the pattern or intensity of the contractions before calling the office or MedLink. With your first baby, contractions should be regular for 2 hours before calling (unless you have other symptoms like rupture of membranes). In active labor, the contractions will be consistent and each contraction will last between 45-60 seconds. As labor progresses, contractions will occur more frequently and be more intense.
- Braxton-Hicks contractions are not usually painful and do not require a phone call unless you are experiencing other symptoms of labor. Rest and hydrate.
- Rupture of membranes (“water breaking”) does not always produce a big gush of fluid. If you notice any leaking of fluid, notify the office.
- If you feel you may not be meeting your kick count requirements, get something to eat, drink a cold beverage and rest. Reevaluate the kick count in 30-60 minutes. If you are not meeting your kick counts, call the office.
- It is normal to have some light bleeding or spotting after a cervical check or after intercourse.
- Please call the office if you are having heavy bleeding like a menstrual period.

- Losing your mucous plug is normal at 37 weeks or after. This doesn't mean that you are about to go into labor. Your mucous changes throughout pregnancy. If you are not experiencing excessive bleeding or pain, you should not be concerned.

Group B streptococcus

At your 36-week visit, you will have your Group B strep test. Group B strep (GBS) are bacteria that live in the intestines, and are frequently found in the vagina, rectum, and urinary tract. About 1 in 4 women will have GBS as part of their normal bacterial colonization (colonization is not an infection; it is when bacteria "live" on a body surface without causing disease).

Why are we concerned about this bacteria?

In addition to it being a common colonizer of the gastrointestinal and genitourinary tracts, it is also the most common cause of a bacterial infection in newborns and infants up to 90 days old. Infection with GBS can put a newborn at risk for life-threatening sepsis (overwhelming infection). If you carry GBS, it can be transmitted from you to your baby when it passes from the vagina into the amniotic fluid. This can occur during labor when your water is broken but can also occur while your bag of water is intact, or when your baby comes through the birth canal.

How do I prevent this?

It is recommended that all pregnant persons undergo screening for GBS at 36-to-37 weeks. The test is done by inserting a small sterile swab about two centimeters into the vaginal canal, then about one centimeter into the anus. If you screen positive for colonization with GBS, it is recommended that you receive intravenous antibiotics during labor. Since this has become routine practice, the incidence of severe early-onset GBS disease has declined by about 80%.

My GBS test came back positive … now what?

As mentioned before, this just means GBS is one of your colonizing bacteria, not that you have an infection. Nothing needs to happen immediately. It will be documented on your prenatal record that gets sent to the hospital.

Can I take oral antibiotics now to get rid of the bacteria?

The short answer is no. If you were to take oral antibiotics, the amount of GBS colonizing the vagina may decrease transiently, but the bacteria will regrow quickly. Your doctor will recommend that you receive intravenous antibiotics during labor. These IV antibiotics are given every 4 hours until you deliver your baby. Receiving these antibiotics on a scheduled basis allows there to be adequate levels in the amniotic fluid and in baby's circulation to minimize risk of you transmitting the bacteria to them. To be most effective, the first antibiotic dose should occur at least 4 hours before delivery.

I'm planning an unmedicated labor and birth. Does this mean I will be tethered to an IV pole during my labor?

The dosing of antibiotics is every 4 hours. The infusion of each dose takes about 20 minutes. After the infusion is complete, your nurse can saline lock your IV (disconnect the IV tubing), leaving you free to move around in labor.

My labor went very quickly, and I had the baby less than 4 hours after my first dose of antibiotics. Is my baby at risk?

Although the maximum effectiveness is achieved at 4 hours after the first dose (and maintained with every 4-hour dosing), we start to see a decrease in the colony counts in the vagina as soon as 2 hours. So even if you don't make it to the 4-hour mark, the colony counts are already starting to decrease. If you do not have a fever and baby is doing well, this may just mean prolonged observation (staying the full 2 days or 48 hours instead of early discharge).

Does this change when I need to come to the hospital?

As mentioned before, getting 4 hours in between the first dose and delivery is ideal. For this reason, we'd prefer you to err on the side of coming in earlier. If your water breaks, go ahead and come in even if contractions haven't started yet, so that we can get the antibiotics started. When you contact MedLink, make sure to let the doctor know that you have tested positive for GBS, and also be sure to remind your hospital team.

Newborn eye ointment

The antibiotic ointment placed in baby's eyes after birth is a prophylactic measure to prevent a condition called ophthalmia neonatorum (also known as newborn conjunctivitis or pinkeye). This is an infection of the conjunctiva (the mucous membrane that covers the front of the eye and the inside lining of the eyelids) that can be passed to the baby during birth. The ointment is meant to kill bacteria in the eye — the most concerning of which is gonorrhea, which if untreated, can lead to serious eye damage or blindness in as little as 24 hours. Texas law requires that eye ointment is administered within 2 hours of birth.

Vitamin K shot

Vitamin K is a fat-soluble vitamin that our body needs for blood clotting. Most of our vitamin K comes from our diet, while a small amount is made by the "good bacteria" that live in our intestines. At birth, infants are deficient in vitamin K, and because of this, they are at risk for vitamin K deficiency bleeding (VKDB). This is a potentially life-threatening complication that can occur at any time after birth, up to about 6 months of age. Giving an intramuscular injection of vitamin K after birth helps protect the infant during this vulnerable time.

I eat a very healthy diet with lots of foods rich in vitamin K. How can my baby be deficient?

All babies are born deficient in vitamin K as it does not cross the placenta well. The intestines of a newborn also do not have very many bacteria yet, so they do not have the benefit of vitamin K made by intestinal bacteria. Vitamin K is also not transmitted well in breast milk, so exclusively breastfed infants are at increased risk of VKDB.

Does the shot really make a difference? What health issues can VKDB cause?

Newborns who do not get the vitamin K shot are 81 times more likely to develop severe bleeding than those who get the shot. VKDB can be divided into three different types: early, classical and late VKDB. Early VKDB happens within the first day of life, can be severe, and can cause hemorrhage in the brain, abdomen or skin. Classical VKDB generally occurs within the first week of life, with potential for bleeding in the gastrointestinal tract, umbilical cord site, nose, skin and circumcision site. Late VKDB generally occurs in the first 2 months of life but has the potential to occur in infants up to 6 months of

age. Bleeding with late VKDB happens in the brain (more than half of infants with late VKDB have bleeding in the brain) and gastrointestinal tract. Bleeding in the brain has the potential to be life-threatening and can cause long-term brain injury. Late VKDB is dangerous in that there may not be any outward signs of bleeding, initial symptoms of bleeding in the brain may be very non-specific, and a brain bleed may reach a critical size before parents realize the need to seek medical attention.

Isn't there an oral version I can give my baby instead?

The intramuscular vitamin K1 injection is the recommended method in the United States. One of the main reasons is that there is no proven FDA-approved oral version available in the US. Oral supplements are not FDA approved and fall into the "special foods" category (rather than the "drug" category), and thus do not have to comply with the rigorous FDA quality control standards for purity, consistency, and lack of contaminants. The intramuscular version is FDA approved and regulated, more well-absorbed than the oral version and has both an immediate and delayed release effect – protecting your baby against early, classical and late VKDB. When the shot is given, the chance of late VKDB is near zero.

I want to do skin-to-skin as soon as my baby is born, and don't want them taken away from me for procedures. Will getting the shot affect this?

The vitamin K shot should be given within the first 6 hours after birth. If you want to defer this during that first important "golden hour," let your pediatric provider and nurse know. Most times, you can still hold your baby when it is time for this shot to be given. Holding your baby and allowing them to suck can be soothing and pain relieving, so we encourage you to breastfeed your baby during this time.

Delayed cord clamping

Delayed cord clamping is the practice of waiting a short time before cutting the umbilical cord after birth, allowing blood from the umbilical cord along with extra iron, stem cells, and antibodies to flow back into the baby. Delaying clamping of the cord appears to be beneficial for both term and preterm infants.

Delayed bathing for baby

Immediate skin-to-skin contact of you and your baby immediately after birth is standard practice. As long as baby is doing well, the first neonatal assessment can be done while baby is skin-to-skin with you. The "golden hour" (the hour immediately after birth) is an important bonding time.

Historically, bathing of the infant (usually with sponge bath) was the "norm" and was widely done soon after birth. However, recent research data have indicated that delaying that first bath may actually improve breastfeeding rates. A large study out of the Cleveland Clinic published in the Journal for Obstetrics, Gynecology, and Neonatal Nursing, compared infants that were bathed shortly after birth versus those who had delayed bathing. The study showed an increase in exclusive breastfeeding rates from 59.8% at baseline to 68.2% after delayed bathing was instituted. Delayed bathing provides skin protection from the vernix (a coating on the newborn skin that is composed of fatty secretions and epidermal cells that protects the infant's skin). This increase in

exclusive breastfeeding rates also decreases the risk of hypoglycemia (low blood sugar) or hypothermia (low body temperature) in newborns. The World Health Organization (WHO) now recommends a delay of at least 24 hours after birth before bathing. In a small number of cases, delayed bathing may not be advisable due to maternal health conditions such as HIV or hepatitis B infection, or active intra-amniotic infection. Discuss with your doctor if this is appropriate and safe for you.

Preeclampsia revisited

As mentioned in one of our previous informational packets, preeclampsia is a medical condition in which high blood pressure may develop any time after 20 weeks, and can even develop in the postpartum period. This high blood pressure can affect many organs in your body, including your kidneys, liver, eyes and brain. It can also affect the placenta. It can develop quietly, but there are symptoms for which you can monitor.

Notify your doctor if you experience any of the following:

- Swelling of face or hands
- Headache that won't go away
- Seeing spots or changes in your vision
- Pain in the right upper portion of your abdomen (near your ribs and shoulder)
- Nausea/vomiting that develops in the third trimester
- Difficulty breathing
- Sudden weight gain

If you experience any of these symptoms, contact us by phone.

Packing your hospital bag

By now you have probably seen so many recommendations online about what to pack in your hospital bag. Bringing only the essentials; the hospital has most of what you need.

Here are our recommendations for packing:

- Toothbrush and toothpaste
- Facewash
- Deodorant
- Chapstick
- Shampoo and conditioner
- Razor
- Nipple balm (the hospital has lanolin)
- Hairbrush

- Ponytail holders
- Glasses or contacts
- Comfy outfits for postpartum and going home (loose tops, leggings, nursing bra)
- The hospital has the best postpartum underwear!
- One pair of shoes – flip flops or comfy slippers for swollen postpartum feet
- Extra-long phone charger that can be wiped down with disinfectant wipes easily
- Pen and paper
- A few snacks and drinks are OK. The hospital food isn't bad and you can still order delivery!
- Car seat and going home outfit for baby

Leave the extra electronics and makeup at home!