

# Third trimester quick reference guide

Ascension Medical Group  
Seton Women's Health



**Ascension  
Seton**



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# Keeping track of baby’s movements

Most babies are developing a rhythm or schedule of movements that is typical at this point in pregnancy. Feeling a similar amount of movement from day to day can be a sign that the baby is doing well. Fetal kick counts (or fetal movement counts) are an easy way for you to keep track of baby’s activity and to be aware if there are any significant changes. While each baby has its own level of activity in your womb, most generally sleep 20-40 minutes at a time.

In the third trimester, we recommend doing kick/movement counts daily. This assessment is easy to do. Simply choose a time when your baby is normally active and make a note of each movement. You can do this with pen and paper (use the chart below) or find a smartphone app. Your baby should move at least 10 times within a two-hour period. Once you have counted 10 movements, you can stop counting. If your baby has not moved or kicked at least 10 times by the end of a two-hour period, call your doctor.

Keep these helpful hints in mind:

- Babies often move after you cough, laugh, or change your position.
- Babies usually begin moving after you drink something cold or have something to eat.
- Babies usually move around after hearing the television, radio or loud or sudden noises.
- Your baby can get the hiccups! Hiccups only count as one movement during your counting process.

<b>Sunday</b>	Start time:	0 0 0 0 0 0 0 0 0 0	Stop time:
<b>Monday</b>	Start time:	0 0 0 0 0 0 0 0 0 0	Stop time:
<b>Tuesday</b>	Start time:	0 0 0 0 0 0 0 0 0 0	Stop time:
<b>Wednesday</b>	Start time:	0 0 0 0 0 0 0 0 0 0	Stop time:
<b>Thursday</b>	Start time:	0 0 0 0 0 0 0 0 0 0	Stop time:
<b>Friday</b>	Start time:	0 0 0 0 0 0 0 0 0 0	Stop time:
<b>Saturday</b>	Start time:	0 0 0 0 0 0 0 0 0 0	Stop time:

*\*\*\*If you feel a decrease in activity, have a glass of cold juice or water, lie down on your left side, and count your baby’s movements for an hour. If you do not feel your baby moving at least four times in an hour, notify your doctor immediately.*

## Preterm labor and premature birth

Premature or preterm labor is when the uterus contracts, resulting in cervical dilation before 37 weeks of pregnancy. However, premature labor does not always lead to preterm birth. When a baby is born preterm, it is at risk for serious immediate and long-term health problems. It is important to be aware of the signs and symptoms of preterm labor. If diagnosed early enough, your doctor may be able to use interventions to stop or postpone labor.

Warning signs for preterm labor include:

- Regular uterine contractions that do not go away after resting, occur more than every 10-15 minutes or last 30 seconds or longer. These contractions may or may not be painful.
- A sudden gush of fluid or a constant trickle of fluid (signs of ruptured membranes).
- A change in vaginal discharge (watery, mucus or bloody). Thick, bloodstained discharge is not normal prior to 36 weeks.
- Pelvic or lower abdominal pain.
- Constant low, dull backache.
- Viral or febrile illnesses such as influenza or COVID, or gastrointestinal illnesses with vomiting or diarrhea, which can put you at higher risk.

If you are experiencing any of these symptoms prior to 37 weeks, call your doctor immediately. Depending on your medical and pregnancy history, we will direct you to come into the office or go directly to Ascension Medical Group Seton Women's Health for evaluation. You will be monitored and examined upon arrival. There may be treatments that your doctor can try to stop the premature labor.



**Prevention of prematurity  
is the best treatment!**

# Preeclampsia

Preeclampsia is a medical condition in which high blood pressure may develop any time after 20 weeks. It can even develop in the postpartum period. High blood pressure can affect many organs in your body, including kidneys, liver, eyes and brain. It can also affect the placenta. Preeclampsia can develop quietly, but there are symptoms you can look for.

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

At this point in your pregnancy, visits to your doctor will occur about every two weeks and more frequently for blood pressure checks, lab tests, and to monitor your baby if there are signs of high blood pressure developing.

# TDAP vaccination

A TDAP vaccination is recommended during the third trimester. We recommend this vaccine around 32 weeks, although ideal timing can be anywhere between 27-36 weeks. The vaccination provides protection against tetanus, diphtheria and pertussis (whooping cough). Pertussis is a highly contagious disease that can cause a high pitched "whooping" cough and difficulty breathing. It can affect anyone and has the potential to be deadly. Babies less than three months old have the highest risk for contracting and dying from whooping cough. According to the CDC, the number of reported whooping cough cases continues to increase.

## How does the vaccine protect my baby?

Infants receive their first vaccination against pertussis at around two months of age. When you receive the vaccine during pregnancy, your body makes antibodies to pertussis. Antibodies are specialized proteins that "recognize" the disease so that if you are exposed, your body "remembers" it and immediately begins fighting off this "invader." Antibodies that your body makes are passed through the placenta to your baby. These proteins help protect your baby during their most vulnerable time, until they are old enough to get the vaccine and start making their own antibodies.

When considering the TDAP shot, remember that:

- The TDAP shot is safe for use during pregnancy and is recommended to be given between 27-36 weeks.
- A TDAP booster is recommended during pregnancy even if you received it with a prior pregnancy.
- If you received a TDAP shot early in this pregnancy (for exposure or for prophylaxis against tetanus after an injury), you do not need another one in the third trimester.
- Any adult who has not received the TDAP vaccine and will be in close contact with your baby should get a TDAP vaccine at least two weeks prior to your expected delivery. This helps provide a protective “bubble” for your baby.
- If for some reason you were unable to get the TDAP shot during pregnancy, it is safe to get the shot postpartum and while breastfeeding. You can get a TDAP shot prior to discharge from the hospital if you desire.

## Hospital preregistration

To pre-register for a delivery, please call 512-324-4000 ext. 21165 or visit our Admissions Department on the First Floor **Monday-Friday, 7 a.m.-5 p.m.** Registration at the time of admission is located at the Women’s Center, Labor and Delivery. **More information** can be found on our website at [healthcare.ascension.org](http://healthcare.ascension.org).

## Selecting a pediatrician

By now you should have narrowed your choices for a pediatrician. Before making your final decision, check with your insurance provider to ensure that the pediatrician you select is in your network. All hospital records will be forwarded to your pediatrician. You will make a follow-up appointment with your selected pediatrician shortly after discharge from the hospital.

## Circumcision

Circumcision is the removal of the foreskin, or ring of tissue, that surrounds the head (glans) of the penis. If you are planning circumcision for your child, it will be performed by the pediatrician on the day of discharge from the hospital. The purpose of the foreskin is to protect the glans against urine, feces, and other types of irritation. The foreskin may also serve a sexual function by protecting the sensitivity of the glans.

The decision to circumcise is a complex and personal one that encompasses cultural, religious, medical and personal preferences. The prevalence of circumcision as a routine practice varies greatly around the world. In 2012, the American Academy of Pediatrics (AAP) revised their statement on circumcision, clarifying that “the preventative health benefits of elective circumcision of male newborns outweighs the risk of the procedure. Benefits include significant reduction in the risk of urinary tract infections in the first year of life, and subsequently, in the risk of heterosexual acquisition of HIV and the transmission of other sexually transmitted infections.” The AAP, however, does not recommend routine circumcision of all newborns but encourages parents to decide if circumcision is the right decision for their newborn.

Complications from circumcision are rare, but they do occur. Risks include bleeding, infection, scarring or a need for further corrective surgeries. It may also cause some pain which can be reduced by use of a local anesthetic. Complications are least common when performed by a well-trained professional in a medical setting.

Keep in mind that circumcision is an elective procedure. It may not be covered by your health insurance. This may result in an out-of-pocket cost to you. Contact your insurance to find out if this is a covered service (CPT code 54150).