

Prenatal Education Curriculum

28 - 32 Weeks

GBS Screen

Around 35-36 weeks we will collect a sample to screen for Group B Strep bacteria (GBS). This is a bacteria that 30% of women carry in their vagina that causes them no issues whatsoever. Babies, however, have immature immune systems and if they are exposed to the bacteria they can develop an infection that can be life threatening.

If you are found to be a carrier of this bacteria ("GBS positive"), we will give you an antibiotic in labor called penicillin that will help protect your baby. We typically like you to get 2 doses of the antibiotic prior to delivery, with each dose 4 hours apart. Some women can experience a little burning where the antibiotic is administered, but otherwise tolerate it well.

To collect the sample, we use a q-tip and swab the area around the vagina and your bottom. This swab is then sent to a lab.

Your Baby

28 Weeks

Your baby is approximately 14.8 inches long and 2.2 pounds. That's about the size of a Kit-Cat Klock or a large eggplant. In the 3rd trimester brain neuron development explodes.





30 Weeks

Your baby is approximately 15.7 inches long and 2.9 pounds. That's about the size of a bike helmet or large head of cabbage. Your baby's lungs are getting stronger in preparation for their first breath.



32 Weeks

Your baby is approximately 16.7 inches long and 3.8 pounds. That's about the size of a Care Bear or a papaya. Your baby is practicing sucking, swallowing, and breathing. You may be feeling strong kicks.



All the stuff you're too embarrassed to ask us about...

Hemorrhoids

Hemorrhoids are super common in pregnancy due to your enlarging uterus compressing the blood vessels to your rectum and bottom. Additionally, constipation can cause you to strain more with bowel movements which can further aggravate hemorrhoids. They can feel like a small grape at the anus and can occasionally burn and itch. Occasionally they can cause you to have a small amount of bright red blood in your stool, so don't be alarmed if you notice this!

To treat, try witch hazel wipes or sprays to soothe the area and help reduce swelling. Ice packs and sitting in warm sitz baths are some additional home remedies that can be helpful.



Try not to sit for prolonged periods of time. If prolonged sitting is unavoidable, think of investing in a donut pillow to alleviate pressure.

If you need a cream or ointment, Preparation H is safe during pregnancy. We have also had patients have some success with Dr. Butler's

cream. If these don't work, let us know, and we can prescribe a steroid suppository that will help.



Hemorrhoids likely will get worse immediately postpartum, especially if you push for a prolonged period of time. They should resolve several weeks postpartum.

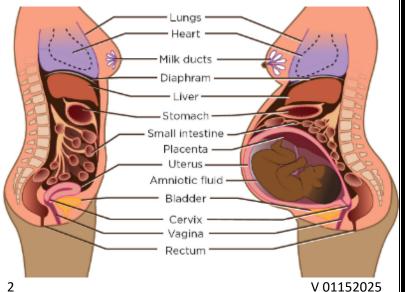
Diarrhea

Ironically, the same hormones that cause constipation in pregnancy can also cause diarrhea in some individuals. For the most part, mild diarrhea will not hurt anything, just stay well hydrated to make up for the losses. Try sticking to bland foods and avoid spicy, fatty, or fried foods. Consider adding a probiotic supplement. Experiment with eliminating and adding back different food groups to see if that helps. We do not recommend taking Lomotil or Pepto-Bismol. Studies are inconclusive for their safety in pregnancy, especially in the 2nd and 3rd trimester.

Constipation

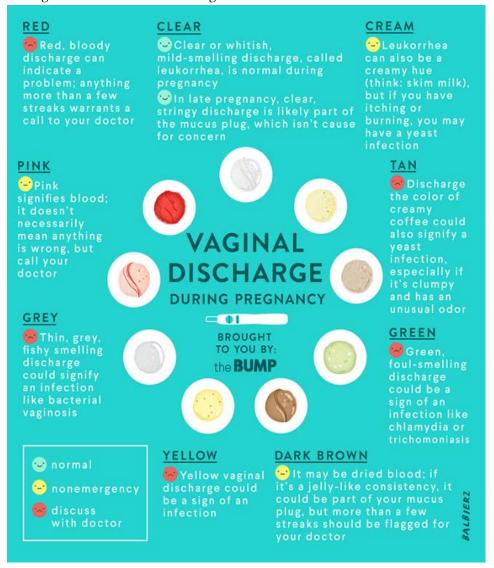
This is SUPER common in pregnancy and is due to increasing progesterone hormone levels, medications/supplements such as iron used in pregnancy, and compression from your enlarging uterus.

Try increasing your fiber and water intake to make your poops softer and easier to pass. You can also try fiber supplements like Metamucil or Psyllium capsules. If these conservative measures do not work, you can use over the counter stool softeners like Colace. If this doesn't work, you may also use laxatives such as Dulcolax safely, just make sure you hydrate well if you do need to use them.



Vaginal Discharge

Most women will experience an increase and change in their vaginal discharge in pregnancy. This can be normal or can be a sign of infection or bleeding.



Sex During Pregnancy

Unless you have a specific complication where we tell you it is unsafe to have intercourse, it is perfectly safe to have sex while pregnant.

You might have to get a little creative with sex positions during pregnancy. Avoid positions that have you on your back for extended periods of time. Positions where you are on top or side-by-side positions are more conducive to your body's current state.

Due to increased blood flow to your pelvis, you may experience some heightened sensation during sex that can be quite pleasurable.

Additionally, you naturally have an increase in natural vaginal lubrication in pregnancy that may make it smoother. (If you do need a lubricant however, it is perfectly safe to use – just stick to water based lubricants to avoid vaginal irritation).

During sex (and especially after orgasm) you release a hormone called oxytocin. This can cause some minor cramping. Call our office if the cramps are severe and not going away an hour after sex.

Sex after Pregnancy

Sex may feel different from before birth. For one thing, it is possible that your desire may temporarily diminished. Why? It's stressful having a newborn and hormones can be out of control in the postpartum state, making it hard for you to get into the mood. Additionally, the vaginal area will be temporarily stretched out after delivery. This is not forever. Eventually you will adapt to life with a baby, your hormones will normalize to pre-pregnancy state, and your vaginal muscle will return. Things you can do to help this process – make time for intimacy with your partner and not just sexually. Attempt to plan a date night at least once a month, keep open lines of communication with your partner, and don't let things stew. In terms of your vaginal tone - KEGELS!

Many women ask if sex after birth will hurt. While this might not be the answer you want, it might. Unfortunately, most women do experience some discomfort the first time they have sex after giving birth. While this resolves quickly for most women, some women can feel discomfort for several months after delivery. Having had a c-section, a tear during delivery, or an assisted vaginal delivery (i.e. assisted with forceps or a vacuum – more on this later) may increase this discomfort. Try different positions that help you control depth of penetration, use lubricants, and take it slow. If discomfort during sex and vaginal tone do not improve with time we may refer you a specialist for pelvic floor physical therapy.

What happens if I notice some bleeding afterwards? – It can be scary and definitely kill the mood, but most of the time it's nothing out of the norm. It may be residual "lochia," a red brown discharge that occurs several weeks after delivery. It is also possible that bleeding may be from several small tears that have not fully healed. If you do notice bleeding, place a pad on to monitor the bleeding. If you are filling (i.e. soaking) the pad in less than an hour, give our office a call right away as this could be something more serious.

Give your body a little grace – it just pushed out a tiny human!



Baby Presentation

During your third trimester your physician will be checking to see if your baby is head down ("cephalic") or bottom down ("breech"). Why does this matter? Studies have shown that a breech vaginal delivery is associated with increased risk to your newborn at delivery, it is our practice to only offer vaginal deliveries to patients with babies in the head down position.

What happens if my baby is breech?

You have 2 options: 1) Plan for a c-section delivery at 39 weeks or 2) External Cephalic Version.

External Cephalic Version (ECV)

This is a procedure where we give you a medication to relax your uterus and attempt to use our hands to manually rotate your baby into a head down position. It is approximately 50% effective depending on the provider performing the version. Multiple factors can increase or decrease your chance of success of this procedure including how big your baby is, how much fluid is around the baby, how many babies you have had before, body habitus, and the location of your placenta.



The ECV procedure can stress your baby and thus potentially result in an emergency c-section. Because of this, the procedure must be performed at the hospital and you must have your baby monitored for several hours after the procedure to ensure fetal wellbeing.

The ECV procedure is typically done at 34-36 weeks when your baby is small enough to enhance success of procedure but old enough for your baby to do well if it needs to be delivered.

When to call your provider VS when go to the hospital.

Call our office if you have:

- Severe headache
- Bleeding or leaking from your vagina
- Seeing white spots or having visual changes
- Pressure/pain that comes and goes 6 times an hour
- Non-obstetrical complaints which are NOT urgent.

Go to the hospital if you have:

- Contractions prior to 36 weeks or tightening closer than 10 minutes apart, or greater than 6-7 contractions in one hour. Drink 32 oz of water in one hour, empty your bladder, and lie down on your left side for one hour. If the contractions persist, go to Banner Desert's maternity entrance.
- If you suspect your **bag of water has broken**. DO NOT take a bath, have sex, or place anything into your vagina!
- Decreased or absent fetal movements. If you have not felt at least 4 movements in the past hour, stop whatever you are doing, drink something cold and sweet, and lie down on your side for one hour. Within 20 minutes, your baby should start to move and be active. If you do not feel at least 4 movements in the next hour, go to the hospital immediately for monitoring.
- **Bright red blood** is never normal during pregnancy.

The foundation of these educational materials has been created by Dr. Beienburg.