

Dr. Dvorak's Third trimester precautions:

If you have any of the following: temperature equal or greater than 100.4F, excessive vomiting or diarrhea, prolonged pelvic or abdominal pain, difficulty with or painful urination, call the office during office hours (9am-5pm). If you are having an urgent problem that cannot wait until office hours, call the Childbirth Center at Overlake Hospital (425-688-5351). Remember, I will do my best to attend your delivery, but in the event that I am unavailable, the OB at the hospital will take great care of you.

Monitoring fetal movement: Each baby has its own "normal" amount of movement, and its own circadian rhythm. Some babies move a lot after dinner, some in the morning, etc. The main thing is that every day the baby should move roughly the same amount. There may be changes over weeks (as the baby gets bigger you may feel more movement, as its muscles are getting stronger and can generate more of a "punch"), or you may feel less movement develop gradually as the baby runs out of space to move in. However, you should never feel an obvious decrease in movement day to day. If you ever realize that the baby isn't moving as much as it did the day or two before, do "Kick Counts". Go somewhere quiet where you can concentrate, and eat/drink something cold and sweet (the cold temperature and sugar wake up the baby). You might feel most comfortable lying on your left side, or sitting with your hand on your belly. Feel free to jiggle your belly around, or press gently on your baby. Also feel free to talk/sing to your baby, or play music for your baby. Your baby should move at least 6 times in 1 hour (probably won't take the whole time). Once you have gotten those minimum movements you can be reassured that the baby is doing fine. If you can't get the minimum movements in those time periods please call Dr. Dvorak during office hours, or call the Childbirth Center outside office hours.

Amniotic Sac leakage: Your "water breaking" is in fact the rupture of the amniotic sac that signals your baby is getting ready to be born. About 15 percent of women experience the rupture of the amniotic sac before they go into labor; most of the time it happens mid-way through labor, or we break it for you during labor. Amniotic fluid is colorless, odorless, and thin- it looks like water. (If the fluid is yellowish and smells of ammonia, it's probably urine.) If it is just a tiny bit of fluid (or simply wet underwear), see if it keeps happening. Change your underwear (and don't put on a pad) and if you continue leaking, please go to the Childbirth center to get checked.

Contractions: The uterus is 1 muscle, and when it contracts, it gets hard. If you feel your uterus when it is contracting it will feel hard all over (like a contracted biceps muscle). A uterine contraction lasts about a minute, and the intensity slowly increases, and decreases. A weak contraction (a Braxton-Hicks contraction) will feel uncomfortable, but doesn't hurt. (You could talk to your boss or keep walking while you were having one, for example.) On the other hand, a strong contraction hurts (like severe menstrual cramps), and you would have to stop whatever you were doing and

wait for it to go away. Women often have more contractions when they are stressed, physically tired, and dehydrated. If they happen, rest and hydrate, and wait for them to go away. If you are under 37 weeks, please call me if they are coming every 10 minutes (or closer together) for an hour.

Vaginal bleeding: If you are under 37 weeks and you are having any bleeding, please call the office during office hours, and call the Childbirth Center after office hours. This can be a sign of preterm labor or other complications.

Preeclampsia: Preeclampsia is a serious blood pressure disorder that can affect all of the organs in a woman's body. It is most common at term (after 37 weeks). A woman has preeclampsia when she has high blood pressure (over 140/90) and other signs that her organ systems are not working normally. One of these signs is proteinuria (an abnormal amount of protein in the urine). What are the signs and symptoms of preeclampsia?

- Sudden swelling of face or hands
- A headache that will not go away (despite rest and drinking water and Tylenol)
- Seeing spots or changes in eyesight
- Nausea and vomiting (in the second half of pregnancy)
- Sudden weight gain
- Difficulty breathing

How do doctors monitor for this? We check your blood pressure and look for protein in your urine every visit. If you notice any of these symptoms between visits, or if your blood pressure is above 140/90, call us during office hours, or call the Childbirth Center after office hours.

How can you improve your chances of a vaginal birth?

Walk Every Day: Walking briskly with full motion lengthens the psoas muscles (a large pair of internal "wings" from spine to thigh). Lower back strength grows while moving the pelvis. Long, supple psoas muscles give us better range of motion, emotional groundedness and flexibility, better fetal descent, and better fetal positioning (when achieved with overall muscle balance and spinal and pelvic alignment). Walking is good exercise and protects your good health. Walk at a pace you can still hold a conversation. Gradually work up to 3 miles (4-5 kilometers). If you have pubic symphysis pain, wear a snug pregnancy belt, start slow. Or, wait to walk until you have done the pelvic stabilizing exercises to restore your pelvis. Then start slow.

This is a very helpful website for pregnancy stretches and strengthening exercises:

<https://spinningbabies.com/start/in-pregnancy/daily-activities/>