**THIRD TRIMESTER PRENTAL CARE**

ACOG Bulletin 471, 485, 496, and 518

The third trimester of pregnancy is the time period beginning with the 28th week of pregnancy until delivery. The length of a full term pregnancy is 40 weeks.

Routine prenatal visits begin taking place every two weeks until the 36th week when they become weekly visits until delivery.

Women should be enrolled in WIC, home visiting, HANDS, and Resource Persons if applicable.

Mothers-to-be tend to become anxious as well as physically uncomfortable toward the end of the third trimester.

Many mothers-to-be anticipate delivery by their EDC date but only approximately 5% actually deliver on their due date.

Screen/refer for risk factors (including psychosocial)

Screen/refer for domestic violence/intimate partner violence

Screen/refer for use of alcohol, tobacco and other drug use

Instruct patient on the use of kick counts

Common Maternal Changes and Discomforts

Increased shortness of breath as the uterus enlarges

Heartburn and indigestion more frequent

Constipation (hemorrhoids common)

Frequency of urination as the weight of the baby increases and presses on the bladder

Leg cramps and varicose veins

Intermittent swelling of the finger and ankles

Increase in the amount of vaginal discharge

Decreased libido, sex may become uncomfortable

May experience a poor body image

Low backaches

Fatigue increases

Difficulty sleeping

Nightmare about the baby or family members

Pressure in the lower abdomen from the weight of the growing fetus

Moodiness

Anxious

Possibly fearful of labor, delivery, or parenthood

Common Lab Tests/Procedures Performed During the Second Trimester

Rh antibody titer: if Rh negative at 28 weeks gestation patient should be given RhoGam administration)

Hemoglobin or hematocrit (at 28 and 35–37 weeks gestation if indicated)

Repeat VDRL, HbsAg, HIV (if at risk)

Repeat gonorrhea and chlamydia screening at 35–37 weeks gestation (if at risk)

Beta Strep screening at 35–37 weeks gestation

Signs/Symptoms of Preterm Labor

Patients should call their health care provider right away if they notice any of these symptoms:

Contractions or painless uterine tightening every 10 minutes or less

Change in type (watery, mucous, bloody) or increase of vaginal discharge

Pelvic or lower abdominal pressure

Constant low, dull backache

Cramping that feels like your period

Abdominal cramps with or without diarrhea

Ruptured membranes “water breaks” (may be a gush or a steady trickle)

False Labor

Irregular contractions that are more irritating than painful; often the frequency will not increase (Braxton Hicks)

Contractions will disappear or get weaker when patients, rest or changes positions.

Usually notice the discomfort in the front and not in the back.

True Labor

Contractions will occur regularly and will get stronger and closer together.

Contractions will last 30-70 seconds.

Sometimes they will begin in the back and move toward the front.

Labor pains do not go away when resting, but will gradually get stronger and longer.

If there are twelve contractions in one hour, they are about five minutes apart.

For timing their frequency, start from the start of one labor pain to the start of the next one for at least one half hour.

For timing their duration, time how long the pain lasts from the beginning of the contraction to the end of the same contraction.

Further References

ACOG – see [www.acog.org](http://www.acog.org)

Healthy Babies Are Worth the Wait resources

[www.prematurityprevention.org](http://www.prematurityprevention.org)

[www.kfap.org](http://www.kfap.org)

Edinburg Depression Screening Form

[PN-2 Level 1 Substance Use and Pregnancy Questionnaire](http://chfs.ky.gov/NR/rdonlyres/059DD8CD-6A25-4393-96AE-DE4B0AB7A01D/0/PN2Level1SubstanceUseandPregnancyQuestionnaire1106.doc)