

The Third Trimester

A Survival Guide!



Each trimester of pregnancy presents different challenges and surprises for women, but the third trimester is very special: the baby will be arriving soon, and there seems to be lots to do. With the pace picking up, it's also a time when rest is important. Here are some hints on how to make the final phase of pregnancy work for you...

Work

Women often have lots of responsibilities, and time can seem to go very quickly in the third trimester. Whether it is the first baby or not, many things need to be arranged. One of the big decisions is when to cease work and start maternity leave. This depends on many things including the type of work, what your entitlements are, whether there are any complications with the pregnancy, and how you are feeling. As a rough guide, working up to 36 weeks is safe and reasonable for most women in most workplaces. However, everybody's circumstances are different so check with your doctor. Partners will also need to let their work know that a new baby is arriving to allow arrangements for parental leave.

Home

Preparing your home for the new baby is an important goal of the third trimester. Women who have children need to consider the room arrangements, and if moving a child out of an existing room to make way for a new nursery is required that needs to be managed early. Some couples will be in the lucky position of having a close relative—a mother, mother-in-law, or sister for example—come to stay after the birth. If so, sort out the roles and responsibilities well in advance. Ideally, the helpful visitor can allow the new mother to concentrate on the new baby while by running the household or managing older children. If there's no live-in help to hand, then spend time thinking about meals and domestic responsibilities and draw up a plan to include your partner.



What you'll need

There are lots of preparations required for a new baby. Clothing and a place to sleep, a stroller or pram, and a car capsule are just the start. You can download a list of suggested requirements for the new baby elsewhere on the website. For first babies, where there aren't baby requirements already in the house, make sure you start early as there's lots to think about and do!

Looking after yourself in the third trimester...

A good night's sleep...

Sleep is one of the most important things in pregnancy... and with a new baby... but trying to sleep in the later stages of pregnancy can be difficult. Women often have to get up to go to the toilet a lot, and sometimes baby's movements make it difficult to go back to sleep. Often, it is just difficult to find a comfortable position – and even turning over can be a challenge! Women often snore when they're pregnant, and this can be disruptive for partners too. Everyone in the house can end up tired and sleep-deprived.

There are a number of things that can help with sleep. Practicing mindfulness, pregnancy yoga, and trying to get some regular exercise (such as a brisk walk for an hour or so most days). Listening to relaxing music or audiobooks through headphones, or getting a massage from your partner after a warm shower. Making sure that acid reflux (see below) is under control. However, lost sleep is inevitable so try to go to bed earlier if possible, or catching up with catnaps during the day might be as good as it gets.

Acid reflux

Acid reflux – 'heartburn' – can be severe and very unpleasant in pregnancy. Many women find it is worse at night, especially after a large meal. Adjusting meals to avoid spicy foods or drinks, and trying to eat smaller meals earlier can help. Antacids – such as Gaviscon, Mylanta, and others – can help and provide relief. Propping yourself up in bed, or sometimes propping the head end of the bed itself can help. If these measures don't provide enough relief, there are medications that can help and are safe in pregnancy.

Back pain and sciatica

The hormones of pregnancy tend to loosen the joints in the body, and because the pelvic bones carry such a great load they are particularly vulnerable. With the increasing size of the pregnant uterus, additional strain occurs. These factors can lead to back pain and sciatica (pain deep in the buttock and down the back of the leg). Regular exercise and rest are important, but some women will need to see a physiotherapist to get adequate relief.

Healthy eating

After dealing with morning sickness through the first trimester, many women find themselves struggling with unhealthy eating patterns in the latter part of pregnancy. Acid reflux can affect eating, and it's easy to think of yourself as 'eating for two.' For these reasons, the third trimester is a time for doubling down on healthy eating. Regular, small, freshly-cooked low GI foods – and lots of water and fruit and vegetables are the key to a healthy pregnancy.



...What to expect from your baby and your body

Haemorrhoids

A number of factors come together during pregnancy to make haemorrhoids almost universal. Most women find that their bowel function slows and they become constipated, and this can lead to straining on the toilet. As well, the hormones of pregnancy relax the walls of veins. Combine this with the slowed circulation of pregnancy, and haemorrhoids (enlarged and often inflamed blood vessels at the anus) are the almost inevitable result.

Varicose veins

Varicose veins occur in pregnancy for the same reason that haemorrhoids do. The hormones of pregnancy make the blood vessel walls more lax, and pressure from the increasing size of the uterus can increase the chance of varicose veins of the legs. Trying to rest and elevate the legs as much as possible helps, and wearing support stockings can also provide relief. However, varicose veins will only resolve once the baby is delivered – and they may never return entirely to normal. If the veins become hard, tender, or red these may be signs of thrombosis – inform your doctor.

Swelling

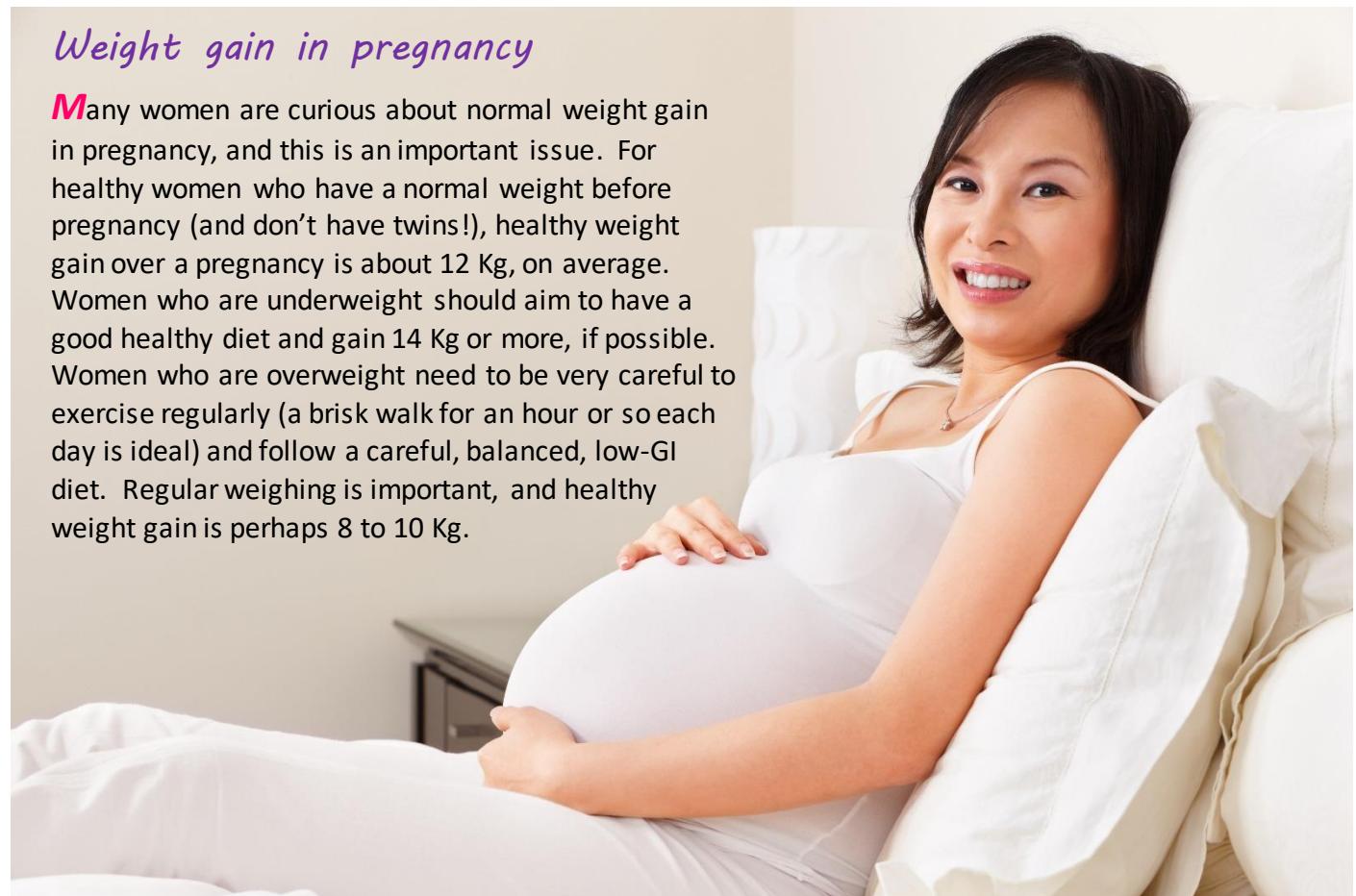
It is normal to have some swelling in pregnancy. Typically, this occurs in the ankles and lower legs, but sometimes the hands and face can also be affected. A small degree of swelling can be normal in pregnancy, and often by the end of the third trimester women have only one pair of shoes that fit properly, and rings will not fit the fingers. Swelling alone is not a problem. However, sudden onset of increasing swelling can indicate underlying problems such as pre-eclampsia, and swelling on one leg can be a sign of an underlying thrombosis. Notify your doctor.

Pelvic girdle pain

In the same way that the hormones of pregnancy loosen the joints of the baby, the bones of the pelvis can relax and become relatively unstable. This can be very uncomfortable. In some cases, it is necessary to see a physiotherapist for manipulation and sometimes special belts can be fitted to provide relief and comfort.

Weight gain in pregnancy

Many women are curious about normal weight gain in pregnancy, and this is an important issue. For healthy women who have a normal weight before pregnancy (and don't have twins!), healthy weight gain over a pregnancy is about 12 Kg, on average. Women who are underweight should aim to have a good healthy diet and gain 14 Kg or more, if possible. Women who are overweight need to be very careful to exercise regularly (a brisk walk for an hour or so each day is ideal) and follow a careful, balanced, low-GI diet. Regular weighing is important, and healthy weight gain is perhaps 8 to 10 Kg.



Antenatal care in the third trimester

Antenatal visits

Your antenatal visits in the third trimester become more frequent. In a pregnancy that is going smoothly with no complications, expect to have visits about fortnightly. If you haven't had the baby by the due date, you might be seen weekly or even more frequently.

Tests

There are a number of additional tests that might be carried out in the third trimester.

The 'glucose tolerance test' Hormones produced by the placenta can cause diabetes, and this has no symptoms at all. The only way it can be diagnosed is with a special test. The test takes about three hours to do, and needs to be booked in with the pathology collection centre.

A swab for group-B streptococcus Group-B streptococcus (GBS) is common, and can be found on the body in about a quarter of women but usually has no symptoms or signs. The GBS can cause illness in the baby, so if it is found you will be offered antibiotics in labour to reduce the risk to the baby.

A check for anaemia and iron stores Women who are at risk of anaemia or low iron might require additional blood testing in the third trimester.

A final ultrasound Where there are any concerns about the growth or wellbeing of the baby, or there are other concerns about the placenta or position of the baby, additional formal ultrasounds might be required.

Classes and workshops

Hospitals will usually offer antenatal courses and breastfeeding workshops, and these are very important and should be attended if possible—with your partner or other family members. There are also commercial providers of classes – seek guidance about the value of these from your doctor or midwife.

Remember... you're a couple!

Welcoming a new baby home is exciting, but it's also going to take a huge amount of time and energy. That means less couple time. Make sure that, during the last trimester, you make time for couple things – dinners, movies, weekends away...

Enjoy time together as a couple before the new family member arrives!

