



# Your third trimester: preparing for baby

What you need to know for labor, delivery,  
and beyond

You're in the home stretch. Before you know it, your baby will be here. Now is a great time to plan for the rest of your pregnancy, your baby's birth, and your recovery.

# Your third trimester

Right now, you may be thinking of all you have to do to be ready for your little one's arrival — from scheduling doctor appointments to picking out a car seat to making sure your home is ready. It's an exciting time, and it doesn't have to be overwhelming. You'll want to monitor your physical activity, track your baby's movements, prepare for the baby's arrival, and stay on top of your doctor visits. Your doctor will keep a close eye on your progress, including your blood pressure and your baby's growth.

## Doctor visits

Test/vaccine	What it is	Why it's important	What happens
<b>Diabetes screening test (usually between 24 and 28 weeks of pregnancy)</b>	Also called an oral glucose (sugar) tolerance test, this test screens for gestational diabetes, which some women develop during pregnancy.	Gestational diabetes can increase your chances of having a baby weighing more than nine pounds and increase the need for a cesarean section.	You'll drink a very sweet drink and then give a sample of your blood to measure the amount of sugar.
<b>Group B streptococcus (GBS) test</b>	GBS is a common bacteria that's often found in the vagina, bladder, or rectum.	After delivery, the bacteria can make your baby sick, but it can be prevented if caught early.	This test involves a swab of the vagina and the rectum, and the sample is screened for GBS. If you test positive, you'll be treated with antibiotics to protect your baby from infection.
<b>Tdap vaccination (between 27 and 36 weeks of pregnancy)</b>	The Tdap vaccine protects you and your baby from tetanus, diphtheria, and pertussis (whooping cough).	Pertussis can be deadly for babies. Your body reacts to the vaccine by making antibodies that pass to your baby for protection before birth.	You will receive the Tdap vaccine as a shot.

## Plan how you want to feed your baby

Your third trimester is a good time to think about your baby's nutrition. Breastfeeding is one of the best things you can do for your baby and yourself.

Breast milk is an ideal nutrition source for babies and has:

- **Vitamins, fat, and protein.** It's everything your little one needs to grow.
- **Antibodies.** Your baby can fight off disease, bacteria, and viruses with the help of these immune proteins.

Plus, breastfeeding lowers your baby's risk for:<sup>1</sup>

- Asthma
- Ear infections
- Chest infections
- Type 1 diabetes

If you have questions about breast pump coverage, please call the Member Services number on your member ID card.

### Breastfeeding helps you, too

- You'll have more time to bond with your baby and less time spent warming bottles, measuring formula, and sterilizing nipples.
- It helps lower your risk of ovarian and breast cancer.<sup>1</sup>
- Visit La Leche League to find breastfeeding support near you: [llli.org](http://llli.org) or call 877-452-5324 (877-4 LA LECHE).





## 39 is the magic number

Be patient. You may feel uncomfortable during the last weeks of pregnancy. It can be hard to sleep, and you may be going to the bathroom more often. But being pregnant at least 39 weeks gives your baby's body all the time it needs to grow. Here's why:<sup>2</sup>

- Vital organs like the liver, lungs, and brain need time to develop properly.
- Your baby is less likely to have hearing and vision issues after birth.
- More time in the womb means more time for your baby to grow. Babies born at a healthy weight have an easier time staying warm than babies born too small.
- Your little one can suck and swallow and have enough energy to eat after birth. Babies born too early may not be able to do these things.

It's also important to think about the risks to your baby. Early delivery outside of medical necessity can have serious results. Babies who arrive sooner than 39 weeks have higher rates of:<sup>3</sup>

- Respiratory problems
- Developmental disabilities
- Cerebral palsy
- Mortality

In response to the rise in early-term births in the U.S., the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine don't recommend deliveries before 39 weeks unless there is a medical reason. This is because of the health risks to infants and mothers.



## Labor and delivery

Planning ahead can help you stay calm when the big day arrives. However, it's also important to be flexible. Your condition may change in the final weeks of your pregnancy. Talk to your doctor about the risks and benefits of any delivery choices you have, which include:

- Vaginal delivery
- Cesarean section (C-section)

## Decisions regarding delivery

The information below can help prepare you to talk about delivery choices with your medical team.

### What is a vaginal delivery?

With vaginal delivery, your baby is delivered through the birth canal (vagina). In general, it's the safest type of delivery for pregnant women and their babies.



## When should your doctor induce labor?

You may need to have labor induced if continuing a pregnancy is more risky than delivering the baby. Your doctor may suggest inducing labor if:

- Your pregnancy has lasted two or more weeks past your due date.
- You have a condition that may hurt your health or the health of your baby, such as high blood pressure, infection, or diabetes.
- Your baby has a condition that needs to be treated.

**Inducing labor is an important decision, so work with your doctor to make the best choice for you and your baby.**

## How will your doctor induce labor?

Your doctor may induce labor by breaking the sac of fluid that surrounds your baby. This is often called breaking your water. As you near the end of your pregnancy, the cervix should become soft (ripe) and begin to open (dilate). If your cervix is soft, but active labor hasn't started, breaking your water may bring on labor.

If your cervix isn't soft, drugs may help. These drugs can be put in your vagina as a pill that melts or as a gel that is gently squirted into the opening of the cervix. Once the cervix is ripe, labor may start on its own. Another way to induce labor is by giving you a drug through your vein. If none of these methods work, your doctor may suggest a C-section.



## What is a C-section?

A C-section is a way of delivering the baby by making a cut into the mother's lower abdomen and uterus. This surgery is done with anesthesia.

## When should a C-section be done?

Here are some of the reasons for a C-section:

- Your labor has slowed down or stopped (failure to progress).
- You have had a prior surgery involving your uterus that requires a C-section.
- Your baby's feet or buttocks are pointing toward the birth canal (breech position).
- You have an open sore in the vaginal area.
- A quick delivery is needed for the safety of the mother, the baby, or both.
- You're having multiple babies. For twin births, vaginal delivery may be an option.
- Your baby is too big to pass safely through the birth canal.

## What is VBAC?

VBAC stands for vaginal birth after cesarean. If you had a C-section in the past, you may still be able to safely deliver future children vaginally. Whether you have a VBAC depends on what type of incision was made in your uterus and whether you have any other medical conditions that your doctor feels would make a VBAC unsafe for you and your baby. Talk to your doctor early about your options for VBAC.

## Why should you think about VBAC?

If your doctor thinks VBAC is a choice for you, you may want to give it careful thought. In general, you need less pain medicine and feel better faster when you have a vaginal birth. You have a lower risk of infection or bleeding. Most women feel better just a few days after giving birth vaginally. On the other hand, a C-section is major surgery. You may need 2 to 4 weeks to recover, but most likely, you'll be able to care for your baby in 3 to 4 days.

## What risks are linked to VBAC?

The main risk is that the scar from the C-section you had before might reopen during labor. Make sure your doctor checks your medical records to find out which type of incision you had. The scar on your abdomen may not show the type of uterine incision. If you have a chronic condition, your doctor may feel more comfortable having you deliver by C-section again.

Talk to your doctor about the best option for you and your baby. To decide if VBAC might be right for you, your doctor will weigh risk factors such as:

- The size of your baby.
- How long it's been since your last baby was born.
- The chance that labor may need to be induced.
- Your total health.

## What type of delivery is safest for your baby?

At first glance, a C-section might seem easier for the baby. Since the baby is lifted out of the uterus, they don't have to go through the pressure of labor and a vaginal delivery. However, in most cases, a vaginal delivery is safer for your baby. In fact, the process of labor and delivery is nature's way of helping your baby slowly adjust to life outside the womb.

There are times, however, when a C-section is needed to protect the health of the baby. If that's the case, you should know that most babies born by C-section do well. The nursery staff is trained to closely watch these babies for any problems.

## What else should you know about delivery?

Your health and your baby's health are most important. Other factors to think about include:

- **Time in the hospital.** On average, new moms spend about 1 to 2 days in the hospital for a vaginal birth with no problems. Moms who have a C-section average about 3 to 4 days.<sup>4</sup>
- **Cost.** Hospitals charge about \$13,000 for a normal vaginal delivery, while a C-section costs about \$22,600.<sup>5</sup>



# After your baby is born

Most of the time, the birth of a baby is a happy time, but it also brings changes in relationships and lifestyle. It can take more time for some parents to adjust to these changes. If you or your partner notice any physical or emotional signs that won't go away, ask your doctor for advice.

## The baby blues

About 80% of new parents come down with a case of the “baby blues.”<sup>6</sup> They feel a little sad, short tempered, and worried soon after their babies are born. Most of the time, these feelings go away on their own in a few weeks.

If you think you have the baby blues, tell your doctor how you're feeling. Lean on your friends and family for support. Be kind to yourself, and give yourself time to recover your strength.

## Postpartum depression

Up to 15% of women who have just had a baby are affected by a more serious condition known as postpartum depression (PPD).<sup>7</sup> The feelings that come with PPD are stronger than the baby blues. They last longer, don't go away on their own, and can become worse if left untreated. In some cases, PPD may not begin until several months after delivery.

### Common signs of PPD:

- Feeling hopeless, worthless, anxious, or sad much of the time
- Loss of energy
- Not enjoying things that used to be fun
- Sleeping or eating too much or too little
- Poor focus or memory
- Constant worry about your baby's health or your skills in being a good parent
- Thoughts about hurting yourself or your baby

The good news is that PPD can be treated safely and effectively.

### Call your doctor or 911 for help right away if you or your partner:

- Think about hurting your baby, yourself, or others.
- Have trouble taking care of yourself or your baby.

You owe it to your baby, your family, and yourself to seek help quickly. Caring for a newborn while you're depressed can be too much to handle. Early treatment can help you give your baby all the love and attention they need to grow up happy and healthy.

Depression isn't a sign of weakness. Feeling depressed is not your fault. For women, one cause may be the sudden hormonal changes in your body after delivery. For men, it can be the result of changes in sleep patterns. PPD is a medical condition, so it must be treated medically. You can't talk yourself out of it or hope it will go away. Your doctor can help or connect you with someone who can.

## Take care of yourself

In addition to receiving medical help for PPD, here are a few things that might help you feel better faster:

- Ask your partner, friends, or family to help you care for your baby.
- Go outside each day, even if it's just for a short walk.
- Nap when your baby naps.
- Keep making healthy food choices.
- Avoid stressful projects, such as spring cleaning or hosting a party.

You're not alone. You have choices for help and support:

- Local support groups
- Online blogs, forums, and sites
- Library resources
- Community resources

You can also talk to your doctor to help you find support and resources close to you, or visit your health plan's website for additional resources.

Your baby's birth and your first few months as a mother are special times. Give some thought to your delivery and homecoming today. Planning ahead is the best way to help ensure that these moments are the start of a lifetime of great memories.

## Important reminders

- Go back to see your doctor 2 to 8 weeks after your baby is born.
- Think about family planning and birth control options. Be prepared to talk about them with your doctor at your next visit.
- If you're planning on having another baby, the timing of your next pregnancy is very important. Closely spaced pregnancies might not give you enough time to recover, so waiting at least 18 months is optimal.<sup>8</sup>
- Check to see if the doctor you choose for your newborn takes your health insurance.
- Add your baby to your health plan within 30 days of your baby's birth.





The information in this brochure is meant to educate you. It's not meant as medical advice. Please check with your doctor for any advice about your health. Some services may not be covered under your health plan. Please refer to your Group Certificate and Schedule of Benefits for details about benefits, procedures, and exclusions.

1 Centers for Disease Control and Prevention: *Breastfeeding* (accessed November 2021): [cdc.gov](https://www.cdc.gov).

2 March of Dimes: *Why at Least 39 Weeks is Best for Your Baby* (accessed November 2021): [marchofdimes.org](https://www.marchofdimes.org).

3 HealthyChildren.org: *Elective Deliveries Before 39 Weeks: Is It Worth It?* (accessed January 2022): [healthychildren.org](https://www.healthychildren.org).

4 Verywell Family: *What to Expect at the Hospital After Giving Birth* (accessed November 2021): [verywellfamily.com](https://www.verywellfamily.com).

5 ValuePenguin: *The Cost of a C-Section Is More Than \$9,000 Greater on Average Than a Vaginal Delivery* (accessed November 2021): [valuepenguin.com](https://www.valuepenguin.com).

6 March of Dimes: *Baby Blues After Pregnancy* (accessed January 2022): [marchofdimes.org](https://www.marchofdimes.org).

7 March of Dimes: *Postpartum Depression* (accessed January 2022): [marchofdimes.org](https://www.marchofdimes.org).

8 Mayo Clinic: *Family planning: Get the facts about pregnancy spacing* (accessed November 2021): [mayoclinic.org](https://www.mayoclinic.org).