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## THIRD TRIMESTER

Your third trimester begins at 28 weeks gestation. Here are some things to help guide you through this time as well as prepare you for delivery. This includes a few things to prepare for your newborn and what to expect during your postpartum period.

Emory Decatur Hospital, Labor & Delivery

Address: Labor & Delivery or "Dr. Bobbie Bailey Tower & Surgery Center", 2701 North Decatur Road, Decatur, GA 30033

Parking: There is a patient parking garage underneath the building

**Hospital Tour:** This is available online to schedule. Appointments fill up quickly, so sign up early. You can visit this website or scan the QR code below.



<https://www.emoryhealthcare.org/centers-programs/maternity-center/maternity-center-decatur>

**Birth Plan:** This is optional. There is an available template if you visit the website above. You can bring this to review at any of your prenatal appointments.

**Classes:** Classes offered at Emory include breastfeeding, infant safety & CPR, childbirth preparation, newborn care & behavior. To schedule, visit this website:

<https://www.emoryhealthcare.org/patients-visitors/classes>

### FMLA Paperwork and/or Short Term Disability

FMLA: If you or your partner are currently employed, you may need to fill out Family Medical Leave Act (FMLA) paperwork. FMLA provides unpaid, job-protected leave while you are delivering and caring for your newborn. You can upload your paperwork to the QR code or go to our website [www.goodobgyn.com](http://www.goodobgyn.com) under "patient center" tab select "Disability/FMLA".



You should contact your human resources office to discuss your employer's family leave policy. Please allow 7 to 10 business days for our department to complete this paperwork. You may complete this process at any time during pregnancy, and we encourage you to provide us with your paperwork as early as possible.

**Short-Term Disability:** Remember, FMLA medical leave is unpaid, so you may want to submit a short-term disability claim to your insurance provider for benefits during your postpartum leave if your employer does not provide paid parental leave.

## Labor Signs

- **Contractions:** A general guideline to know if you are in labor is the 5-1-1 rule. You will look for contractions coming every 5 minutes apart, each contraction lasting 1 minute long, and the pattern consistent for at least 1 hour.

You do not need to rush to the hospital as soon as you begin labor because the process can take time – especially if this is your first baby. Waiting at home until your contractions become closer together or your water breaks can make for a more comfortable labor experience overall.

- **False labor:** Contractions may be more irregular. If rest and hydration make the contractions go away, they are not true labor contractions.

If you are unsure whether you are having true labor or false labor, you can call our office at (404) 299-9307. If it is after business hours, you have an option of leaving a message for our on-call physician and they will call you back promptly.

- **Rupture of amniotic membranes or “water breaking”:** This will be a large gush of fluid or slow trickle from your vagina. If your water broke, you will continue to leak fluid until you deliver. You may or may not have contractions when this happens, therefore it is recommended to proceed to the hospital.
- **Bloody show:** Sometimes you may have light vaginal spotting that can be normal, especially after your cervix was recently checked or after sexual intercourse. If you are having heavier vaginal bleeding, this may be bloody show from your cervix dilating, which may be a sign of labor.
- **Mucus plug:** When the cervix begins to dilate several days before labor begins or at the start of labor, your cervical mucus plug is pushed into the vagina. You may notice an increase in vaginal discharge that's clear, pink, or slightly bloody. Losing your mucus plug alone may not be a sign of labor, therefore you should wait for other signs, such as contractions or your water breaking, before going to the hospital.

**Fetal kick counts:** If you have felt fetal movement less often than what you think is normal, we may ask you to keep track of the fetus's movements. In a normal pregnancy starting at around 28 weeks, you should be able to feel at least 10 kicks, flutters, swishes or rolls in 2 hours. This is considered normal. Eating or drinking sometimes can help stimulate your fetus. You should do these counts when resting. If your fetus is moving less than this, seek immediate attention at the hospital.

## Vaccinations

- **Tdap vaccine:** This is recommended for all pregnancies between 27 and 36 weeks, even if you received it prior to pregnancy or in a different pregnancy. It helps protect your baby from pertussis (whooping cough). This vaccine is optional, but exposure to pertussis can be very dangerous or even fatal to a newborn. The CDC recommends that all pregnant women receive the vaccine and that any person who will be in close contact with the infant (your partner, other children or grandparents) be up to date as well (generally once every 10 years). Your infant will be eligible for the DTaP vaccine at two (2) months old.
- **Influenza or Flu vaccine:** This is recommended during flu season, typically October to May. It is best to get the vaccine early in the flu season. Pregnancy increases your risk of flu complications such as preterm labor and preterm birth. You are more likely to be hospitalized or die if you get the flu while you are pregnant than when you are not pregnant. As an added benefit, your baby will be protected from the flu as well.

## Hospital Admission: What to Expect

- **Induction of labor:** Usually in the third trimester, we will talk with you about options for timing of your delivery. Some parents will choose to wait for the onset of spontaneous labor, and others will choose to schedule an induction after 39 weeks. There may be a medical condition that will lead us to recommend delivery at a specific time in your pregnancy. Generally we recommend an induction of labor by 41-42 weeks gestation if you have not gone into labor prior to that. Whether an induction is recommended or chosen, the process begins in the same manner.
  - If you are scheduled for an induction, please call your Labor and Delivery two hours before your scheduled time to ensure there is a room ready for you. The number is 404-501-2250. At the time of hospital admission, we will check your cervix and start fetal monitoring. This will allow us to make recommendations for how to begin your induction—individualized to your specific needs and desires. To begin the induction process, we often use cervical balloons and/or medications. Once the cervix is a few centimeters dilated, Pitocin is usually given to continue the induction. Throughout your induction, we will keep you updated on the progress of your labor and the health of you and your baby as well as make recommendations about how to safely proceed toward delivery. It is important to know that the length of time from the start of induction through delivery varies widely, taking only a few hours for some patients and up to two to three days for others. We do not place a specific timeline on delivery but use your individual response to labor to recommend next steps.
- **Labor Support:** The hospital has some items to help with your labor, such as yoga balls, peanut balls and wireless fetal monitoring (if you are eligible). We can also offer different positions for pushing, including a bar for squatting.
- **Pain control:** Options that the hospital has to help you through labor are nitrous oxide gas (also known as “laughing gas”), IV pain medications and/or an epidural.

- **Hospital Bag:** Have this ready by 36 weeks. Here are some things it should include:
  - Signed consent forms and labs  
These are typically given to you in an envelope at your 37 week visit. Please provide this envelope to the hospital staff when you are admitted.
  - Insurance card and government-issued photo ID card
  - Optional items:
    - Comfortable items that will help you relax such as an extra pillow or lotion
    - Comfortable clothes, though a hospital gown and newborn clothes are provided. Sleepwear, if you prefer to wear your own
    - A few comfortable bras, including nursing bras
    - Going home outfits for mom and baby
    - Cell phone with charger
    - Toiletries (basics ones are available at the hospital)
- **Discharge:** After your delivery, you can expect to remain in the hospital for another 24-72 hours, depending on whether you had a vaginal or cesarean delivery.



## YOUR NEWBORN

**Pediatrician:** Before you deliver, you will need to choose a pediatrician to take care of your infant. It is not necessary for your pediatrician to see your newborn in the hospital. The hospital has pediatricians who will take care of your baby until you are discharged. We recommend beginning your search with which pediatricians are in-network with your infant's health insurance. You can then explore which office and provider works best for your family. Call to ensure they are accepting new patients and they will generally instruct you to call once you deliver to make your baby's first appointment. The first follow up for your baby is generally recommended within 2-3 days of delivery.

**Infant Car Seats:** Georgia law requires your baby must be in a car seat when you leave the hospital. It must be installed in your car before you can be discharged. Be sure that you and your partner can operate the car seat safely so your infant is secure. Fire departments are a great resource for learning how to install car seats. You can find more information about Georgia law and car seat resources at [www.gahighwaysafety.org/campaigns/child-passenger-safety](http://www.gahighwaysafety.org/campaigns/child-passenger-safety)

### What to expect at the hospital for your newborn:

- Vitamin K injection: Babies are born with low stores of vitamin K, which is essential for blood clotting. This can lead to a serious bleeding problem known as vitamin K deficiency bleeding (VKDB). VKDB can lead to brain damage and death. VKDB is preventable with a one-time intramuscular shot of vitamin K at birth.
- Erythromycin eye drops: This helps reduce risk of eye infection in newborns that may lead to blindness.
- Hepatitis B vaccination: The first dose is recommended for all infants at birth. Next doses are usually given at 1-2 months and 6 months after the birth dose.
- Newborn screening test: This is done by a "heel stick" blood sample to detect disorders that are threatening to life or long-term health before they become symptomatic.
- Jaundice Screening
- Hearing Screen
- Circumcision: This is optional if you are having a boy and will generally will be done prior to discharge from the hospital once cleared by pediatricians

**Breastfeeding/chestfeeding:** Exclusive breastfeeding/chestfeeding is the best method for feeding your baby until six months of age. "Exclusive" means no other supplemental food or drink for your baby other than human milk.

- Lactation Consultants: There is a dedicated team in the hospital whose role is to support you while you're learning to feed your baby postpartum. You can also find one in your area after you are discharged, <https://uslca.org/resources/find-an-ibclc/>
- When to Begin: You should try to begin breastfeeding/chestfeeding as soon as the baby shows signs of hunger after the birth because starting early can help you have a successful breastfeeding/chestfeeding experience. The labor and delivery team will support this first feeding.
- Benefits: We know that human milk is best for your baby. It provides the exact nutrition and quantity of milk that your newborn needs to grow and develop. It naturally changes to meet the needs of your infant over time. Providing your milk can reduce the risk of many medical problems for you and your child. Breastfeeding/chestfeeding also provides special bonding that you will get to experience with your baby.
  - Benefits for Baby: Decreased ear infections, obesity, diabetes, asthma, sudden infant death syndrome (SIDS), and rashes.
  - Benefits for Mom: Decreased risk of cancers (uterine, ovarian and breast), heart disease, high blood pressure, diabetes, and postpartum depression.

**Formula:** For a small number of parents, breastfeeding/chestfeeding is very difficult or not recommended for medical reasons. If this is the case, our nurses and lactation consultants will work individually with you to ensure your baby gets appropriate nutrition.



## POSTPARTUM

**Postpartum Visit:** You should return to our office for a postpartum visit six weeks after delivery. You may be asked to come for a visit sooner than that if there were any medical complications that arose during or after the birth. If you have any concerns after delivery, please call for an earlier appointment as we wish to address these concerns as soon as possible. At this postpartum visit, your provider will discuss when to resume routine care such as your well gynecologic exam.

**Postpartum Blues & Depression:** Very soon after delivery – about two to three days – a new parent may feel anxious, depressed or upset. You may become angry at your partner, other children or even your baby. The postpartum blues should only last for one to two weeks, but these feelings may be intense. During this time, some parents may cry for no reason, have trouble sleeping, difficulty making decisions and question whether they are able to handle their baby's needs. These feelings and mood swings are caused by sudden changes in the hormone levels of estrogen and progesterone. If you have a history of depression or anxiety, you may have a greater chance of developing postpartum mood changes, so please let your provider know about your history. The postpartum blues are quite common, and in most cases, they pass quickly. However, if these feelings persist or interfere with daily tasks, you should call our clinic for assistance. If you are having any thoughts of harming yourself, your baby or someone else, please go immediately to an emergency room. There are mental health professionals that can help you.


This website has resources and more information: <https://www.peace4momsga.org/for-parents-and-families/>

**Exercise:** Though some new moms wish to resume normal exercise immediately after delivery, your body will need time to recover, especially your core abdominal muscles. Soon after returning home, you should be able to start with light walking. Give yourself four to six weeks before starting heavy exercise, and when restarting exercise, take it slow and listen to your body. Be patient and know that you will be able to get back to full activities in time.

**Driving:** After you deliver, you should give yourself time to recover before attempting to drive. Driving while taking narcotic pain medicine is not permitted. You should be able to twist at the waist to see behind you and easily lift your foot in a seated position before driving. Recovering the ability to drive may take a full week after vaginal delivery or two weeks following a cesarean section.

**Postpartum Sex:** You can resume intercourse six weeks after delivering. The vagina needs this time to heal, especially if you had any lacerations or repairs during childbirth. Some women may need to wait longer, depending on healing. While breastfeeding, a woman has lower estrogen, which means vaginal dryness is quite common. Because of dryness, you may consider using a lubricant and going slowly until you know if intercourse is comfortable. Some women have very little sexual desire in weeks following delivery; this is common and normal. Most women will return to sexual function with time. If you have concerns about resuming sexual activity, please discuss them with your provider at your postpartum visit.

**Contraception After Birth:** We encourage all of our patients to begin thinking about postpartum contraception at this stage in their pregnancy. If you desire contraception, please know that there are many methods of birth control that are safe while breastfeeding. We will work with you to find a contraceptive method that you feel comfortable using. Let us know if you elect to have a tubal ligation, as there may be special preparation ahead of time.



Type	Methods included	Some information
Long-acting methods	<ul style="list-style-type: none"> <li>▪ Implantable rod</li> <li>▪ IUD with progestin</li> <li>▪ IUD with copper</li> </ul>	The implantable rod and the IUD with progestin both use hormones to prevent pregnancy. The copper IUD is a hormone-free IUD option. These types of birth control stay in the body and keep working for 3 to 10 years, depending on the type.
Permanent methods	<ul style="list-style-type: none"> <li>▪ Vasectomy</li> <li>▪ Tubal ligation (having your "tubes tied") or removal</li> </ul>	These methods involve procedures or surgery and are permanent.
Short-acting hormonal methods	<ul style="list-style-type: none"> <li>▪ Shot/injection</li> <li>▪ Progestin-only pill</li> <li>▪ Estrogen-progestin pill</li> <li>▪ Patch</li> <li>▪ Vaginal ring</li> </ul>	These methods all use hormones to lower the chance of pregnancy. The shot is given every 3 months. Pills must be taken every day. The patch must be changed once a week, and the vaginal ring every 3 weeks.
Barrier methods	<ul style="list-style-type: none"> <li>▪ Condoms (external and internal)</li> </ul>	Barrier methods block sperm from getting into the uterus and reaching an egg. Condoms are the only form of birth control that can also protect against infections you can get through sex.
Pericoital methods	<ul style="list-style-type: none"> <li>▪ Diaphragm</li> <li>▪ Cervical cap</li> <li>▪ Sponge</li> <li>▪ Spermicides</li> <li>▪ Vaginal "pH regulator" gel</li> </ul>	<p>"Pericoital" means methods that are used every time you have sex. The diaphragm, cervical cap, and sponge are used along with spermicide. Spermicide is a cream or gel that kills sperm before it can get to an egg. It can also be used alone, but is not as effective this way.</p> <p>Vaginal pH regulator gel changes the level of acid in the vagina. This makes sperm unable to move.</p>