

Your Baby’s Activity Record

Healthy babies are usually active. Unborn babies sleep for short periods of time, but most of the time they will kick, roll, twist and turn. Counting your baby’s movements, or fetal movement counting, is a way to tell how your baby is doing. A healthy baby usually moves at least 10 times in 2 hours.

We recommend that you start counting movements around month seven, about 28 weeks and become more aware of your baby’s daily activity. As you get to know your baby’s movement pattern, you will be able to report any changes to your care provider.

How do I count my babies movements?

- 1. Choose a time of day that your baby is usually active. Try to count around the same time each day. It may be best to count after a meal.
- 2. Get in a comfortable position. You can lie down or sit in a chair with your feet up.

Sample Chart

For more information and to download and print this chart go to health.uconn.edu/women.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date							
Start Time							
Stop Time							
Minutes to Reach 10							

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date							
Start Time							
Stop Time							
Minutes to Reach 10							

Contact Us

We hope this answers some questions for you. If you have additional questions, please write them down and bring them with you to your next appointment. Your provider would be happy to address any questions as they arise.

- 3. Write down the date and time that you begin counting your baby’s movements.
- 4. Continue counting until your baby has moved 10 times. Count any movements including, kicks, rolls, swishes and flutters.
- 5. After your baby has moved 10 times, write down the time on your chart.
- 6. If you can’t feel your baby move, try to wake the baby by drinking a glass of juice or walking for a few minutes. Then start counting again.

What should I do if my baby doesn’t move?

Call your doctor at **860.679.2792** right away if:

- Your baby has not moved 10 times in 2 hours.
- You notice a significant decrease in your baby’s activity.

Questions or Concerns?

Call **860.679.2792** to speak with your provider.

If it’s after hours and your question can’t wait until the next business day, leave a message for the on-call physician and you will get a return call.

Always call 911 in an emergency.

UConn Health Obstetrics and Gynecology

Your Third Trimester

The third trimester marks the home stretch, as you prepare for the delivery of your baby. Your baby is continuing to grow in weight and size as the body systems finish maturing. Unfortunately you may feel more uncomfortable now as your body continues to gain pregnancy weight and begins to have false labor contractions (called Braxton-Hicks contractions). During the third trimester, it is a good idea to start taking childbirth classes in preparation for the big day. If you plan to breastfeed, taking a breastfeeding class may be helpful. Because we know that you will feel many changes and new experiences in the third trimester, we would like to share some insight into the next three months.

How often will I need to come to see my doctor?

During the third trimester, we will now want you to come in for more frequent checkups. Your doctor will want to check on you and your baby at 32 weeks, 34 weeks, 36 weeks and then every week until your baby is born. Like previous visits, your provider will check your weight and blood pressure and ask about any signs or symptoms you’re experiencing.

How will I feel during my third trimester?

In the third trimester, some women become increasingly uncomfortable as their due date nears. As the fetus grows in size and crowds the abdominal cavity, you might have difficulty taking deep breaths or sleeping at night as getting comfortable can be difficult.

Changes and symptoms that you may experience during your third trimester include:

- Increased skin temperature as your baby radiates body heat.
- Increased urinary frequency due to the increased pressure being placed on the bladder.
- Swelling of the ankles, hands, and face may occur as you continue to retain fluids.
- Due to increased hormone stimulation of hair follicles, your hair might begin to grow or become coarse on your arms, legs, and face.
- Braxton-Hicks contractions (false labor) may begin to occur at irregular intervals in preparation for childbirth.
- Stretch marks may appear on the abdomen, breast, thighs, and buttocks.
- Colostrum may begin to leak from your breasts.
- Dry itchy skin as your body stretches to accommodate your pregnancy.
- Skin pigmentation may become more apparent, especially dark patches of skin on the face.
- Constipation, heartburn, and indigestion.
- Increased white-colored vaginal discharge which may contain mucus.

- Backaches that may increase in intensity.
- Hemorrhoids that may increase in severity.
- Varicose veins in the legs that may increase in severity.

What is a glucose challenge test and why does my provider recommend it?

Pregnant women can develop a condition known as gestational diabetes (or diabetes caused by your pregnancy) which can pose a risk to both you and your baby. A glucose tolerance test used to determine your potential to develop gestational diabetes by testing how your body processes sugar. A high level in your blood may indicate your body is not processing sugar effectively (positive test).

No preparation is required prior to the glucose challenge test. During the test, you will be asked to drink a sweet liquid (glucose) and then have your blood drawn one hour from having the drink, as blood glucose levels normally peak within one hour. Timing is very important for this test, so we will ask you to report to the Outpatient Laboratory 15 minutes prior to your blood draw time. The medical assistant that is working with your provider the day of your glucose challenge will let you know when your blood should be drawn.

If the results of this screen are positive, your provider will recommend that you have the glucose tolerance test performed. It is important to note that not all women who test positive for the glucose challenge screening test are found to have diabetes upon further diagnosis. If it is necessary for you to have a glucose tolerance test, a nurse will call you from our office to schedule the test and offer you instructions.

Why does my doctor recommend a Tdap vaccination?

Current federal guidelines state that the Tdap vaccine is recommended for all women during every pregnancy. The Tdap vaccine offers protection from three serious diseases: tetanus (lockjaw), diphtheria, and pertussis (whooping cough). Whooping cough is a serious disease that is contagious and can be



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deadly for your baby. Unfortunately, your baby can’t get vaccinated and start building protection against whooping cough until they are two months old. The good news is that you can avoid this gap in protection by getting the Tdap vaccination during your pregnancy. By doing so, you pass antibodies to your baby before birth. These antibodies help protect your baby in the first few months of life.

What is Group B Strep and why is my doctor testing me for it?

Group B streptococcus (GBS) is not a sexual transmitted disease (STD). The bacteria that causes GBS normally lives in the intestines, vagina, or rectum, and approximately 25 percent of all healthy women carry GBS bacteria. For most women there are no symptoms of carrying the GBS bacteria. But, while GBS may not be harmful to you, it can be harmful to your baby. Because you are pregnant, you can pass it to your baby during labor and childbirth.

Your provider tests you for GBS at 35 to 37 weeks of pregnancy. Testing for GBS is simple and painless. Your provider takes a swab of your vagina and rectum and sends the sample to a laboratory. Your test results are usually available in 1 to 2 days.

If I am GBS positive, how can I protect my baby during childbirth?

Antibiotics will be given to you through your IV while you are in labor. These antibiotics are recommended during labor and delivery to reduce the chance of your baby becoming exposed to GBS therefore decreasing the risk to your baby. It is recommended that antibiotics are given once labor has begun and every four hours during active labor until the baby is delivered.

My provider recommends that I have weekly nonstress test. What is that?

A nonstress test or NST is a common prenatal test used to evaluate the baby’s health by watching how the fetal heartrate responds to fetal movement. The term “nonstress” refers to the fact that nothing is done to place stress on the fetus during the test.

The test is typically done if you’ve gone past your due date, or in the month or two leading up to your due date if you’re having a high-risk pregnancy. Some other reasons your provider might recommend that you have a nonstress test:

- You have a medical condition that could lead to complications for your baby such as diabetes or high blood pressure.
- Your baby appears to be small or not growing as expected.
- Your baby is less active than normal.
- You have too much amniotic fluid around the baby.

I’m a first-time parent. Where do I go for prenatal education?

UConn Health has prenatal education classes that are open to all expectant parents. Classes include:

- Breastfeeding Class
- Childbirth Preparation Class
- Infant Care Class

All classes are taught by certified staff nurses. For further information and schedules visit health.uconn.edu/women. Call **800.535.6232** to register.

What are the warning signs of preterm labor?

You might be in preterm labor if you feel:

- Uterine Contractions: Occasional, irregular and painless contractions (Braxton-Hicks contractions) are normal with pregnancy. But if you feel your uterus tightening or the baby “balling up” five times or more in an hour you might be experiencing preterm labor.
- Menstrual-like cramps in the lower abdomen that can come and go or be constant.
- Change in vaginal discharge (leaking fluid or bleeding from your vagina).
- Pelvic Pressure: Feeling like your baby is pushing down.
- Belly cramps, with or without diarrhea.
- Low, dull backache felt below the waistline that may come and go or be constant.

What should I do if I think I might be having preterm labor?

If you are concerned that you might be in preterm labor:

- Empty your bladder.
- Lie down tilted towards your left side. This may slow down or stop signs and symptoms.
- Avoid lying flat on your back. This may cause contractions to get worse.
- Drink several glasses of water because dehydration can cause contractions.
- Monitor contractions for one hour by counting the minutes from the beginning of one contraction to the beginning of the next.

If symptoms worsen or don’t disappear after one hour, call your health care provider or go to the hospital.

Now that I’ve made it to 37 weeks, how do I know if I’m in term labor?

As your due date approaches, Braxton-Hicks contractions may become stronger or even painful. Eventually, Braxton-Hicks contractions will be replaced by the real thing. To tell the difference, as yourself these questions:

- **Are the contractions regular?** Time your contractions from the beginning of one to the beginning of the next. Look for a regular pattern of contractions that get progressively stronger and closer together. The contractions of false labor will remain irregular.
- **How long do they last?** True contractions last more than 30 seconds at first and get progressively longer, up to 90 seconds. The contractions of false labor vary in length.
- **Can you stop the contractions?** True contractions continue regardless of your activity level or position. In fact, they often grow stronger with increased activity, such as walking. With false labor, you may be able to stop the contractions by changing your activity or position, lying down, or taking a walk.

EXPECT FALSE ALARMS

The boundary between your body’s preparation for labor and the actual process of labor isn’t always clear. Some women have painful contractions for days with

Circumcision

If you give birth to a boy, you will be asked if you’d like him circumcised. This is a matter to be considered carefully before the baby is born, while you have time to think about it and discuss it with your care provider and pediatrician.

At birth, boys have skin that covers the end of the penis, called foreskin. Circumcision is the surgical removal of this foreskin, exposing the tip of the penis. It is usually done in the first few days of life before the baby leaves the hospital. A baby must be stable and healthy to be circumcised.

It Is Your Decision

The American Academy of Pediatrics considers circumcision a choice for parents to make. Some parents choose circumcision for religious or cultural reasons. It is important to consider the pros and cons, how the surgery is performed, and the potential complications.

Not all insurance companies pay for the procedure. If you plan to circumcise your son, you should contact your insurance provider for information about coverage.

Medical Reasons Parents Might Choose Circumcision

Research suggests that there may be some medical benefits to circumcision, including:

- A slight lower risk of urinary tract infection (UTI). A circumcised boy has about a one in 1,000

no cervical change. Others feel only a little pressure or backache as the cervix gradually dilates.

When in doubt, don’t hesitate to call your health care provider. If you arrive at the hospital in false labor, don’t feel embarrassed or frustrated. Think of it as a practice run. The real thing is sure to be on its way!

What doctor is going to take care of my baby when it’s born?

A pediatrician is a medical doctor that specializes in the care of infants, adolescents, and children as old as 21. Just as you have thought very carefully about an obstetrician, it is also very important to choose a pediatrician prior to the birth of your child. When you arrive at the hospital in labor, please notify the Labor and Delivery staff who you have chosen to be your baby’s doctor. Once you have delivered, the hospital staff will notify your pediatrician. After your baby is discharged, you will follow up with the pediatrician of your choice.

- chance of getting a UTI in the first year of life. A baby who is not circumcised had a one in 100 chance of getting a UTI in the first year of life.
- A slightly lower risk of getting sexually transmitted diseases (STDs), including HIV.
- A lower risk of cancer of the penis. However, this is very rare in both circumcised and uncircumcised men.
- Prevention of foreskin infections.
- Prevention of phimosis, a condition in which it is impossible to pull back the foreskin.

Medical Reasons Parents Might Choose Not to Circumcise

- Risks of circumcision surgery, although rare, include bleeding, infection, and injury to the penis or urethra.
- The foreskin protects the tip of the penis. When the foreskin is removed, the tip may become irritated and cause the opening of the penis to become too small. This can cause urination problems that may need to be corrected by an operation.
- The foreskin has more nerve endings than the glans, or sensitive tip of the penis, and its removal decreases sensitivity to touch.
- Almost all uncircumcised boys can be taught proper hygiene that can lower the chance of getting infections, cancer of the penis, and sexually transmitted diseases.