



Preparing for Labor and Delivery

The third trimester of pregnancy is an exciting time where you are preparing for the birth of your child. Here are a few steps you can take as you get ready to welcome the newest member of your family.

Prenatal Classes

Prenatal classes are a great way to prepare for labor and delivery, explore birthing options, and prepare to care for your newborn. Check with local providers to find classes near you.

You'll want to time your class so that you finish it with about a month left of your pregnancy, but not more than two months. This means you'll have time to take in the information even if your baby comes early, and will still remember the information when you need it.

36 week reminders

Hospital Pre-Registration

If you haven't already done so, it's also the time to send in your hospital pre-registration form to the hospital you're planning to deliver at.

Group B-Streptococcus (GBS) Status

Make sure that you have been tested for Group B Strep. If you are GBS positive, you'll need antibiotics during labor, or after your water breaks. [Read more about Group B Strep here.](#)

FMLA/Short-Term Disability Forms

If you have not already done so, discuss with your employer any forms that will need to be completed prior to your maternity leave. Please complete the forms to the best of your abilities and bring them to your next clinic visit. Once received in clinic, you can expect your forms to be completed within 4-7 business days.

For more details on Minnesota's parental leave laws, [see this pdf.](#)

Circumcision

If you are having a baby boy and plan to circumcise, check with your insurance company regarding coverage prior to going to the hospital. Some insurance companies will not cover circumcisions in the hospital, and the cost of circumcisions is roughly double in the hospital compared to the cost in clinic after discharge.

Labor and Delivery

Labor typically begins in the weeks around your due date. Most women give birth between 37 and 42 weeks. Factors like multiples may cause you to deliver early, and women occasionally deliver after their due date as well.

Wondering when you'll deliver? If you've had a baby before, this pattern may be the best predictor of when you'll deliver this time around. If this is your first pregnancy, you may get a better idea of when you'll deliver based on your mother's labor and delivery history.

Am I in labor?

You are likely in labor if you experience the following symptoms:

- You are experiencing abdominal and/or back pain (i.e. contractions) every 5-7 minutes
- Each contraction lasts one minute
- The contractions persist for more than 1 hour
- You cannot talk through the contractions

Your bag of water may break before labor. Your water breaking may be a large gush of fluid or a trickle of fluid that does not stop.

Keep in mind that loss of the mucus plug (a larger, quarter size discharge of thick mucus) typically happens during the late third trimester and can precede the onset of labor anywhere from hours to weeks.

When to Call Your Provider

If you experience any of the following symptoms, don't wait. Contact your provider immediately to ensure the best possible care for you and your baby.

- Vaginal bleeding
- Decreased fetal movement
- Preterm contractions
- Headache that doesn't go away with Tylenol
- Significant shortness of breath or chest pain
- Sudden onset of pain, redness, and/ or swelling in the back of your lower legs
- You think you are in labor, with regular, painful contractions that are < 5 minutes apart for at least 1 hour and getting stronger and closer together over time

Pain Relief During Labor

In general, there are two types of drugs for pain relief: 1) analgesics and 2) anesthetics. Analgesics lessen pain without loss of feeling or muscle movement. Anesthetics relieve pain by blocking most feeling, including pain. Pain relief medications can be either systemic, regional, or local. Systemic medications affect the entire body. Local medications affect only a small area of the body. Regional medications affect a lower segment of the body, an example would be from the waist down.

An epidural block (sometimes referred to as "an epidural") is the most common type of pain relief used for childbirth in the United States. In an epidural block, medication is given through a tube placed in the lower back. For labor and vaginal delivery, a combination of analgesics and anesthetics may be used. You will have some loss of feeling in the lower areas of your body, but you remain awake and alert. You should be able to bear down and push your baby through the birth canal. For a cesarean delivery, the dose of anesthetic may be increased. This causes loss of sensation in the lower half of your body. An epidural also can be used for postpartum sterilization.

Read more about [medications for pain relief during labor and delivery here](#).

Fetal Monitoring During Labor

Fetal monitoring is used to track your baby's heartbeat during labor. It's normal for your baby's heartbeat to fluctuate during labor, and especially during contractions. A [normal fetal heartbeat](#) is between 110 and 160 beats per minute during late pregnancy.

Fetal heartbeat monitoring allows your provider to determine whether these fluctuations are normal. If your baby's heartbeat starts to exhibit abnormal fluctuation patterns, repositioning you, starting oxygen or IV fluids will be tried to resolve the problem. As a last resort, your doctor may decide it is safer to proceed with a c-section instead of a vaginal birth. Read more about [fetal heart rate monitoring during labor here](#).

What if my baby is breech?

"Breech" means that your fetus is oriented feet or buttocks-first instead of head-first.

If your baby is breech, you may have the option of external cephalic version (ECV) to turn the fetus. Over half of ECV attempts are successful. However, if ECV is not successful, or you and your baby are not in good condition for the procedure, your doctor may decide to proceed with a C-section instead of a vaginal birth. Read more about what to expect [if your baby is breech here](#).

Labor Induction

There are situations where your health or the baby's health requires starting labor before your body has gone into labor on its own. This is accomplished in several ways. Most commonly, hormonal medications (which are the same as the natural hormones your body makes to bring on labor) are given vaginally (Postaglandine) or through IV (Petocin). In most cases, inductions are planned well in advance giving you plenty of time to discuss the timing and procedure with your doctor. Read more about [labor induction here](#).

**Call to schedule an appointment at Voyage Healthcare's
Center For Women's Health.**

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