



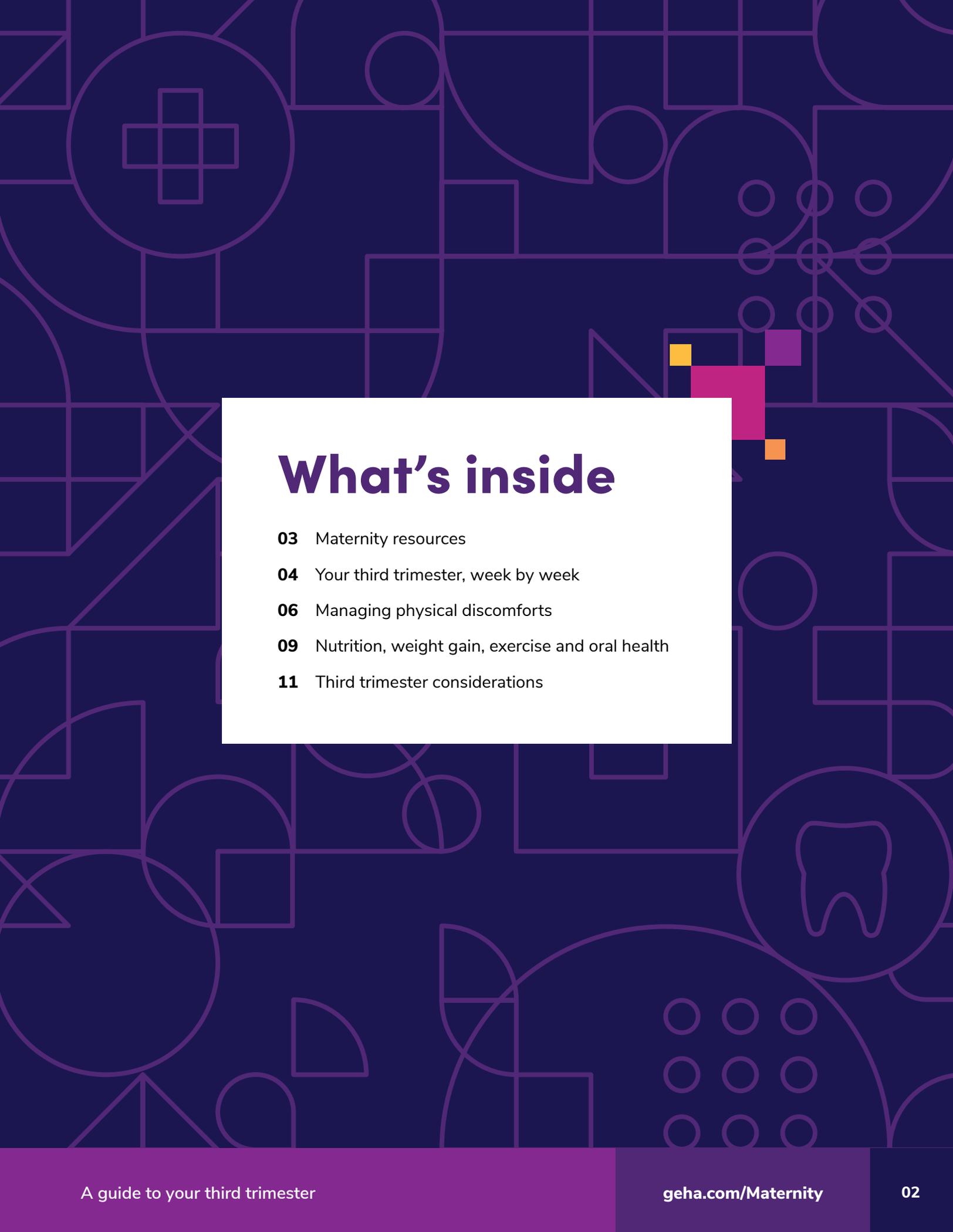
# Let's talk motherhood

**A guide to your third trimester**

For HDHP, Standard and High plan members

Adapted from the American College of Obstetricians and Gynecologists

**GEHA<sup>®</sup>**



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## Maternity resources

There are numerous books, websites and mobile apps that can guide you throughout your pregnancy. You may feel lost or overwhelmed with so much information. This is normal. We encourage you to speak to your doctor for reference materials that have worked for other patients. Customer reviews for books and apps can be another helpful guidepost. Trust your instincts, see what others have said and talk with your doctor.

Visit [forbes.com/Health/Family/Best-Pregnancy-Apps/](https://forbes.com/Health/Family/Best-Pregnancy-Apps/) for a good overview of the best pregnancy apps of 2022.

# Your third trimester, week by week



Week	What is happening
28	Eyes can open and close and sense light changes. Babies are typically 14 inches long and weigh about 2.5 pounds.
29	Major development is typically finished, so the baby gains weight rapidly. The baby will need lots of nutrients to finish growing.
30	Lanugo, the fine hair that covered the baby's body, starts to disappear. Thicker hair starts to grow on the baby's head.
31	Rapid growth and development in the brain means the baby can control its body temperature. Bones harden, but the skull remains soft and flexible.
32	More fat accumulates under the skin, changing the skin from translucent to opaque. Babies at this stage are usually 18 inches long and weigh five pounds.
33	The baby gains about half a pound each week and is readying for birth. Typically, babies won't grow longer than 20 inches, but will continue to add weight.
34	Most babies start to move to a head-down position in preparation for birth. More fat added under the skin makes it less wrinkled.
35	The lungs, brain and nervous system continue development. The circulatory and musculoskeletal systems are complete.
36	Babies usually weigh between six and seven pounds. There's not much room for rolling around and turning somersaults. You will still feel kicks and fetal movement.

Week	What is happening
37	The body hair covering the baby is mostly gone and fat is added to the elbows, knees and shoulders to keep the baby warm after birth. Babies born at this stage are considered early term. They aren't finished growing but are very close.
38	The brain continues to develop. It will grow by one third between weeks 35 and 39 of pregnancy. The liver and lungs are also completing growth.
39	At this point, your baby is considered full term. The lungs and brain will continue development after birth. The brain completes its growth at around two years old.
40	Your baby is ready for birth. The head may have dropped into position in your lower pelvis. The baby weighs between six and nine pounds and is between 18 and 20 inches long.



# Managing physical discomforts

## Pelvic and lower back pain

The hormone relaxin, which is designed to relax your pelvis during birth, can make everyday activities like climbing stairs or getting out of a chair or car difficult or painful. Typically, this problem goes away after childbirth, but exercises that strengthen muscles surrounding joints can help alleviate pain. Try to avoid standing for long periods of time and lifting heavy objects.

## Constipation

Difficult or infrequent bowel movements are likely at any stage of pregnancy but occur most often in the later months. High levels of progesterone slow digestion, and the weight of the uterus pressing against the rectum can compound the problem. Ask your doctor before taking any over-the-counter remedies. If your doctor says it's okay to take a laxative or stool softener, be sure to increase your water intake.

**There are also several natural remedies:**

- Drink lots of water, prune juice or other fruit juices.
- Eat high-fiber foods, including fruits, beans, vegetables, whole-grain bread and bran cereal.
- Eat several smaller meals instead of large dinners. Smaller amounts of food are easier to digest.

## Braxton Hicks contractions

This feeling of tightness in the abdomen helps your body prepare for delivery, but does not open the cervix. The contractions can range from mild to painful and often occur in the afternoon or evening, after physical activity or intercourse. Braxton Hicks contractions are more frequent if you are tired or dehydrated, so drinking lots of water can help. That said, the contractions will happen more often and feel stronger the closer you are to your due date.

## Shortness of breath

Because the uterus is starting to take up more room in your abdomen causing pressure against the stomach and diaphragm, occasional shortness of breath is common. Rest assured, the baby is still getting oxygen. To give your lungs more room to breathe, slow down and try either sitting or standing up straight.

**If you have a major change in breathing or have a cough or chest pain, call your doctor immediately.**

## Hemorrhoids

Painful, itchy varicose veins in the rectal area are common during pregnancy. These hemorrhoids are caused by extra blood flow in the pelvic region and the pressure the baby puts on veins in the lower body. They often improve after childbirth, but talk to your doctor, if you have concerns.

### **Here are some tips for treating hemorrhoids naturally:**

- Limit weight gain to the parameters suggested by your doctor.
- Eat a high-fiber diet and drink lots of water.
- Don't sit for a long time. Get up and release the pressure on your pelvic area.
- Apply an ice pack or witch hazel pads to the affected area to relieve pain and reduce swelling.
- Soak in a warm (but not hot) tub a few times each day.

## Varicose veins and leg swelling

While itchy and uncomfortable, varicose veins on the lower body during pregnancy are common and typically go away after childbirth. Varicose veins are more prevalent during second or third pregnancies and in women with a family history of them.

### **Nothing can prevent varicose veins, but these tips can help provide relief:**

- Try not to sit or stand for long periods of time and move around if you do.
- Don't sit with legs crossed.
- Prop up your legs on a couch, chair or footstool as often as possible.
- Wear support hose that don't constrict at the knee or thigh.
- Avoid socks or stockings with a tight band of elastic around the leg.

## Leg cramps and numbness

Sharp, spontaneous cramps in the calves can be painful enough to wake you from a sound sleep. No one is sure what causes these cramps, but they are not unusual in the second and third trimesters.

To alleviate risk of lower-leg cramps, stretch your legs before bed. If you experience a cramp, flex your foot up and down and massage the calf with long, downward strokes.

Numbness in the legs, feet and hands is also common during pregnancy. This is a result of your body's swelling tissues pressing on nerves. The most extreme symptom of this is carpal tunnel syndrome in the wrist. These symptoms usually go away after childbirth, but don't hesitate to alert your doctor.

## Insomnia and fatigue

For some women, the third trimester is the most exhausting. This is normal. You are supporting a developing new life and your expanded body can make finding a comfortable sleeping position difficult. Try to nap or find periods of rest during the day. Eating healthy and exercising will also help boost your energy level.

Insomnia frequently returns during the third trimester, and it is also normal to not be able to find a comfortable sleeping position. Surround yourself with as many pillows as necessary to be comfortable and try to get a few hours of rest whenever possible.

## Bed rest

If you are showing signs of preterm labor, having a multiple pregnancy or have high blood pressure, your doctor may advise you to abstain from certain activities (including sexual intercourse) or even put you on bed rest. If bed rest is recommended, talk with your doctor about what types of activity are permissible.

## Itchy skin

It's not uncommon to be bothered by itchy skin, particularly around your expanding abdomen and breasts. Staying hydrated is key to combating itchy skin. It is safe to apply moisturizer in the morning and evening. Contact your doctor if the itchiness is severe or you develop a rash.

## Frequent urination

As the baby grows and gains weight, you'll feel increasing pressure on your bladder. It is not unusual to have to urinate much more frequently during the day and even several times at night. Urine might also leak out while laughing, coughing, sneezing or even bending and lifting.

## Vaginal bleeding

Vaginal bleeding can be caused by something minor; however, heavy bleeding can suggest a problem with the placenta.

**Contact your doctor **immediately** if you experience any vaginal bleeding.**

# Nutrition, weight gain, exercise and oral health

## Weight gain

You might be hearing comments from people about how much weight you have – or haven't – gained. Try not to let them make you feel like you are doing something wrong. At this point, your doctor should have let you know if you are gaining weight too quickly or slowly. If you have any concerns, be sure to discuss this with your doctor.

## Gestational diabetes

According to the Centers for Disease Control and Prevention<sup>1</sup>, between **2%** and **10%** of U.S. pregnancies are affected by gestational diabetes. This occurs when the body can't make enough insulin during pregnancy. For the mother, gestational diabetes may increase the risk of high blood pressure during pregnancy and increase the risk of delivery by cesarian section.

For the baby, gestational diabetes increases the risk of a high birth weight, premature birth and/or developing type 2 diabetes later in life.

Your provider should test for gestational diabetes between 24 and 28 weeks of pregnancy and help you develop a treatment plan, if it is found.

## Nutrition and oral care

Foods such as fruits, vegetables, and dairy products are good sources of essential nutrients. Healthy foods are beneficial for developing babies' teeth, gum, and bones. Avoid sugary snacks as it increases your chances of developing tooth decay.

Be sure to continue maintaining good oral hygiene in your final trimester. Talk to your dentist about any concerns you have with your teeth or gums.

**Calcium** is an important mineral used to build your baby's teeth. It may be found in dairy products; dark, leafy greens; fortified cereals; breads and juices; almonds and sesame seeds. Your doctor may also suggest calcium supplements if your diet does not contain enough.

**Vitamin C** helps build a healthy immune system as well as strong bones and muscles. A recommended daily dose (85 mg) may be found in daily prenatal vitamins, but vitamin C is also found in citrus fruits and juices, strawberries, broccoli and tomatoes.

<sup>1</sup> <https://www.cdc.gov/diabetes/basics/gestational.html>



## Exercise

Swimming is a good activity because it utilizes the arms and legs and has good cardiovascular benefits. Swimming is low-impact, keeps you cool and makes you feel weightless. If you don't have access to a pool, here are a few other helpful exercises that can easily be performed:

### STANDING BACK BEND

1. Stand flat-footed with your palms on the back of each hip.
2. Slowly bend backwards about 15 to 20 degrees.
3. Hold this pose for 20 seconds before returning upright.
4. Repeat five times.

### SEATED SIDE STRETCH

1. Sit on the center of an exercise ball, spine erect, feet flat and legs apart at about 65 degrees.
2. Raise your right arm over your head and bend it over your left side until you feel a gentle stretch.
3. Breathe normally, don't hunch or round your shoulders and hold the pose for several seconds.
4. Return to the starting position and alternate sides four to six times.

### KNEELING HEEL TOUCH

1. Kneel on an exercise mat. Raise both arms and using slow, controlled movements, rotate your torso to the right.
2. Bring your right hand back and try to touch your left heel. If you can't reach your heel, it is OK to place a yoga block next to each ankle and reach for it instead.
3. After touching your heel or ankle, rotate back to the starting position and try to touch your right heel with your left hand.
4. Repeat four to six times.

# Third trimester considerations



## Lifestyle changes to help you and your baby

- The use of alcohol, opioids (prescribed or non-prescription use), illicit drugs or tobacco can have several harmful effects on your baby. It is important to be open and honest with your OB to develop a treatment plan to help safely stop the use of these items. Cigarettes contain lead, tar, nicotine, carbon dioxide and other toxins that go directly to the baby and increase the risk of preterm birth, low birth weight, stillbirth and sudden infant death syndrome.
- E-cigarettes and vaping may seem like a safe alternative to cigarettes, but they still pose health risks to you and your baby. It is not always possible to know the contents or concentration levels of the liquid you are inhaling.
- Secondhand smoke can be just as harmful to the baby as if the mother were smoking, so it is best to remain in a smoke-free environment at all times.
- Alcohol cannot be broken down by the baby's immature liver and can lead to a spectrum of fetal alcohol disorders.
- Recreational drugs such as marijuana can cause health problems in your baby, including lower birth weight and abnormal neurological development.

## GET HELP FROM OTHERS

It is typically easier to stop smoking and/or drinking with help from others.

- Tell your doctor so he or she can help you find some appropriate tools.
- GEHA offers **100%** coverage to help you quit smoking. For more on this benefit and other helpful resources, visit [geha.com/QuitSmoking](https://geha.com/QuitSmoking)

## BEWARE OF OPIOID USE

Research revealed that **5%** of pregnant women admitted to taking at least one illegal substance in the last 30 days.

- Researchers have discovered that use of illegal substances may cause preterm birth, interfere with the baby's growth and development, or cause birth defects, learning and/or behavioral problems.

## TELL YOUR DOCTOR IF YOU ARE ADDICTED

While not all opioid use is illegal, it can still be harmful to you and the baby to take regularly and to stop suddenly. Trying to quit an opioid suddenly can result in preterm labor and other severe consequences for your baby.

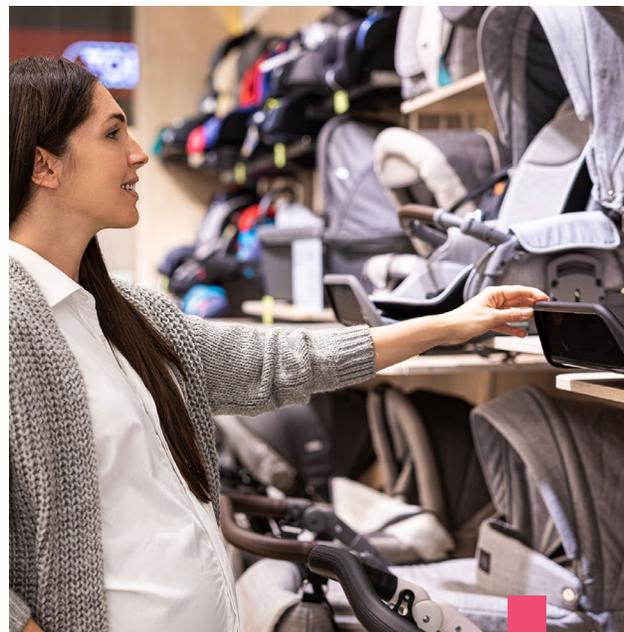
- If you are addicted to an opioid like oxycodone or heroin, it is best to tell your doctor, who will help you find a substance abuse treatment program. You should also tell your OB-GYN if you take methadone.
- Opioid use during pregnancy may warrant careful observation of your baby by trained neonatal staff.
- GEHA medical members are eligible for virtual substance-use disorder counseling via MDLIVE<sup>1</sup>. For more on this benefit, visit [geha.com/MDLIVE](https://geha.com/MDLIVE)

## Buying a car seat

All 50 states have laws requiring child safety seats, so you won't be able to take your baby home unless a car seat has been installed in your car. Infants should ride in rear-facing car seats until they are two years old or they reach the greatest height and weight allowed by the car seat manufacturer.

### THERE ARE THREE TYPES OF REAR-FACING CAR SEATS

An infant-only car seat is made for babies up to 35 pounds. These seats typically pop out of a base so you can carry the seat with a handle or put it in a stroller. A convertible seat isn't as portable as an infant-only seat, but can be converted into a front-facing seat when the child is big enough. A three-in-one can be used as both rear- and front-facing car seats and a booster seat when the child outgrows a front-facing car seat.



### BE CAREFUL BORROWING OR REUSING A CAR SEAT

Make sure you know the car seat's history and whether it's been in an accident. Look for missing parts and defects. All car seats have an expiration date. If you find any problems or the seat is past its expiration date, do not use it.

### IT IS IMPORTANT TO INSTALL THE CAR SEAT CORRECTLY

If you are having trouble doing it yourself, some fire departments and other public safety officers will help. Look online to see if an agency in your area offers this service.

<sup>1</sup> HDHP members who have met their deductible will be charged by MDLIVE, but GEHA will reimburse the member 100% of the Plan Allowance

## Hospital tours

If you are taking a childbirth class at the hospital where you will be giving birth, a tour is likely included as part of the class. If a tour hasn't already been planned or offered, it is a good idea to ask about one. Tours are a good opportunity to find the quickest driving route to the hospital and where to park. They are also a good time to ask if your partner can be in the room during labor and delivery, spend the night in the room with you and the baby, and take pictures or video of the birth itself.

While on the tour, ask if the hospital offers childbirth preparation classes. These classes provide a means of coping with pain and reducing the discomfort associated with labor and delivery. The three most common methods of preparation – Lamaze, Bradley and Read – are based on the theory that a lot of the pain during childbirth is caused by fear and tension. The methods for each technique vary, but their overall goal is to provide education, support, and relaxation through paced breathing and touch.

**If you plan to breastfeed, it is a good idea to ask about lactation resources available while on your hospital tour.**

## Birth plan

When labor begins, you may want to have a written plan of where you want to give birth, who you want to have with you and if you plan to use pain medications. It can be useful for the doctors and nurses to be aware of your wishes for labor and delivery.

Keep in mind the birthing process does not always go according to plan. Changes may arise based on unexpected events, and you may even change your mind during the process.

If you create a birthing plan, keep it short, bring several copies to the hospital or birth center, go over them with your doctor ahead of time and don't be surprised if birthing doesn't go according to plan. When considering a birthing plan, discuss the risks, options and possible alternatives with your doctor.

## Doulas

As birth nears, you and your partner may want to hire a doula, a professional labor assistant. Doulas don't have medical training and don't replace the doctors and nurses in the delivery room. A doula is a trained labor coach there to provide you with emotional support and assistance during childbirth and the postpartum timeframe.

If you are interested in hiring a doula, ask your doctor, childbirth class instructor, friends and family. Keep in mind that GEHA does not cover a doula's services.

**Search online through the association of doulas, DONA International, website at [dona.org/What-is-a-doula/Find-a-doula](https://dona.org/What-is-a-doula/Find-a-doula)**

## Pain relief during labor

Every labor is unique and the amount of pain felt varies. It can depend on several factors, including size and position of the baby, intensity of contractions and the mother's pain threshold.

There are two types of pain-relieving drugs. An analgesic lessens the pain, while the goal of an anesthetic drug is to block pain. A regional anesthesia, such as an epidural or spinal block, can decrease sensation from certain parts of the body while you are awake. A general anesthesia is typically reserved for emergent situations only in a caesarean delivery. Talk with your doctor about what types of pain relief are offered and what may work best for you.

**You don't have to decide now, but it may be a good time to think about pain management options that involve medication and those that do not.**

## Positions for labor and childbirth

There are several different positions to choose from during labor and delivery. During labor, speak to your providers about alternative positions to prepare you for birth. Examples of this include walking, rocking, using a birthing ball or a peanut ball, standing in the shower or soaking in a jacuzzi tub. For hospital deliveries, a birthing or labor bed is most common. Other facilities such as birthing centers, may offer other options. Speak to your provider about your preferences and options at your delivery facility.

## Cesarean delivery

If there is a problem during labor or your doctor has predetermined it is necessary, you may need to have the baby via cesarean delivery. As with any major surgery there are risks that must be considered, but may be necessary to ensure the well-being of mother and child. We encourage you to discuss the risks and benefits of cesarean delivery with your doctor.

## Vaginal birth after cesarean (VBAC)

Historically, women who had cesarean deliveries with their first child expected to have the same delivery method with all subsequent children. Thanks to advances in medicine, women can now attempt to give birth vaginally after a cesarean. This process is known as trial of labor after cesarean, or TOLAC.

Between 60 and 80 percent of women are successful with TOLAC and are able to have a vaginal birth after cesarean delivery, or VBAC. Women consider VBAC for various reasons; some advantages to VBAC are an opportunity for an individualized birth plan, a shorter recovery time, and a lower risk of surgical complications. It is important to let your doctor know as early as possible if you are considering VBAC so both of you can consider all the factors and weigh the risks and benefits.

## Preparing your home for a baby

When the baby comes home, you won't have time for much else. If you can, line up friends and family who can help make meals, go grocery shopping, babysit, do laundry or take care of pets. Most baby supply stores and websites provide a good idea of what you'll need to prepare your home for the baby. Browse these stores and talk to other mothers and see what products worked best for them.

## Your breast pump benefits

GEHA covers several models of breast pumps at **100%**. Providers can advise you of your options at the time of purchase. You can order a breast pump no more than 30 days prior to delivery and the provider will ship it directly to you.



**The breast pump providers listed at [geha.com/Maternity-Program](https://geha.com/Maternity-Program) are contracted providers you can contact, regardless of your location.**

If you decide to provide your baby with breastmilk, nursing staff at the hospital are a great resource for questions and support. Your hospital may also have lactation consultants who specialize in breastfeeding.

## Cord blood banking

Blood from the baby left in the umbilical cord and placenta after birth contains stem cells. These special cells can be used to treat blood disorders, immune system and metabolism issues and other diseases.

For some conditions, stem cells are the only form of treatment. Let your doctor know as far in advance as possible if you plan to collect cord blood. Most hospitals charge a fee for collecting cord blood that is not covered by insurance. You do not have to donate or store core blood.

**If you do decide to donate or store core blood, there are two options:**

- A public bank gives the donated cord blood to any person who matches. There is no storage fee and donors are screened.
- A private bank charges a storage fee and the cord blood can only be used for the baby or an immediate family member.

## Schedule of well-child visits

The first well-child visit should be 2-3 days after coming home from the hospital.

As a parent, you want your child to be healthy and develop normally. That's why well-child doctor visits are so important, particularly in the first 15 months of life. Your provider can help you identify important milestones in your child's development.

Each well-child visit will include a complete physical examination. The doctor will check your baby's growth and development and will record your child's height, weight and other important information. Tests for hearing, vision and other functions will be part of some visits. In addition, important vaccines can be administered to your child during these appointments.

**First year well-child visits** occur at ages one, two, four, six and nine months.

**Second year well-child visits** occur at ages 12, 15, 18 and 24 months.

## Where to find care

Developing a relationship with your child's pediatrician or primary care provider (PCP) is important for their growth and development. By keeping all well-child appointments, your child's provider will have a good understanding of their overall health.

Care option	Care description	Contact	Cost
<b>Health Advice Line</b>	Talk to a nurse 24/7/365	<a href="tel:888.257.4342">888.257.4342</a>	Free
<b>MDLIVE telehealth</b>	Talk to a board-certified doctor, behavioral health therapist, dermatologist or pediatrician.	<a href="https://geha.com/MDLIVE">geha.com/MDLIVE</a>	Free <sup>2</sup>
<b>Primary and specialty care</b>	Get non-emergency doctor care.	<a href="https://geha.com/Find-Care">geha.com/Find-Care</a>	\$
<b>MinuteClinic®</b>	Local care for minor issues.	<a href="https://geha.com/MinuteClinic">geha.com/MinuteClinic</a>	\$
<b>Urgent care</b>	Convenient local care option.	<a href="https://geha.com/Find-Care">geha.com/Find-Care</a>	\$\$
<b>Emergency room</b>	Life threatening issues.	Call 911	\$\$\$

<sup>2</sup> Benefits subject to the deductible and applicable coinsurance. HDHP members who have met their deductible will be charged by MDLIVE, but GEHA will then reimburse the member 100% of the Plan Allowance.

## Immunizations

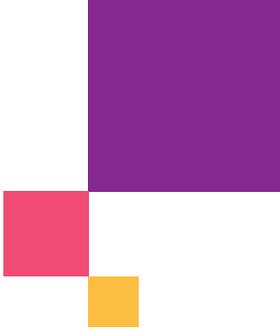
The bacteria and germs that cause childhood diseases are still around. In our mobile society, we can easily be around others who come from areas around the world where serious diseases are prevalent. Vaccinations help prevent the spread of those diseases. Each child who isn't vaccinated can spread those germs to others who are unvaccinated.

Vaccinations help protect others in your community too – like your neighbor who has cancer and cannot get certain vaccines, or your best friend's newborn baby who is too young to be fully immunized.

**GEHA medical plans cover routine well-child visits and vaccinations at 100%.**

Immunization	1st	2nd	3rd	4th	5th
<b>HepB</b> (hepatitis B)	Birth	1-2 months	6-18 months		
<b>RV</b> (rotavirus)	2 months	4 months	6 months		
<b>DTaP</b> (diphtheria, tetanus and pertussis)	2 months	4 months	6 months	15-18 months	4-6 years
<b>Hib</b> (Haemophilus influenza type b)	2 months	4 months	6 months	12-15 months	
<b>PCV</b> (pneumococcus)	2 months	4 months	6 months	12-15 months	
<b>IPV</b> (polio)	2 months	4 months	6-18 months	4-6 years	
<b>MMR</b> (measles, mump and rubella)	12-15 months	4-6 years			
<b>Varicella</b> (chickenpox)	12-15 months	4-6 years			
<b>Hep A</b> (hepatitis A) Given 6 to 18 months apart	12-18 months	12-18 months			
<b>Flu</b> (influenza) Two doses given at least four weeks apart in the first year, one dose yearly after that.	Yearly				

Source: Centers for Disease Control and Prevention. For more information, visit [cdc.gov](http://cdc.gov)



## A guide to your third trimester

[geha.com/Maternity](https://geha.com/Maternity)

[800.821.6136](tel:800.821.6136)

     /gehahealth  /company/gehahealth

Content adapted from *Your Pregnancy and Childbirth Month to Month* by the American College of Obstetricians and Gynecologists.

This is a brief description of the features of Government Employees Health Association, Inc.'s medical plans. Please read the plan's Federal brochures RI 71-014 (HDHP) and RI 71-006 (Standard and High) at [geha.com/PlanBrochure](https://geha.com/PlanBrochure). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochure.

The information contained herein is for informational and educational purposes only. This information is not a substitute for professional medical advice, and if you have questions regarding a medical condition, regimen or treatment, you should always seek the advice of a qualified health care provider. Never disregard or delay seeking medical advice from a qualified medical professional because of information you have read herein.

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CO-BKT-0422-001

