

33 – 34 Weeks

answers to your pregnancy questions

Back pain

Many women will experience lower back pain during their pregnancy, and this is especially true during the later stages of pregnancy. The growing uterus changes your center of gravity and your posture which puts strain on the lower back. The hormones of pregnancy cause the ligaments of the strong, weight-bearing joints in the pelvis to loosen in order to make your baby's passage through the pelvis easier at delivery. Pain may occur from this loosening of joints during activities like exiting a car, walking up stairs or even standing from a chair. This problem will usually go away after delivery.

To help lessen the stress on your joints from the added weight you may find it helpful to:

- Wear low-heeled shoes with good arch support, such as athletic or walking shoes, and avoid high heels, which will tilt your body forward and increase the strain on your lower back.
- Avoid standing for long periods of time. If you must do so, try resting one foot on a stool or box to take the strain off of your back.
- Sit in chairs with good back support or try tucking a small pillow behind your lower back.
- Always keep your back straight and bend at the knees to pick up objects. Do not bend at the waist to pick something up.
- Maternity support garments can be worn. These appear similar to a girdle and help to take the weight of your belly off of your back muscles.

Sciatica

Pressure from the growing uterus on the sciatic nerve may also cause symptoms during pregnancy. The sciatic nerve branches from the lower back down the buttocks and legs. Women may experience tingling, numbness and pain in these areas. Sometimes simply changing position may help to alleviate the symptoms by shifting the weight of the uterus. This discomfort often resolves on its own after the birth of your baby. If you experience weakness in your leg, severe calf pain or tenderness, call your physician and let them know so that they can evaluate these symptoms.

33
WEEKS

34
WEEKS

at 33–34 weeks of pregnancy:

Your baby is continuing to gain weight quickly. Now about 20 inches long, the baby won't likely get too much longer but may gain about ½ pound a week. As fat continues to be added underneath the skin, it becomes less wrinkled in appearance. Your baby is developing definite sleeping patterns. Your baby likely weighs about 5 ½ pounds.



Braxton Hicks contractions

Uterine muscles contract occasionally throughout pregnancy. As you get closer to your due date, Braxton Hicks contractions (pre-labor contractions) may get stronger and more frequent. Sometimes these contractions may be barely felt or feel like a slight tightening in the abdomen, but they may also be painful and feel like true labor contractions. This type of contraction does not change your cervix.

Braxton Hicks contractions are more likely to occur in the afternoon or evening, after physical activity, after intercourse or when you are tired. You may time your contractions from the beginning of one contraction to the beginning of the next to determine if they become more regular and more frequent. Often walking or changing position may lessen or stop Braxton Hicks contractions. Be sure to drink plenty of fluid since Braxton Hicks contractions also tend to occur more if you are dehydrated.

Group B streptococcus (GBS)

GBS is a bacteria that lives in the body and does not usually cause harm. In about 10-30% of women it can be found in the vagina and rectum. Most pregnant women with GBS have no symptoms or health effects, although some women may develop a urinary tract infection from this bacteria.

If present, the bacteria has the possibility of causing serious infection in your newborn baby by being passed to your baby as it travels down the birth canal during delivery. The risk of infection to your baby can be dramatically decreased by the administration of antibiotics through your IV during labor.

Your doctor will test for GBS between 35 and 37 weeks of pregnancy. If you have been diagnosed with a urinary tract infection earlier in pregnancy then this culture will not be needed and your doctor will plan for you to receive the antibiotics during labor. The antibiotics only help get rid of some of the bacteria that can harm the baby when given during labor. If given earlier in the pregnancy, the bacteria may regrow and be present during labor.

POSTPARTUM BIRTH CONTROL

If you plan to use birth control after your baby is born, now may be a good time to discuss the options with your physician. There are a wide variety of options available including permanent sterilization, implantable devices, oral contraceptives and injectable contraceptives.

Breastfeeding mothers are able to use both non-hormonal and progesterone-only options safely while breastfeeding. It is important to remember that breastfeeding alone is not an effective form of contraception despite many women not having periods while exclusively breastfeeding.

