

# 35 – 36 Weeks

answers to your pregnancy questions

## Car seat

You must have a car seat safely installed in your car to take the baby home from the hospital. All infants must, by law, ride in a rear-facing car seat until they reach at least one year of age and weigh at least 20–22 pounds. The American Academy of Pediatrics recommends that children should ride in rear-facing car seats as long as possible, until they reach the maximum height and weight limit for a rear-facing convertible car seat or at least until age two.

It is important for you to know and execute the proper installation of the car seat and base you choose. You can locate your nearest child safety inspection station by visiting the National Highway and Traffic Safety website at [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov) and visit one of these locations to have the car seat checked for proper installation.

An infant should never be placed in front of an active airbag. Generally, the safest place for the child is the middle of the back seat (depending on the car). If using a second-hand or used car seat, be very cautious to check everything. Never use a car seat that has been in a crash; is missing the instructions; does not have a label with the date of manufacture, seat name and model number; or has any cracks or missing parts. Do not use a car seat that is over five years old. Use the information provided on the label to check for recalls.

35  
WEEKS

36  
WEEKS

## at 35–36 weeks of pregnancy:

Your baby's lungs are maturing now and getting ready to breathe after birth. The circulatory system and musculoskeletal system are now complete. Your baby may weigh as much as 6 pounds, so there is much less room for movement. You may feel less rolling around or somersaults but should continue to feel kicks and frequent movement.

**Reminder:** Your 36 week visit is when you may typically expect to have your culture done to test for Group B strep bacteria unless you have been told earlier in the pregnancy that this bacteria was the cause of a bladder infection. If you have an allergy to penicillin, please tell the nurse or physician during your visit today.



Springfield Clinic's  
Center for Women's Health  
217.528.7541 • 800.444.7541

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### Cervical checks

As you near the end of your pregnancy, your physician will often begin to do vaginal exams during your routine visits to determine if your cervix is changing. This may occur any time you report contractions or symptoms that may indicate labor, or routinely during the last month of your pregnancy. The physician may report changes in your cervix to you as effacement (how much your cervix has thinned) and dilatation (how much your cervix has opened).

The cervix is normally 1 ½ to 2 inches long and will become paper thin as it stretches and pulls over the baby's head. Zero percent effaced means no change to the thickness of the cervix while 100% effaced means the cervix is completely thinned out. The cervix gradually opens zero centimeters to ten centimeters (completely open). It is very common to have a small amount of vaginal bleeding following a vaginal exam. Spotting may be brown, pink or a small amount of bright red. If you experience bright red, heavy bleeding at any time, you should go to the labor and delivery unit of your hospital.

### Feeding your baby

Before delivery, you will want to decide whether you plan to breastfeed or give your baby formula. Breastfeeding your infant has many benefits for both the baby and the mother. Breast milk is the most complete and easiest to digest form of nutrition for infants. Exclusively breastfeeding for the first six months of an infant's life is recommended by the World Health Organization and UNICEF. For mothers who are unable or choose not to breast feed, commercially prepared formulas are a nutritious alternative.

Bottle-feeding is convenient because any caregiver can feed the baby a bottle at any time; however, it is important to keep in mind that breast milk can be pumped and stored for bottle-feeding as well. It is recommended that all babies get 400 international units of vitamin D a day to ensure strong, healthy bone growth. Vitamin D is available in liquid form that you can give your baby with a dropper. Most formula-fed babies are likely getting the recommended amount of vitamin D daily, but be sure to check the label to make sure. Your pediatrician can help you choose the best formula for your infant.

If you have decided to breastfeed, it may be a good idea to take a breastfeeding class from a certified lactation consultant before your baby is born. This can help you avoid some common problems many mothers face when they first start to breastfeed and make you more comfortable with the learning process of both you and your baby. Help and support will be available to you after your delivery to assist you with feeding your baby.

### CHOOSING A PEDIATRICIAN

It is very important for you to feel confident in the physician you choose to care for your baby. For many parents, the choices available to you will be determined, at least in part, by your insurance carrier. Many parents ask friends and family members about the health care providers they use for their children, and often you may request an appointment with the provider to interview them.

Choosing a provider close to your home is often best since this is the distance you will have to travel when your child is ill. If you choose a pediatrician or family physician that does not travel to the hospital at which you plan to deliver your baby, the hospital will have pediatricians available to examine and care for your baby while in the hospital after delivery. The care of your baby can then be transferred to your chosen physician once your baby is discharged from the hospital.

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