

What to expect in your last month of pregnancy?



Pregnancy, a 40-week journey, is a ride filled with a mix of emotions, whether it is joy, anxiety, nervousness, happiness or fear, you experience it all. Your mind may be filled with hundreds of doubts as you carry another life within you, and the doubts may peak during the last month of pregnancy. Your worries may range from "what will happen during childbirth?" to "how to be a good parent?", especially if it is your first time. However, there is nothing to worry about if you are aware of what's coming on your way.

You may experience some of the following symptoms due to the changes in your body in the last month of pregnancy:

Feeling of discomfort: As the baby grows, the movement of the baby becomes more evident. At week 39 of pregnancy, babies are considered full term and can function on their own. In the last month of pregnancy, i.e., week 40, the movement in your lower abdomen makes you feel excited for the imminent birth, but it may also cause some discomfort as the baby is now fully grown.

Feeling lighter:

Some time during the last month of pregnancy, your baby drops down lower in the abdomen and her head settles deep into the pelvis. This makes you feel lighter as the baby is no more pressing on your diaphragm. It is called dropping or lightening. If you are a first-time mother-to-be, dropping may happen two to four weeks before the labour begins, and it can even occur earlier. If it is not your first pregnancy, it may not happen until the labour starts. Therefore, it is not a good predictor of labour. You may not feel a change in your abdominal shape



after dropping; however, you may experience that breathing has become easier and heartburn is less frequent.

Exhaustion: Increasing fatigue and tiredness are prevalent during pregnancy because most of the body's energy is spent on supporting the growing baby in the womb. You may feel more exhausted in your last month, and it is normal to feel like putting your feet up and resting during the day.

Mood swings: The frequent fluctuations in hormonal levels during pregnancy may affect your mood. You may experience severe mood swings towards the end of pregnancy, especially if you have experienced premenstrual syndrome earlier. The mood swings can be extreme, so that you are happy in one moment and suddenly feel like crying the very next moment.



Difficulty in breathing:

During the last few months of pregnancy, you may get winded very easily. Practising proper posture so that your lungs get enough space to expand can help you overcome the breathing difficulties.



Back pain and cramping:

The bones, especially in the hip region, are held in place by connective tissues.



The pregnancy hormones cause relaxation of this connective tissue that is tough on your back. It may lead to discomfort, especially during the last few months of pregnancy. Also, the extra weight that you put on during pregnancy puts pressure on your joints and muscles. To manage the back pain and cramping, you can sit on a chair that provides adequate support to your back. Also, wearing sandals with low heels (not flat heels) can help you tackle back pain. Regular exercise is also recommended to manage back pain during the last few months of pregnancy. If you are unable to manage the back pain even after implementing these methods, consult your doctor.

These are also one of the signals of labour; as the uterus contracts, you may feel pain in the back or hip region, so watch out for them in the last leg of your pregnancy.

Bathroom runs: As you move further in your pregnancy, the baby moves deeper into your pelvis, causing increased pressure on your bladder. Thus, you may have to run to the bathroom more often than usual. This extra pressure on your bladder may cause a urine leak when you laugh, sneeze, bend, lift, or cough.

Difficulty in sleeping:

Sleep is something that you need the most in the last month of pregnancy, but it is also something that you may find most challenging. Some of the causes of sleep disturbance are as follows:



- You may have to wake up several times at night to empty your bladder, which disrupts your normal sleep cycle.
- Back pain is another reason that causes restlessness and affects your sleep. Sleeping on your back can cause the compression of your major blood vessel, the vena cava.

The weight of the uterus may cause breathlessness and edema in one or both feet. Doctors recommend sleeping on the left or right side, especially on the left side, during pregnancy.

- You may experience cramps in your legs during sleep, which can be caused by excessive phosphorus or deficiency of calcium. Your sleep may also be disturbed due to restless legs syndrome, which occurs due to iron and folic acid deficiency.
- **Snoring:** That some women experience snoring during the last few months of pregnancy is real! Snoring occurs mainly because of swelling in the nasal passages and the pressure on the diaphragm caused by the increasing size of the baby.

Stretch marks:

These linear scars are connective tissue variations that may affect you psychologically and emotionally and are very common. They can cause sensations such as burning and itching and affect the breasts, hips, abdomen, and thighs. You may start to develop stretch marks in the late second



and early third trimester of your pregnancy. However, you would be happy to know that it is possible to prevent and treat stretch marks.

A high pre-pregnancy weight; increased weight during pregnancy, especially at the time of delivery; increased weight of the child; a family history of stretch marks; or inadequate water intake during pregnancy are some of the causes of stretch marks. You can avoid some of these causative factors to prevent stretch marks and the emotional distress associated with it. Massaging the skin with olive oil and cream can help prevent stretch marks.

Swelling: Swollen fingers, ankles, and face are commonly seen in pregnant women in their third trimester. However, if you experience extreme and sudden swelling and quick weight gain, you should contact your healthcare provider immediately as it may be a sign of preeclampsia. Preeclampsia is an immediate rise in your blood pressure in the last few months of pregnancy. It may cause organ damage, such as kidney or liver damage.

Spider veins: Tiny, red-purplish veins, also known as spider veins, on the face, arms, and neck during the last month of pregnancy are experienced by some women, and they fade away after childbirth.

Spider veins occur due to increased blood circulation during pregnancy.

Varicose veins: Swollen veins, also referred to as varicose veins, on your legs are also a common occurrence during pregnancy. Exercising, keeping your legs elevated while sitting, eating plenty of fibre, and drinking a lot of fluid can help in relieving varicose veins.



Haemorrhoids: Haemorrhoids can be described as varicose veins in the rectum. These are also a common occurrence during pregnancy. As the blood volume increases during pregnancy and the uterus puts pressure on your hip region, the veins in the rectum (the end of your gastrointestinal tract) enlarge into grape-like clusters, causing pain, itching, and bleeding. Constipation during pregnancy may also lead to haemorrhoids. Exercising regularly, having foods rich in fibre, and

drinking plenty of fluids can help prevent haemorrhoids. A stool softener may also be of help in relieving constipation and haemorrhoids.

Pre-milk secretion:

This is a watery secretion from your breasts during the last month of pregnancy, which may be experienced by some women.



Heartburn: The valve between your food pipe (oesophagus) and stomach normally prevents anything from going back up into the food pipe. The hormones released during pregnancy lead to relaxation of the valve, allowing the acid in your stomach to go up into the food pipe and cause acidity, also referred to as heartburn. Besides, the digestive system also slows down while you are pregnant, causing heartburn and constipation. To avoid heartburn, eat small and frequent meals rather than large meals and avoid spicy and fried food items, citrus fruits, and chocolates.



Effacing: When you are close to your due date, the mouth of your uterus, the cervix, becomes softer and thinner. It is called effacing, and it is a natural process that helps the vagina to open during delivery. Your doctor will regularly examine your vagina at the tail end of your pregnancy to identify your progress.

Expelling out the mucus plug:

During pregnancy, a thick mucus plug is formed in the cervix. However, when the cervix starts to dilate a few days before labour begins or just at the beginning of labour, you may experience increased vaginal discharge that may be pink, clear, or slightly bloody as you start losing this mucus plug. In some women, the entire mucus plug is expelled out.

Rupture of membranes:

During the pregnancy, a fluid-filled sac called amniotic sac surrounds the fetus. Often before the beginning of the labour, your amniotic sac may rupture, also referred to as "water breaking". You may experience fluid gushing out or continuous trickles of fluid from your vagina. If you are unsure whether it is rupture of membrane or urine leakage, call your doctor immediately.



Contractions and labour:

- Braxton Hicks contractions:

Slight contractions, like tightness in your abdomen, are called Braxton Hicks contractions and are normal. You may experience them more frequently in the afternoon and evening, after sex and any physical activity. The frequency of Braxton Hicks contractions increases as you are near your due date. Contact your doctor if the contractions are regular and steadily rising in strength. Most women, especially first-time moms, confuse Braxton Hicks contractions with actual labour. The tightening of the uterus muscles, which is sometimes painful and causes breathlessness, may startle you. It is okay to visit a hospital to rule out real labour.



- True labour versus false labour:

False contractions are not regular and strong as compared to true labour contractions. The differences between true and false labour contractions include:

- True labour contractions have a regular pattern and occur at regular intervals. Each true contraction lasts for about 1-1.5 minutes and the duration between the contractions reduces gradually. Braxton Hicks contractions do not get close together and have a pattern.
- Change in position, walking around, or resting does not affect the true labour, whereas the false labour contractions stop with the change in position, movement, and rest.
- True labour contractions get stronger with time while false labour contractions may begin stronger but turn weak with time.
- Pain occurs at the back and then moves to the front of the body in true labour, while false labour pain may be experienced on the front side only.

Although the above-described points may be useful while differentiating between true and false labour, sometimes vaginal examination to identify the changes in your cervix is the only method to determine if labour has begun.

You can implement the following to keep yourself and your baby healthy:

Exercise: Although exercising is beneficial, the types of exercises you perform may vary based on the stage of your pregnancy. You should consult your healthcare provider before starting any exercise regime. Many experts suggest walking at a varying pace and distance. You can try a combination of aerobic, flexibility, and strength exercises. However, if you have difficulty breathing, dizziness, tiredness, heart palpitations, and pain in your back or hip, stop exercising immediately. Avoid exercises that involve bouncing, jarring, leaping and activities that increase the risk of abdominal injury.

To reduce the leakage of urine, Kegel exercises can be performed to strengthen the muscles that control urination. To exercise these muscles, you can contract and relax them repeatedly whether you are sitting, standing or lying down. Ensure that you are controlling the correct muscles by feeling the pull or inserting your finger in the vagina. Do not perform this when urinating as it may lead to incomplete emptying of the bladder.

Yoga poses:

The following yoga poses can be performed in your last month of pregnancy:



- Shishuasana or Baalasana (child's pose)
- Urdhva Hastasana (hand-raising pose or standing upward stretch)
- Tadasana (palm tree pose)
- Konasana 1 and 2 (side angle pose 1 and 2)
- Virabhadrasana (warrior pose)
- Trikonasana (triangle pose)
- Utthanasana (goddess pose or rise and squat pose); Pelvic tilts
- Supta Baddha Konasana (reclined supported bound angle pose)
- Relax with modified Savasana, yoga nidra in modified Savasana position followed by meditation and Pranayama (breathwork)
- Kantha and Skandha Sanchalana (gentle shoulder and neck rolls)
- Ankle rotation
- Poorna Skandha Sanchalana (full shoulder rotation)
- Ardha Baddha Konasana (half bound angle pose)
- Marjariasana (cat stretch pose)
- Baddha Konasana (bound angle pose)

Due to restricted mobility towards the end of pregnancy, you may need to tweak your routine to include yoga positions that you can easily perform. You can also focus more on the breathing exercises to encourage relaxation and increase your ability to concentrate.

Lamaze: Breathing is considered to be the characteristic of Lamaze delivery education. The Lamaze guide teaches conscious relaxation and controlled breathing methods. This technique can help enhance relaxation and, thereby, reduce the perception of pain during contractions. Thus, you can avoid medications to overcome pain.

Historically, Lamaze mothers could give natural birth in awake and aware conditions even when they were confined to bed. Therefore, a Lamaze guide can be a good path for those who want to give vaginal birth.

If your partner is carrying a baby:

Although you cannot stop the ups and downs that your partner is facing, you can help your partner in many other ways.

Be there: Support from the partner is of immense importance during pregnancy, and pregnant women are most likely to give up on their unhealthy habits such as smoking if their partners are supportive. Statistics state that pregnant women with supportive partners are more likely to give birth to healthier babies with lower growth problems and preterm births. Women with supportive partners may be less anxious and have lower stress levels after delivery.

Always accompany your partner when consulting a doctor: It is one of the ways in which you can express your support and love and educate yourself about the pregnancy.



Carry all the necessary items to the hospital:

In the excitement and joy of welcoming the baby, you should not forget to pack things your partner and child may need at the hospital.

- Things you need to bring for your partner include a nightgown, bathrobe, slippers, underwear, socks, breast pads, bra and nursing bra, hair ties, toiletries,

and comfortable clothes to wear while going back home.

- Things you need to bring for your baby include baby socks, a receiving blanket, a baby hat for cold weather, clothes for baby to wear while going home, and baby car seat.

Remember, you have come a long way from "planning-to-be-a-parent" to "soon-to-be-a-parent". These overwhelming emotions are going to be the most unforgettable ones in your life.

**Stay Happy!
Stay Healthy!
Stay Prepared!
Happy Parenting!**



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This is general information issued in public interest.
Please contact your doctor for more details.