21 weeks – 24 weeks

During this time, your baby will go from ¾ of a pound to 1 ½ pounds. The length of your baby will grow from 10½ inches (about the length of a carrot) to almost a foot long (about the length of corn).

During this time, your baby’s face will be fully formed and his skin becomes less translucent. Most women start thinking about registering for their baby’s shower gifts during this time. If you do not know what a baby will need, or you are concerned that you will not have the items necessary to care for your infant, let your prenatal care provider know. Now is the time to register for child birth classes.

Glucose tolerance test

This test screens for gestational diabetes around 24 to 30 weeks, usually at 28 weeks.

- You’ll drink a small bottle of sugar water, and then have your blood drawn after an hour to measure your blood sugar.
- If this test is positive, we’ll repeat the test over 3 hours to confirm a diagnosis of gestational diabetes.
- If you have gestational diabetes, it may be managed with diet, oral medications, or sometimes insulin.
- Gestational diabetes increases the chance that your baby will be larger than expected, and increases the risk of shoulder dystocia during delivery.

Anemia

Your blood work will be rechecked to evaluate for second trimester anemia.

Rh immune globulin

- If you have Rh negative blood (a negative blood type) you will need a shot of Rh immune globulin at 28 weeks.
- When mom has Rh negative blood, her body can build antibodies to her baby’s blood. This can be a serious threat to your baby’s health, and the health of future pregnancies.
- It is important to tell your health care provider if you have any vaginal bleeding during pregnancy. If you have Rh negative blood, you will need a dose of Rh immune globulin within 72 hours to prevent antibodies from forming.
- If you are Rh negative, you might also receive a shot of Rh immune globulin after delivery.

Birth and labor preparation

The Family Birth Center at Women’s and Children’s Hospital, offers a variety of classes for expecting families that we encourage you to attend. These classes teach you about the labor and delivery process, relaxation and breathing techniques, pain relief, parenting, and include a tour of the labor and delivery and postpartum units.

- Now is the time to call to schedule childbirth classes. Visit http://www.muhealth.org/ChildbirthClasses or call (573) 499-6101 to register.
- There are also classes on breastfeeding and infant CPR.

Questions for my provider
Skin-to-Skin and Rooming-In
Good for ALL babies

What is skin-to-skin?

- If you have a vaginal delivery, your baby will be placed directly on your chest. We will make sure that your baby is breathing well and has a good heart rate. As soon as the baby is stable, we will place the baby directly on your chest - inside your gown. We place the naked baby on your bare chest - this is called skin-to-skin contact.

- If you have a cesarean delivery, your baby will be taken to a small room right off of the operating room. We will warm the baby, dry the baby, and make sure that breathing and heart rates are all good. Once stable, your baby will rejoin you in the operating room and we will place the naked baby on your bare chest.

Why is skin-to-skin contact so important?

- We place all healthy babies skin-to-skin. This helps:

  - Keep the baby warm
  - Helps you bond with your baby
  - Keeps the baby’s sugar levels from dropping too low
  - Helps the baby breathe easier
  - Is great for breastfeeding

- We will keep your baby skin-to-skin for at least one hour after delivery. It is sometimes helpful to let your families know about this
hour so that you can enjoy this special time with your new baby without interruption.

- We will also encourage your baby to breastfeed during this first hour. This is important because babies who are able to nurse soon after they are born seem to have an easier time than babies who are separated from their mothers.

Will I stay in the same room where I deliver?

- Our patients labor and deliver in special room. Once we make sure that both you and your baby are doing well after your delivery, we will move you to a postpartum room on the fourth floor. While on this unit, you will be cared for by a specially trained nursing staff that specialize in postpartum care.

When will my baby be examined and weighed?

- We delay measuring, weighing, and examining until after your baby has been skin-to-skin and breastfed. This will be at least one hour after delivery.

Can I participate in my baby's bath?

- Of course! We delay bathing our babies for at least four hours. New babies get cold easily when they are wet and this can be stressful to a new infant. In most cases, you will be feeling well enough to perform the bath yourself. We usually bathe our babies on your bed, teaching you the important things to remember. This way, you will know how to do this when you get home. It is also a great time to get a thorough look at your new gorgeous baby.

Will my baby be able to stay in my room with me?

- Absolutely! We work extra hard to keep our families together during their entire hospital stay. Babies want to be near their mothers 24 hours a day. It would actually be much easier for us to send your baby to a nursery and care for all the babies at one time. Because it is so much better for families to be together, however, we believe that it is worth the extra work for you to room-in with your baby.
Why should I keep my baby in my room with me?

- A lot of patients have never experienced having a baby stay with them during their entire hospital stay - so we get this question a lot. Babies want to be with their mommies. Separating your baby from you can be quite stressful for your new addition.

- Babies who room-in with their mothers:
  - Eat more frequently (because they are right there by your side)
  - Lose less weight
  - Cry less
  - Have less jaundice

- Moms who room-in with their babies:
  - Have a better milk supply
  - Have more confidence in how to care for their baby
  - Get better sleep with their babies near by

What if I'm so tired that I can't care for my baby?

- There may be times when it isn't safe for a mother and baby to room-in together. If this happens, we will send your baby to the Newborn Observation Unit (NOU).
- We always encourage you to have your labor partner stay with you while you are in the hospital. This way, your partner can tend to the baby if you are not able.