

What to Expect at 34 Weeks of Pregnancy: Preparing for Labor and Self-Care



Highlights

Marks the final weeks of the third trimester.

Fetus weighs approximately 2.25 kg and measures 44 cm, occupying nearly the entire uterine cavity.

Lungs, kidneys, and digestive system are fully functional.

Baby's movements are more restricted, but each movement is strongly felt.

The fetus usually assumes a head-down position, preparing for birth.

Maternal body experiences fatigue, back pain, swelling, heartburn, and sleep disturbances.

Monitoring, nutrition, rest, and light exercise remain essential.

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Maternal Sensations at 34 Weeks

Most women begin to anticipate childbirth and long to return to their usual routines.

Physical mobility becomes limited: bending, climbing stairs, and long walks may be challenging.

Sleep disturbances are common due to fetal activity at night.

Emotional concerns about labor and meeting the baby often contribute to restlessness.

Other potential symptoms include shortness of breath, heartburn, swelling, blood pressure fluctuations, fatigue, and weakness.

Experiences vary individually; some women remain relatively comfortable, while others face multiple discomforts.

Abdominal Changes and Fetal Movements

The fetus now occupies almost the entire uterus, limiting space for free movement.

Rolling and stretching movements are less frequent but more noticeable.

Strong kicks or movements, especially in the upper abdomen, can cause temporary discomfort.

Visual comparisons of 34-week bellies show the variety in abdominal shapes.

Fetal Development at 34 Weeks

Weight: ~2250 g

Length: ~44 cm

Lungs are fully developed and capable of independent breathing.

Skin becomes smoother and lighter as lanugo disappears, and most vernix caseosa is absorbed.

Adrenal glands produce hormones that help the baby prepare for breastfeeding.

The baby practices sucking and swallowing amniotic fluid.

Kidneys function fully, producing approximately 0.5 liters of urine daily.

Subcutaneous fat increases, giving the baby a plump appearance.

Hair continues to thicken.

Bones of the skull remain soft, facilitating passage through the birth canal.

Most babies assume a head-down position, though some may still adjust position before birth.

Sleep dominates the baby's schedule, interspersed with active movements, hiccups, and interaction with the umbilical cord.

Common Discomforts and Pain

Back and abdominal pain due to the growing uterus.

Pelvic and sacral discomfort from ligament and joint softening.

Swelling and limb discomfort from fluid retention, particularly in feet and hands.

Normal pain should be tolerable; intense or worsening pain requires immediate medical attention, as it could indicate preterm labor.

Vaginal Discharge and Preterm Labor

Increased discharge is common and usually clear and odorless.

Abnormal discharge (yellow, green, brown, clumpy, watery, or bloody) may indicate infection or other complications.

Signs of preterm labor include: Regular contractions and increased uterine tone

Lower abdominal or pelvic pain Reduced fetal movements Loss of the mucus plug or amniotic fluid leakage Dropping of the abdomen Involuntary bowel movements

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Dropping of the abdomen

Involuntary bowel movements

Prompt medical attention is crucial. Babies born at 34 weeks are generally viable with proper neonatal care.

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Intimacy During Late Pregnancy

Many obstetricians recommend postponing sexual activity in the 34th week to reduce the risk of infection and labor complications.

Partners may continue intimacy based on mutual comfort and maternal well-being, consulting a doctor if uncertain.

Recommended Tests and Examinations

Regular visits to the obstetrician include: Monitoring weight, blood pressure, abdominal size, and fundal height
Listening to fetal heart rate
Blood and urine tests, and vaginal swabs if necessary

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Additional fetal assessments may include movement, tone, breathing, and amniotic fluid volume.

Cardiotocography (CTG) may be performed to monitor contractions and fetal heart rate.

Doppler studies may be suggested to assess placental and fetal circulation.

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Ultrasound at 34 Weeks

Performed only if medically indicated.

Evaluates fetal development, position, placenta, amniotic fluid, and umbilical cord.

Confirms fetal sex, especially if previous scans were inconclusive.

Detects conditions like low or excessive amniotic fluid and umbilical cord entanglement.

Recommendations for Expectant Mothers

Stay active: prenatal yoga, swimming, and walks support labor preparation.
Perform Kegel exercises if physical activity is limited.
Prioritize skin care, foot baths, massages, and 8-9 hours of sleep.
Avoid long trips or flights; labor may start unexpectedly.
Spend time with family and partner for emotional support.
Consider birthing location and healthcare provider; review hospital policies and options if using private services.
Talk to the baby; interaction helps strengthen bonding and emotional well-being.

Nutrition and Hydration

Maintain a balanced diet to prevent excessive maternal and fetal weight gain (~11 kg total weight gain recommended).
Include calcium-rich dairy, fiber-rich dried fruits (apricots, prunes), cereals, and light meals to reduce heartburn.
Eat frequent small meals to meet nutrient needs and avoid overfeeding.
Continue to avoid alcohol and heavily processed foods.
Focus on hydration and nutrient-rich foods to support fetal development and maternal health.

Tools and Assistance

Pregnancy tracking apps and fetal movement logs
Maternity support belts and comfortable footwear
Telemedicine consultations with obstetricians
Prenatal classes, yoga, and breathing exercises
Hospital bag and newborn essentials checklist
Skin care and anti-swelling routines