

What to Expect at 35 Weeks of Pregnancy: Preparing for Labor and Self-Care



Highlights

Marks the ninth month of pregnancy, approximately 8.5 months from the last menstrual period.

Fetus weighs around 2.55 kg and measures 45-46 cm, with fully developed organs.

Baby's movements are less frequent as space in the womb becomes limited.

Maternal symptoms include shortness of breath, back pain, swelling, heartburn, and sleep difficulties.

Preterm birth at this stage is generally manageable, with infants typically surviving with proper care.

Important: monitoring fetal movements, maternal well-being, nutrition, and physical activity.

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Maternal Sensations at 35 Weeks

The ninth month brings increased anticipation of labor and a longing to return to normal routines.

Physical discomforts increase due to the growing uterus pressing on nearby organs. Breathing may become difficult as the diaphragm and lungs experience pressure.

Some women notice the abdomen dropping, a sign that birth is approaching, which increases urinary frequency.

Sleep disturbances and insomnia are common, causing daytime fatigue and weakness.

Emotional fluctuations, anxiety about childbirth, and anticipation of meeting the baby are typical. Positive moments, such as feeling fetal movements, bring joy and reassurance.

Abdominal Changes and Fetal Movements

Fundal height reaches ~35 cm, with the uterus at maximum size.

Dropping of the abdomen may relieve pressure on the diaphragm but increases bladder compression.

Sleep positions are limited; side sleeping is safest. Pregnancy pillows can improve comfort.

Digestive issues like heartburn, nausea, and occasional vomiting are common.

Eating small, frequent meals can help.

Swelling in legs and feet may occur, especially after prolonged standing or walking; limiting salt intake and using compression stockings can help.

Fetal Development at 35 Weeks

Weight: ~2550 g

Length: ~45-46 cm

Muscles and subcutaneous fat continue to develop, rounding the baby's body and smoothing the skin.

Skin takes on a pink hue; facial features are fully formed.

Baby can hear external sounds and reacts with facial expressions.

Bones are fully formed but the skull remains flexible for safe passage through the birth canal.

Endocrine system produces hormones that strengthen immunity and prepare both mother and baby for birth and breastfeeding.

The fetus is usually head-down, with movements less vigorous but noticeable.

Cortisol production supports lung development for independent breathing at birth.

Common Discomforts and Pain

Back pain due to shifted center of gravity.

Pelvic and sacral pain from ligament softening.

Abdominal pain from Braxton Hicks contractions.

Leg and foot pain from swelling.

Breast tenderness from milk production.

Headaches due to increased cardiovascular load.

Severe preeclampsia signs (persistent swelling, high blood pressure, nausea) require urgent medical attention.

Vaginal Discharge and Signs of Early Labor

Normal discharge is light, clear, and odorless.

Yellow discharge with itching may indicate yeast infection; bloody or mucous discharge may signal impending labor.

Signs of early labor include: Regular contractions Loss of the mucus plug

Rupture of membranes Increased uterine pressure and abdominal discomfort

Regular contractions

Loss of the mucus plug

Rupture of membranes

Increased uterine pressure and abdominal discomfort

Distinguishing between Braxton Hicks contractions and true labor is essential.

Regular contractions

Loss of the mucus plug

Rupture of membranes

Increased uterine pressure and abdominal discomfort

Intimacy During Late Pregnancy

In low-risk pregnancies, sexual activity is generally safe.

Caution is advised if the cervix is shortening or the mucus plug is dislodging, as intercourse may trigger contractions.

Maintain hygiene and monitor maternal comfort.

Recommended Tests and Examinations

Weekly visits include: Monitoring maternal weight and blood pressure
Checking for swelling
Measuring fundal height and abdominal circumference

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Urine and blood tests, along with vaginal swabs, may be conducted to assess maternal health.

Data is recorded in the pregnancy chart for hospital admission if labor begins early.

Monitoring maternal weight and blood pressure

Checking for swelling

Measuring fundal height and abdominal circumference

Ultrasound at 35 Weeks

Usually performed if maternal or fetal health concerns arise.

Assesses: Umbilical cord around the neck
Placental aging
Blood flow issues

Amniotic fluid levels \ (polyhydramnios or oligohydramnios)

Umbilical cord around the neck

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Ultrasound findings may inform the method of delivery, including potential cesarean section if complications are detected.

Umbilical cord around the neck

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Blood flow issues

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Recommendations for Expectant Mothers

Track fetal movements \ (about 10 movements per 12-hour period\).

Attend prenatal classes on childbirth and newborn care.

Prepare hospital bag, personal items, and baby essentials.

Choose a maternity hospital and review options for healthcare providers.

Interact with the baby to strengthen bonding and emotional well-being.

Nutrition and Physical Activity

Maintain a balanced diet rich in iron, calcium, proteins, healthy fats, and vitamins A and B.

Include dairy, fish, lean meats, grains, spinach, vegetables, and fruits.

Drink at least 1.5 liters of water daily; avoid alcohol, coffee, and soda.

Limit fried, salty, spicy, or processed foods; eat small, frequent meals to manage heartburn and nausea.

Stay physically active with moderate exercises, such as walking, swimming, or prenatal yoga.

Avoid heavy lifting, jumping, or strenuous activity; exercise should support strength, circulation, and labor preparation.

Tools and Assistance

Fetal movement tracking apps

Pregnancy pillows and ergonomic supports

Prenatal yoga and light exercise guides

Hospital bag checklist and newborn essentials

Telehealth consultations with obstetricians

Compression stockings and hydration reminders