

What to Expect at 38 Weeks of Pregnancy: Preparing for Labor and Self-Care



Highlights

Pregnancy enters the final stage, with the baby fully developed.

Common maternal changes: abdomen drops, improved breathing, reduced heartburn, frequent Braxton Hicks contractions.

Baby size: ~50 cm, ~3.1 kg, head-down position typical.

Key labor signs: regular contractions, mucus plug discharge, amniotic fluid leakage, breast colostrum.

Monitoring: fetal movements, maternal health, weekly prenatal visits, ultrasound/CTG as needed.

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Signs of Impending Labor

Dropped abdomen (lightening): Uterus shifts lower into the pelvis, reducing pressure on stomach and diaphragm, easing breathing and heartburn.

Pelvic discomfort: Ligaments soften in preparation for labor; pain may occur if the baby presses heavily. Consult a doctor if pain is severe.

Braxton Hicks contractions: Initially mild, they may intensify. Regular contractions with intervals

Breast colostrum: A natural pre-labor sign, providing the first nutrition for the newborn.

Digestive changes: Nausea may persist, especially after overeating. Eat small, frequent meals.

Maternal Changes and Sensations

Weight gain slows or stops; minor reduction (~1-1.5 kg) is normal due to reduced edema.

Hormonal preparation: Stress hormones provide energy; blood clotting increases.

Labor dominant in the brain: Reduces fear, coordinates breathing, provides mild pain modulation.

Fatigue is common; light movement, socializing, and relaxation help maintain balance.

Abdominal circumference: ~92-95 cm.

Increased urinary frequency due to uterine pressure on the bladder.

Fetal Development

Size: ~50 cm, 3.1 kg, head-down.

Respiratory system: Cortisol prepares lungs for first breath.

Digestive system: Amniotic fluid swallowed -> converted to meconium.
Neuromuscular system: Coordinated movements; reflexes like thumb-sucking, grasping, and umbilical cord holding.
Skin: Pink, smooth, coated in vernix; some wrinkling on hands/feet.
Cranial bones: Soft, allowing passage through birth canal.
Heart rate: 120-160 bpm.

Common Discomforts

Pain: Pelvis, pubic joint, sacrum, lower back, calf muscles, headaches.
Sleep disturbances: Difficulty finding a comfortable position, frequent urination.
Digestive discomfort: Nausea, bloating, mild heartburn.

Vaginal Discharge and Warning Signs

Normal: Whitish, odorless, slightly increased.
Watery discharge may indicate amniotic fluid leakage.
Blood-streaked mucus may signal mucus plug discharge.
Seek immediate care for heavy bleeding, strong odor, or abnormal fluid.

Fetal Movements Monitoring

Activity reduced due to limited space; baby mostly sleeps and practices reflexes.
Mothers should monitor daily.
Abnormal frequency (too low/high) requires obstetric consultation.

Potential Complications

Pre-eclampsia: Nausea, edema, high BP.
Placental abruption, fetal hypoxia, large fetus, immature birth canal.
History of miscarriage may require hospital monitoring.

Fetal Position in the Womb

By 38 weeks, vertex (head-down) position typical.
Malposition may require Cesarean section.

Recommended Examinations and Tests

Weekly prenatal visits to monitor: Fetal heart rate Uterine height & abdominal circumference Maternal BP & weight Urine & blood tests Cervical assessment if necessary

Fetal heart rate

Uterine height & abdominal circumference

Maternal BP & weight

Urine & blood tests

Cervical assessment if necessary

Carry medical record card for hospital admission.

Fetal heart rate

Uterine height & abdominal circumference

Maternal BP & weight

Urine & blood tests

Cervical assessment if necessary

Ultrasound and Cardiotocography

Ultrasound: Assess placenta, amniotic fluid, cord position, fetal well-being.

Cardiotocography: Monitors heart rate and uterine tone, detects fetal hypoxia, guides labor management.

11. Birth Plan Preparation

Choose hospital & doctor.

Pack two sets of clothes for mother and newborn.

Discuss birth preferences: natural vs. assisted delivery, pain management options.

Ensure mental preparation and relaxation strategies.

Nutrition Guidelines

Easily digestible foods: dairy, vegetables, fruits.

Iron: buckwheat, liver, leafy greens, legumes.

Vitamins: vitamin A-rich foods for tissue elasticity.

Hydration: 2 liters water, herbal drinks, weak tea.
Avoid: fried, fatty, sugary foods, caffeine, alcohol.

Physical Activity

Limit strenuous exercise; focus on: Breathing exercises Kegel exercises Daily walks (~1 hour)

Breathing exercises

Kegel exercises

Daily walks (~1 hour)

Helps labor efficiency, pelvic muscle tone, and recovery.

Breathing exercises

Kegel exercises

Daily walks (~1 hour)

Intimacy and Emotional Well-being

Safe if no contraindications.

Gentle positions recommended; sexual activity may stimulate labor.

Maintain communication and comfort for both partners.

Psychological Preparation for Labor

Practice relaxation, breathing, and visualization techniques.

Prepare mentally for pain management and labor stages.

Discuss expectations and support systems with partner and healthcare provider.

Tools and Assistance

Fetal movement tracker apps: Track daily baby activity.

Maternity support belts and pillows: Reduce back, hip, and pelvic pain.

Comfortable clothing: Stretchable and breathable.

Breathing and Kegel exercises: Prepare for labor and recovery.

Hospital bag checklist: Mother and newborn essentials.

Telehealth or on-call obstetric support: For urgent consultations.

Educational resources: Prenatal courses, peer support groups, books.