

What to Expect at 39 Weeks of Pregnancy: Preparing for Labor and Self-Care



Highlights

The final stage of pregnancy: the baby is fully developed and ready for birth. Signs of impending labor include intense Braxton Hicks contractions, dropped abdomen, colostrum discharge, mucus plug release, and amniotic fluid leakage. Fetal growth: ~48-56 cm in length, 2.5-4 kg in weight, head-down position typical.

Maternal changes: fluctuating energy, nesting instinct, frequent urination, mild discomfort in the pelvis, back, and lower abdomen.

Recommended actions: monitor fetal movements, maintain balanced nutrition, practice breathing and Kegel exercises, prepare a hospital bag.

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Early Signs of Labor

At 39 weeks, several signs may indicate that labor is near:

Frequent and intense Braxton Hicks contractions.
Dropped abdomen due to fetal descent into the pelvis.
Colostrum secretion from the breasts.
Mucus plug release.
Amniotic fluid leakage.

The last two signs-mucus plug discharge and fluid leakage-require immediate hospital admission. The other changes may occur weeks in advance and do not require rushing.

Weight may temporarily decrease as the body eliminates excess fluid in preparation for labor.

Maternal Sensations and Emotional Changes

Fluctuating energy: some women may feel a sudden sense of lightness or improved breathing.

Fatigue, sleep disturbances, and daytime drowsiness are common.

Nesting instinct often emerges, motivating preparation for the baby.

Anxiety about childbirth is natural, especially for first-time mothers.

Pelvic pressure, lower back discomfort, and mild abdominal pain may intensify.

Fetal Development at 39 Weeks

Size: 48-56 cm, 2.5-4 kg.

Respiratory system: fully mature, ready for first breath.

Nervous system: reflexes like sucking and grasping are functional.

Sensory development: responds to light, sound, and maternal voice.

Skin: some vernix and lanugo may remain; fat layer under the skin is developed.

Digestive system: amniotic fluid is processed into meconium.

The fetus continues to rely on placental nutrition and oxygen.

Common Discomforts

Lower abdominal cramps from false contractions.

Pelvic and perineal pressure as the baby descends.

Back pain due to increased uterine size and strain.

Swelling and discomfort in legs and feet.

Severe or worsening pain should be reported to a healthcare provider.

Vaginal Discharge and Warning Signs

Normal discharge: whitish, odorless, possibly increased.

Blood-streaked mucus may indicate mucus plug release.

Watery discharge may indicate amniotic fluid leakage.

Sudden or heavy bleeding requires urgent medical attention.

Fetal Movement Monitoring

Limited space in the womb reduces movement.

Fetus often sleeps, sucks thumb, or stretches limbs intermittently.

Mothers should monitor at least 10 movements within 12 hours.

Unusual frequency or intensity of movements warrants medical consultation.

Potential Complications

Placental abruption: may cause pain and bleeding.

Fetal hypoxia: detectable by prenatal monitoring.

Late-onset preeclampsia: swelling, high blood pressure, nausea.

Candidiasis: discomfort and unusual discharge.

Hospitalization may be required for these complications or in cases of prior miscarriage.

Fetal Position in the Womb

The safest position for labor is head-down, longitudinal.
Malpositions (breech, transverse, oblique) may require Cesarean delivery.

Abdominal Growth and Stretch Marks

Fundal height: ~40 cm.

Abdomen may appear large and heavy; dropped abdomen causes pelvic pressure.
Stretch marks may develop; early prevention with creams or oils can reduce visibility.

Sleeping on the side is recommended to avoid pressure on the inferior vena cava.

Recommended Examinations and Tests

Weekly prenatal visits including: Fundal height and abdominal measurement
Blood pressure and weight
Fetal palpation and heart rate check
Cervical assessment

Urine analysis

Fundal height and abdominal measurement

Blood pressure and weight

Fetal palpation and heart rate check

Cervical assessment

Urine analysis

Keep your medical record card ready for hospital admission.

Fundal height and abdominal measurement

Blood pressure and weight

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Ultrasound and Fetal Assessment

Indicated if prior complications exist: low-lying placenta, oligohydramnios, polyhydramnios, cord entanglement.

Helps assess fetal well-being and decide on labor strategy.
In cases of fetal hypoxia, doctors may induce labor.

Nutrition Guidelines

Maintain a balanced diet rich in proteins, healthy fats, carbohydrates, vitamins, and minerals.

Prefer steamed, boiled, or lightly cooked foods.

Avoid fried, overly salty, fatty, or sugary foods, as well as alcohol and caffeinated drinks.

Hydrate with water, herbal teas, and fresh juices.

Eat smaller, frequent meals to prevent bloating or nausea.

Physical Activity Recommendations

Maintain gentle activity: Breathing exercises Kegel exercises Light home workouts Daily walks (~1 hour)

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Kegel exercises

Light home workouts

Daily walks (~1 hour)

Activity helps: Ease labor Improve oxygenation for the baby Reduce complications Speed postnatal recovery

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Intimacy and Emotional Well-being

Sex is permitted if no medical restrictions exist.

Gentle positions are recommended; avoid abdominal pressure.

Emotional support from a partner is highly beneficial.

Preparing for Labor

Follow obstetric guidance during labor to reduce complications.

Keep your hospital bag ready with essentials for mother and baby.

Carry medical records and prenatal test results.

Practice relaxation, breathing, and focus techniques.

Tools and Assistance

Fetal movement tracker apps to record activity patterns.

Support pillows and maternity belts to reduce pelvic and back strain.

Hospital bag checklist including clothes, personal items, and medical records.

Breathing and Kegel exercises for labor preparation.

Professional guidance: on-call obstetric support and prenatal consultations.

Educational resources: prenatal courses, books, and online forums.