

Seventh Month of Pregnancy: Entering the Third Trimester



Highlights

Third trimester begins; final stage before birth.

Fetus grows rapidly: 24-38 cm, 1-1.7 kg by the end of the month.

Uterus expands significantly, causing shortness of breath, frequent urination, and possible breast leakage.

Common maternal issues: heartburn, stretch marks, back strain, varicose veins.

Prenatal monitoring includes ultrasounds, blood tests, and cardiotocography (CTG).

Sexual activity is generally safe with medical approval; high-risk pregnancies may require restrictions.

Support measures: maternity belts, specialized exercises, and ergonomic care for posture.

In This Article

Maternal physical and emotional changes

Weeks included (27-30 weeks)

Fetal growth and developmental milestones

Nutrition and dietary guidance

Maternal weight gain and abdominal changes

Sexual activity and precautions
Potential complications
Recommended tests and medical monitoring
Tools and assistance for expectant parents

Overview

The seventh month marks the start of the third trimester-the final stretch before delivery. Many expectant parents are on maternity leave and focusing on preparing the nursery, buying baby essentials, and learning about newborn care. Connecting with other pregnant women at the same stage can provide emotional support, shared experiences, and practical advice. Prenatal courses, online forums, and community groups are excellent resources.

Maternal Changes

Skin changes: A dark line may appear on the abdomen (linea nigra). Hormonal shifts affect collagen and elastin production, leading to stretch marks on the abdomen, breasts, and thighs. Risk factors include rapid weight gain, multiple pregnancies, polyhydramnios, or a large fetus. Use vitamin A- and E-enriched creams for prevention.

Uterus growth: Fundal height reaches 28-32 cm above the pubic bone. The uterus presses on pelvic organs and the diaphragm, causing shortness of breath and occasional upper abdominal discomfort. Colostrum may appear; use breast pads instead of expressing it manually.

Common sensations: Fatigue, back strain, and mild swelling are frequent.

Weeks Included

Week 27 -> Week 30

Nutrition

Heartburn is common due to progesterone and estrogen relaxing the esophageal sphincter, combined with pressure from the growing uterus.

Preventive tips: eat small meals 5-7 times daily, avoid late-night meals (last meal at least 3 hours before sleep), maintain upright posture after eating, and limit acidic, spicy, and onion- or garlic-heavy foods.

Avoid baking soda as a remedy; it temporarily relieves symptoms but may worsen swelling. Milk, dairy products, and non-carbonated mineral water can help. If necessary, your doctor may prescribe pregnancy-safe antacids.

Fetal Development

At 27 weeks: ~24 cm long, ~1,000 g; at 30 weeks: ~38 cm, ~1,400 g.

Rapid growth continues: length ~40-41 cm, weight 1.6-1.7 kg by month's end.

Subcutaneous fat develops, giving the skin a pinkish hue. Hair, eyebrows, and eyelashes grow; nose and ear cartilage remain soft.

Brain cortex and nerve cells are functional; the fetus responds to pain and recognizes sounds.

Sensory development: touch, taste, smell, hearing, and vision.

Temperature regulation begins; bone marrow produces red blood cells.

Breathing practice occurs; hiccups may appear when amniotic fluid enters the airway.

Usually settles head-down by week 28, but breech or transverse positions may persist.

Maternal Weight and Abdominal Changes

Weekly weight gain: 300-400 g; total gain by month's end: 7-11 kg.

Fundal height and abdominal circumference are measured at appointments to monitor fetal growth.

Small uterus or delayed growth may indicate fetal growth restriction, low amniotic fluid, or preeclampsia.

Sexual Activity

Sexual activity is usually safe if approved by a doctor.

Avoid if high-risk pregnancy, risk of preterm labor, or multiple pregnancies.

The fetus is generally protected by amniotic fluid; complications arise only in case of rupture of membranes or other pregnancy issues.

Potential Issues

Fetal growth restriction: Monitor via ultrasound; protein-rich diet may help.

Preterm labor risk: Signs include abdominal pain, frequent contractions, watery

or bloody discharge. Hospitalization may be recommended in high-risk cases.
Varicose veins: Wear compression stockings, elevate legs, avoid prolonged standing.

Tests and Monitoring

Routine blood and urine tests, HIV screening, Rh factor compatibility tests.
From week 28: Cardiotocography (CTG) to monitor fetal heart rate and uterine contractions. Procedure lasts 20-40 minutes, with sensors attached to the abdomen.

Maternity leave begins: 140 days (180 for multiple pregnancies). A birth certificate is issued for hospital use.

Recommendations

Walking may appear waddling due to the shifted center of gravity. Prenatal exercises and swimming help maintain posture and relieve back strain.
Frequent urination is common; preventive bathroom breaks are recommended.
Select a hospital and doctor, and enroll in prenatal classes.
Consider a maternity support belt to stabilize abdominal position and support the back.

Tools and Assistance

Pregnancy trackers: monitor weeks, fetal growth, and maternal health.
Prenatal vitamins: ensure adequate intake of iron, calcium, and other nutrients.
Maternity support garments: belly bands, posture supports, compression stockings.
Healthcare providers: obstetricians, midwives, endocrinologists, phlebologists.
Community support: online forums, prenatal courses, and peer groups.

Summary: The seventh month signals entry into the final stage of pregnancy. With proper nutrition, prenatal monitoring, and supportive measures, expectant parents can navigate this period safely while preparing for birth and early newborn care.