

Week 28 of pregnancy: third trimester changes sleep patterns and growing activity



Week 28: entering the third trimester

At 28 weeks, pregnancy enters the , the final phase before birth. This does not mean labor is near for most people, but it does signal a shift in both fetal development and maternal physiology. The uterus is larger, the diaphragm has less room to move, blood volume remains elevated, and the body is preparing gradually for birth and lactation.

Clinically, the is often associated with more noticeable physical symptoms: shortness of breath, Braxton Hicks contractions, more frequent urination, back or pelvic discomfort, reflux, and fatigue. None of these symptoms should be dismissed automatically, because severity and context matter, but mild-to-moderate discomfort is common as the pregnancy advances.

Emotionally, this week can bring a mix of reassurance and vulnerability. Some people feel more connected to the baby because movements are stronger. Others feel anxious because every new sensation seems important. A useful approach is to observe patterns, ask questions early, and keep routine antenatal appointments so your care team can interpret symptoms in the context of your pregnancy.

How your baby is developing at 28 weeks

By week 28, fetal development is increasingly focused on growth, maturation, and coordination. According to medically reviewed pregnancy development resources, babies in the early may have partially open eyelids, continue practicing breathing movements, and gain weight more rapidly than in earlier weeks. These breathing-like movements are not air breathing; they are part of respiratory muscle and neurological practice while the baby remains surrounded by amniotic fluid.

The nervous system is becoming more capable of regulating activity and rest cycles, although these cycles do not match an adult day-night rhythm. This is one reason a baby may seem lively at night: when you stop moving, you may simply perceive movement more clearly. Your position, meals, hydration, and the absence of daytime distractions can all make fetal movement more noticeable.

At this stage, movements may include kicks, rolls, stretches, flutters, and rhythmic sensations such as hiccup-like movements. The strength and location of movement can vary depending on I position, fetal position, your activity level, and uterine shape. If you previously read about earlier milestones such as the and first consistent movement, week 28 often feels like a more intense continuation of that sensory relationship.

Why sleep changes in the third trimester

Sleep disruption in week 28 is usually multifactorial. The growing uterus can increase pressure on the bladder, contributing to nocturia. Progesterone and mechanical pressure can slow gastrointestinal motility and relax the lower esophageal sphincter, making reflux and indigestion more likely. Increased abdominal size can make turning over harder, while pelvic girdle discomfort, back pain, or leg cramps can interrupt deeper sleep.

Breathing can also feel different. As the uterus rises, the diaphragm has less space, and oxygen demand is higher during pregnancy. Mild shortness of breath with exertion can be common, but sudden, severe, or persistent breathlessness, chest pain, fainting, or coughing blood should be assessed urgently.

Common sleep disruptors around week 28 include:

Waking to urinate more often, especially after evening fluid intake.

Heartburn or regurgitation when lying down soon after eating.

Difficulty finding a comfortable side-lying position.

Fetal movement becoming more noticeable during quiet hours.

Leg cramps, restless legs sensations, hip pain, or lower back discomfort.

Vivid dreams, anxiety, or frequent mental planning before birth.

These sleep changes are real physiological burdens, not a failure of discipline. If poor sleep is affecting mood, functioning, blood pressure management, glucose control, or safety during the day, it is worth raising with your clinician or midwife.

Fetal activity: what growing movement can feel like

Many people notice that fetal movement feels stronger around the beginning of the . The baby is larger, muscle tone is improving, and movements may feel more deliberate. You may feel activity after meals, when resting, after changing position, or in response to sound or touch. Because babies also sleep in utero, movement is not continuous.

Rather than comparing yourself with someone else's pregnancy, it is more useful to learn your baby's usual pattern. Some babies are very active in the evening; others have several active windows across the day. Placental position can affect perception: an anterior placenta may cushion some sensations, while a posterior placenta may make kicks easier to feel.

Many maternity services advise paying attention to a change from your baby's normal pattern rather than relying only on a universal number. If movements become clearly reduced, absent, or unusually weak compared with your baby's established pattern, contact your maternity unit, obstetric clinician, or midwife promptly. Do not wait until the next day for advice if you are worried, and do not rely on home devices or apps for reassurance when movement has changed.

Supporting sleep without chasing perfect sleep

Sleep often improves through small adjustments rather than one dramatic solution. Side-lying is commonly more comfortable as pregnancy advances. Many people use pillows between the knees, under the abdomen, or behind the back to reduce hip and pelvic strain. If reflux is prominent, elevating the upper body slightly and avoiding large meals close to bedtime may help, but persistent or severe symptoms should be discussed with a healthcare professional.

Practical comfort strategies to discuss with your care team if needed include:

Creating a wind-down routine with dim light, reduced screen stimulation, and predictable timing.

Shifting more fluid intake earlier in the day while staying adequately hydrated overall.

Eating smaller evening meals if indigestion is disturbing sleep.

Using supportive pillows to maintain a comfortable side-lying posture.

Gentle stretching or pregnancy-safe movement earlier in the day for stiffness, if approved for your situation.

Writing down worries or questions before bed so they can be addressed at appointments.

If insomnia is persistent, avoid starting sleep medications, herbal remedies, antihistamines, or supplements without professional guidance. Some products that sound natural or mild may not be appropriate in pregnancy or may interact with existing conditions or medications.

Body symptoms that can affect nights

Week 28 can bring a cluster of symptoms that are not strictly sleep problems but still fragment rest. Braxton Hicks contractions may feel like tightening that comes and goes irregularly. Pelvic pressure can increase after long periods of standing. Nasal congestion may worsen because pregnancy increases mucosal blood flow. Carpal tunnel symptoms can cause numbness or tingling in the hands at night due to fluid shifts and nerve compression.

Frequent urination is common, but burning, fever, flank pain, or feeling unwell may suggest a urinary tract infection and should be evaluated. Swelling in the feet and ankles can occur, particularly later in the day, but sudden swelling of the face or hands, severe headache, visual symptoms, or right upper

abdominal pain may be warning signs of hypertensive disease of pregnancy and need urgent medical advice.

It is also reasonable to ask your care team about anemia, thyroid disease, mood symptoms, restless legs, sleep apnea risk, or pain management if fatigue feels extreme or sleep is consistently non-restorative. Medically literate patients often recognize that common symptoms can still have clinically important subtypes; the key is not to self-diagnose, but to report the pattern clearly.

Preparing for the weeks ahead

The usually includes closer attention to fetal growth, maternal blood pressure, urine findings, glucose status if relevant, fetal position later on, and birth planning. Week 28 is a good time to review practical questions: who to call for reduced fetal movement, what symptoms require urgent assessment, how to manage work and rest, and whether any vaccinations, laboratory tests, or Rh immune globulin considerations apply to your individual care plan.

You may also find it helpful to prepare your environment for rest. This does not need to be elaborate. A bedside water bottle, easy access to the bathroom, supportive pillows, a plan for nighttime reflux, and a realistic rest schedule can reduce friction. If you have a partner or support person, discuss how nighttime discomfort and daytime fatigue are affecting you; practical support is part of health, not a luxury.

Above all, week 28 is a transition. Increased fetal activity and more complicated sleep can coexist with a healthy pregnancy, but your lived experience matters. If something feels different, intense, or concerning, you deserve timely, respectful clinical guidance.