

## **Week 38 of pregnancy: final body growth fat accumulation and preparation for delivery**



### **What week 38 means in late pregnancy**

Week 38 is part of the final stretch of pregnancy. Many clinicians consider 39 to 40 weeks the optimal window for spontaneous birth when pregnancy is uncomplicated, but birth at 38 weeks is still close to term and often physiologically well tolerated. The exact timing of labor varies widely, and it is not unusual to feel impatient, excited, uncomfortable, or uncertain. At this point, fetal development is less about forming new body systems and more about refining function. The fetus continues to gain weight, build fat stores, and mature the brain, lungs, liver, immune system, and thermoregulatory capacity. The placenta is still actively supporting oxygen and nutrient exchange, while your , cervix, pelvic floor, and hormonal systems prepare for delivery. If you followed earlier milestones such as early full-term development and preparation for birth, week 38 may feel like a continuation rather than a sudden transition. The body has been preparing for weeks; now the changes are more concentrated, more noticeable, and often more uncomfortable.

### **Final fetal growth and fat accumulation**

A major theme of week 38 is final body growth. The fetus continues to add

weight, although the rate varies by genetics, placental function, maternal health, and gestational dating accuracy. A typical baby at this stage has a more rounded appearance than earlier in the because subcutaneous fat has accumulated under the skin. This fat is not simply cosmetic. It helps the newborn maintain body temperature after birth, supports energy reserves during the transition to feeding, and contributes to the smoother, fuller body contour seen in term infants. Brown adipose tissue, a specialized fat involved in heat production, is particularly important for neonatal thermoregulation. The skin is also changing. Vernix caseosa, the creamy protective coating on the skin, may still be present, although the amount varies. Lanugo, the fine hair that covered much of the fetal body earlier in pregnancy, is often reduced by this stage. Some babies are born with visible vernix or lanugo, which can be normal.

### **Organ maturation: lungs, brain, liver, and immune readiness**

By week 38, the lungs are usually functionally mature, though maturation continues until birth. Surfactant, a substance that helps keep the air sacs open after the first breaths, is generally present in sufficient amounts in late pregnancy. Still, the transition from placental oxygenation to breathing air is a major physiologic event, and the newborn's respiratory adaptation is closely observed after delivery. The brain continues rapid growth and organization. Neural connections, sleep-wake cycling, sensory processing, and reflexes are becoming more coordinated. The fetus may respond to familiar voices, light, maternal movement, and rhythmic sounds, although the uterine environment is now very tight. The liver also continues to mature, including functions related to glycogen storage and bilirubin processing. After birth, bilirubin metabolism is one reason newborns are monitored for jaundice. The immune system is supported by maternal antibody transfer through the placenta, especially immunoglobulin G, which helps provide early passive protection after delivery.

### **Movement at 38 weeks: less space does not mean less importance**

Because the is crowded, fetal movement may feel different at 38 weeks. Instead of big flips or sweeping turns, you may notice stretches, rolls, nudges, or pressure-like movements. The baby may be head-down, with the head engaged lower in the pelvis, which can change where you feel kicks and pushes. However, decreased space should not be used to dismiss a significant reduction in fetal

movement. Your baby should continue to move in a pattern that is recognizable for them. If movements are reduced, absent, or markedly different from usual, contact your maternity unit, obstetric clinician, or local emergency service promptly according to your care plan. Do not wait until the next day if you are concerned. Some people are advised to use formal kick counts, while others are told to track the baby's usual daily pattern. Follow the approach recommended by your healthcare team, especially if you have a higher-risk pregnancy, reduced fetal growth, hypertension, diabetes, placental concerns, or a history of complications.

### **Your body at 38 weeks: pressure, contractions, and fatigue**

Maternal symptoms at 38 weeks can be intense. Common experiences include pelvic pressure, lower back discomfort, hip or groin pain, frequent urination, swelling of the feet or ankles, sleep disruption, heartburn, constipation, hemorrhoids, and shortness of breath that may improve if the baby drops lower into the pelvis. Braxton Hicks contractions are also common. These are usually irregular, may ease with hydration or position change, and do not progressively intensify in a consistent pattern. True labor contractions typically become more regular, longer, stronger, and closer together over time, although early labor can be variable. Vaginal discharge may increase near the end of pregnancy. Some people notice the mucus plug, which can appear as thick mucus that is clear, white, pink, or blood-tinged. Losing the mucus plug does not always mean labor is immediate; it may happen days before birth. Any heavy bleeding, fluid leakage, fever, severe pain, or concerning symptoms should be assessed urgently.

### **Cervical change and signs labor may be approaching**

As labor approaches, the cervix may soften, thin out, move forward, and begin to dilate. These changes are called ripening, effacement, and dilation. Some people have cervical change for days or weeks before labor; others have very little change until contractions are established. A cervical examination can provide information, but it cannot reliably predict the exact timing of birth. Possible signs that labor is nearing include:

- More frequent or stronger contractions that become patterned over time
- Low backache or menstrual-like cramping
- Increased pelvic pressure or a sensation that the baby has moved lower

Loss of the mucus plug or a small amount of bloody show

Rupture of membranes, often described as a gush or continuous trickle of fluid

### **Preparing for delivery without overmedicalizing every sensation**

The final days can make it tempting to interpret every cramp or change as the beginning of labor. It is reasonable to be observant, but you do not have to manage this alone. Your care team can help you decide when to come in, when to monitor at home, and what symptoms require urgent evaluation. Practical preparation includes confirming transport plans, keeping your phone charged, packing essential documents, preparing newborn supplies, and reviewing who will support you during labor and after birth. If you have a birth plan, treat it as a communication tool rather than a script. Labor can change quickly, and flexibility often reduces distress when medical recommendations shift. If you are scheduled for induction or cesarean birth, ask your clinician what to expect, including timing, eating and drinking instructions, medication guidance, fetal monitoring, pain relief options, and postpartum recovery planning. Do not stop prescribed medications or change management of conditions such as hypertension, diabetes, anticoagulation, thyroid disease, or epilepsy without medical advice.

### **Emotional wellbeing in the final waiting period**

Week 38 can be emotionally complex. You may feel ready to meet your baby, anxious about labor, tired of discomfort, or worried about whether you will recognize the right time to seek care. These feelings are common and valid. Late pregnancy is physically demanding, and anticipation can heighten normal uncertainty. Supportive strategies include prioritizing rest, eating small nourishing meals, staying hydrated, using relaxation techniques, and limiting unhelpful comparisons with other people's births. If you feel persistent panic, hopelessness, intrusive thoughts, or inability to sleep even when physically exhausted, reach out to your healthcare professional. Perinatal mental health support is part of pregnancy care, not an afterthought. Partners and support people can help by taking over logistics, timing contractions when needed, encouraging hydration, noticing concerning symptoms, and providing calm reassurance. The goal is not to force labor to begin, but to create a safe, prepared environment for whenever it does.