## **TRIMESTER 3:**

# 28 - 40 Weeks

The third trimester marks the final stretch of pregnancy. Your baby is rapidly growing and getting ready for life outside the womb and your body is working hard to support that transition. This phase comes with increased nutrient needs, changing hormones, potential physical discomforts, and emotional preparation for labor and postpartum recovery.

### WHAT TO EXPECT:

- Baby begins to drop into the pelvis (called "lightening") in preparation for birth.
- Nutrient shunting increases to support final development of the brain, eyes, lungs, and bones.
- Movement patterns may shift slightly but remain consistent. You will feel regular fetal kicks.
- You may experience Braxton Hicks contractions as the body prepares for labor.
- Fatigue, back pain, heartburn, shortness of breath, and swelling (especially in feet and ankles) may become more pronounced.
- Hormonal Shifts:
  - Insulin resistance peaks more than 2-3 times baseline to help shuttle glucose to baby.
  - Cortisol levels rise to support fetal lung development.
  - Metabolism becomes catabolic, breaking down maternal fat stores for energy. This can lead to low-level, physiological ketosis between meals or overnight which is normal and non-concerning.

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### **COMMON SYMPTOMS AND HOLISTIC MANAGEMENT**

#### Back Pain:

• Prenatal massage, warm baths, and proper posture support.

## • Swelling/Edema:

• Stay hydrated, dandelion root tea, elevate your feet when sitting.

## • Shortness of Breath:

 Slow down activities and sleep propped up slightly to relieve pressure on the diaphragm.

#### · Insomnia:

 Try a calming wind-down routine, use pillows to support sleep position, and reduce screen time at night.

## • Fatigue

Some fatigue is a natural part of pregnancy; it can be a sign to slow down.
 Honor your rest cues as feasible.

## • Bloating:

 May continue; manage with adequate electrolyte intake and focusing on better digestion with smaller, more digestible meals.

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#### **NUTRITION RECOMMENDATIONS:**

Your nutritional needs are at their peak for pregnancy. Focus on building meals around whole, unprocessed foods rich in protein, healthy fats, complex carbohydrates, to capture essential vitamins and minerals.

- Increased Caloric Needs: Increase intake by roughly ~450 extra calories/day; ~700 more for twin pregnancies.
- <u>Peak Nutrient Demands:</u> Highest requirement for energy, protein, and micronutrients as fetus prepares for delivery
- Increased protein needs: Aim for 1.5–1.7 g/kg/day (or roughly 75–100g/day depending on weight). Protein supports fetal growth, maternal tissue repair, and stable blood sugar. Certain amino acids like glycine and taurine, which are usually produced by the body, become "conditionally essential" in late pregnancy and must be consumed through food.
- Carbohydrates: Focus on slow-digesting (low-glycemic) carbohydrates such as quinoa, oats, sweet potatoes, and other root vegetables. In the third trimester, the body becomes naturally more insulin resistant to prioritize glucose delivery to the baby, making blood sugar management increasingly important. To support stable energy levels and reduce the risk of gestational diabetes complications, pair carbohydrates with a source of protein and healthy fats at each meal. Consistent movement, such as walking after meals, also helps improve blood sugar regulation.
- Healthy Fats: DHA remains critical for baby's brain and eye development.
   Continue fish, egg yolks, grass-fed meats, and quality oils (olive oil, avocado oil, coconut oil).
- <u>Fiber:</u> Helps combat constipation and supports gut health. Aim to have fruits, vegetables, legumes, or seeds at each meal. Goal is 30+ grams of fiber per day.
- <u>Hydration</u>: Stay well-hydrated with at least 3 liters per day. Consider electrolytes (like LMNT) for optimal fluid balance.
- Supplements: Continue your prenatal and DHA supplement.

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#### **MICRONUTRIENTS TO PRIORITIZE:**

- Vitamin D: Consider rechecking levels; optimal range is key for immune health and birth outcomes (target ~4,000 IU/day if deficient).
- Iron: Risk of deficiency increases—monitor with CBC and ferritin, especially in twin pregnancies or if symptoms (fatigue, dizziness) appear.
  - Consume grass-fed beef or bison, liver, organic chicken, oysters, sardines, pumpkin seeds, dark leafy greens, and lentils.
- Folate + B12: Needed for red blood cell production and neurological development.
- <u>lodine</u>: Supports thyroid health and fetal brain development. Commonly found in seafood and seaweed.

### LIFESTYLE RECOMMENDATIONS

- · Exercise:
  - Continue to exercises, making adjustments as needed.
  - Avoid extended periods of time lying on your back, as the weight of the baby can put pressure on the vena cava, impeding blood flow.
  - Avoid exercising in hot weather to prevent overheating and dehydration.
     Always bring water and take breaks when needed.
  - Choose movements that do not exacerbate any discomfort. Avoid bouncing/jumping activities in favor of lower impact exercise.
- <u>Sleep</u>: Sleep may become more challenging due to physical discomfort. Use
  extra pillows and practice good sleep hygiene. Avoid screens before bed, and
  keep your sleep environment cool and dark.
- Mental Health: Emotional well-being is important. Consider stress management techniques like journaling, meditation, therapy, or prenatal yoga. Stay connected to your support system – we're not meant to do motherhood alone!

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## POSTPARTUM PREP STARTS NOW

- Start laying the groundwork for a smoother recovery:
  - Plan for rest and support: Line up support during pregnancy, such as lactation support, postpartum doula, housework help, meal trains, and family/community help.
  - Stock up on nourishing freezer meals, nutrient-dense snacks, and hydration aids.
  - Postpartum nutrient demands are even higher than pregnancy. Prioritize protein, iron, and DHA-rich foods.

## NORMAL VISIT CADENCE AND SCREENINGS

- Typical Visits: Every 2 weeks until 36 weeks, then weekly until delivery.
- · Key Screenings:
  - Group B Strep Test: Typically done between 35-37 weeks.
  - Growth Curve: The baby grows from about 14-15 inches to 18-20 inches by birth. Weight gain is rapid, and the baby typically weighs around 6-9 pounds at full term.

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