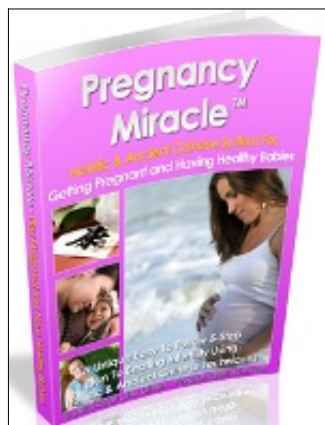


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# **Pregnancy Signs And Symptoms And Trimesters**

It is surprisingly difficult to say when pregnancy begins. Some consider love-making is the start. Others think it begins when a sperm fertilises an egg. Most doctors believe that pregnancy begins a few days after sexual intercourse when the fertilised egg implants into the womb.

### **When will the baby be due?**



When you discuss pregnancy with your midwife or doctor they will they calculate your due date from the day your last period began. The date the baby is officially due is forty weeks after the first day of the last period. However very few babies are born on the due date. Women with shorter or longer menstrual cycles need adjustments to the calculations.

### **Beginnings Of Pregnancy**

Fertilisation and implantation of the egg occur before the first missed period. Urine pregnancy tests will normally give a positive result a few days after the period would have been due. When you think about pregnancy you normally think of a baby but the placenta or afterbirth is vitally important. In the early stages the placenta is much bigger than the tissues that eventually develop into the baby. In fact pregnancy tests detect hormones from the placenta not the baby itself.

Some women will feel different in themselves: breast tenderness and mild nausea can occur. However, many women will not feel any 'symptoms' of pregnancy. Whether or not you will feel 'symptoms' is an individual thing and does not signify anything about the health or future of the pregnancy.

The pregnancy will normally last around forty weeks (although giving birth two weeks before or after the due date is quite normal). From the time of conception onwards, the cells that will become the baby begin to develop into an embryo. Over the next few weeks all the internal organs appear. By three months the fetus, or developing baby, is formed and over the next six months the baby matures and grows considerably.

### **What Are The Signs And Symptoms Of Pregnancy?**

Before modern pregnancy tests were available the diagnosis of pregnancy relied on observing characteristic breast and nipple changes, as well as changes in the size of the womb. Changes in skin pigment can occur too. The baby's first kick (called 'quickening') is often not felt until half way through pregnancy.

As the pregnancy develops enlargement of the womb becomes obvious. Breasts enlarge too and can produce a milky secretion. Less welcome features of pregnancy may include enlargement of veins - especially in the legs and sometimes on the vulva and in the back passage. Your midwife and doctor can advise and help with these.

Stretch marks are not uncommon and usually appear on the tummy. They can also develop on the breast and thigh. Although red at first, the marks fade to white after the birth.

Pregnancy makes the heart work harder and in the last three months this can result in fatigue, breathlessness and puffing of the feet and ankles. Discuss these problems with your midwife or doctor if you develop them. The extra work done by the heart and circulation is one reason why maternity leave is available for women who work outside the home.

There are many other things that can occur to women in pregnancy. Common symptoms include indigestion and heartburn. Bladder symptoms are frequent and later on some women will occasionally leak a little urine due to the pressure of the pregnancy on the bladder. In preparation for childbirth certain joints relax and this can lead to aches in the pelvis and back.

### **What Course Does Pregnancy Follow?**

Although the majority of women will have no medical complications in pregnancy some women do experience problems:

- **First Trimester.** About one in six women will miscarry. The vast majority of miscarriages occur in the first three months.
- **Second Trimester.** The second three months of pregnancy is usually trouble free.
- **Third Trimester.** During the final three months you will be seen more frequently by the midwife and doctor. They will be looking for signs of rising blood pressure and will be monitoring the growth of the baby. If problems crop up, for example should you experience pain or bleeding, you are advised to contact your doctor or midwife.

### **Labour**

Eventually every pregnant woman gives birth to her child. Most women will do so within two weeks of their due date and most will go into labour on their own. This may follow a release of 'the waters' but in some women the waters do not break until they quite far into labour. Labour is defined as 'painful regular contractions that dilate (or widen) the cervix'. It is possible to have contractions but not to be in labour - in such cases the pains are preparing the cervix for labour, this is when the cervix is not changing despite there being contractions.

### **Childbirth**

Once the cervix or neck of the womb is fully open the second stage of labour can begin. This is the process of childbirth itself. After the baby has been born the afterbirth or placenta must be delivered. When this is expelled labour is over and motherhood begins.

### **Caesarean Section**

Caesarean section is the operation of delivering the baby through a cut made in the mothers' tummy and womb. The chance of having a Caesarean section is higher now than in previous years and depends very much on how the pregnancy is progressing and how well the baby is. This is something that can only be discussed with the obstetric doctors and your midwife.

### **Complications in pregnancy**

Many women fear that something might go wrong. The actual figures are; one in six pregnancies will miscarry, usually in the first twelve weeks of pregnancy; less than one pregnancy in one hundred will result in a baby who is born dead (stillborn) or who dies within a week of delivery. Usually this happens in pregnancies that have had problems. If the pregnancy is uncomplicated the chance of having a live healthy baby is very high indeed.

## **Will I have any tests or investigations?**

A variety of tests are offered to women during pregnancy. Some involve making sure the mother to be is well (for example: blood pressure (bp), blood group, urine testing, looking for anaemia) while others are to do with the baby's welfare. Many women choose to have tests to look for abnormalities in the baby such as spina bifida and Down's syndrome. These will be discussed with you early on by your doctor or midwife.

Ultrasound scans can check on the baby's condition and provide good information on how advanced the pregnancy is. It is recommended that blood pressure be closely monitored throughout pregnancy. Later on the baby's position will be examined. Caesarean section is usually advised if the baby is coming foot or bottom first (breech presentation). It is not practical to describe every test you may be offered in pregnancy but the following will give you an idea of some of the things you may be asked to consider:

- screening for inherited conditions - especially if there is a family or ethnic risk factor. For example Sickle cell anaemia, Thallasaemia, Cystic fibrosis
- screening for Down's syndrome. This used to be offered to women over 35 years of age only, but now newer tests can help to identify younger women who are carrying an affected pregnancy
- screening for diabetes. Urine testing is performed regularly throughout pregnancy. If sugar is detected blood tests might be required. Some women can be identified as being at higher risk of developing diabetic-like changes in pregnancy. They may be offered blood tests irrespective of their urine test results
- screening for infection. Recently it was decided to offer all women HIV tests during pregnancy because those who have the virus may be unaware that they are HIV-positive. Knowing HIV status allows the mother to make choices that can have huge benefits for themselves and their unborn baby. There are other infections that can affect the pregnancy (for example vaginal streptococcal infection) that have a bearing on how the pregnancy or labour is conducted.
- close monitoring of women with medical conditions like high blood pressure, insulin dependent diabetes, epilepsy, heart problems
- close monitoring and support for women with emotional or mental health concerns. For example, depression can re-emerge during and after pregnancy
- choices of drugs and medication for treating other conditions during pregnancy require careful consideration

## **What treatments might I need?**

Pregnancy is not a disease and so most women do not require treatment as such. However many women do need or benefit from treatments in pregnancy:

- Iron is frequently used. However, the only reasons to take iron are iron deficiency and twin/triplet pregnancy. The natural drop in blood counts during pregnancy must not be confused with iron deficiency. The natural drop in blood counts is a desirable result of the pregnancy. Only iron deficiency requires iron supplements
- Folic acid belongs to the B group of vitamins and should, in an ideal world, be started before conception. It is continued until twelve weeks into the pregnancy to reduce the risk of the baby developing spina bifida
- Antacids are frequently helpful in reducing heartburn and indigestion which can occur in the last few weeks of pregnancy
- Treatment for pregnancy or medical problems may be required (for example, medication to lower a high blood pressure)

- Paracetamol has never been shown to cause problems in pregnancy and is safe to use as a pain killer when required.

### **Can I do anything to help myself?**

Pregnancy is a great time to make health improving changes in your life (and for your partner!). Attention to diet is good and the 'Pregnancy Book' that your doctor or midwife will give you has a lot of useful advice in it. Certain uncommon but serious infections can be caught through food. Listeria usually caught from soft cheeses, pre-prepared salads and cook-chill meals. These foods are almost always safe, but the low risks can be reduced by keeping the food cool after purchase and consuming them while they are still very fresh. Meat should be thoroughly cooked (barbecued meat is something to avoid). Smoked meats (for example salami) are probably best avoided as they carry a small risk of transmitting toxoplasmosis.

Reducing or, ideally, stopping smoking is always a good idea in pregnancy. Similarly stopping or reducing alcohol intake is also advisable. Some women use other medications or substances for recreational purposes. All doctors will advise these be stopped during and, if possible, before pregnancy.

Pregnancy is a time of life and life-style change. It is good to allow yourself the emotional space and time to make adjustments. Keeping a flexible approach is good too as pregnancies have a habit of springing the unexpected on you.

### **Tell Your Doctor**

1. Early pregnancy information: Your doctor will want to know how long your menstrual cycle is (that is from the first day of one period until the first day of the next), the date your last period started on and whether you have had any discharge or bleeding since that date. If you have done pregnancy test(s) the doctor will want to know the dates of these and whether they were positive or negative.
2. Past medical history: If you have, or have had, any unusual or significant conditions your doctor will want to know about them. For example the occurrence of heart or kidney problems, diabetes, asthma, epilepsy, thrombosis and mental health problems are all important. If there are illnesses or conditions in your family or the baby's father's family it is worth mentioning them to your doctor early on in pregnancy
3. Employment and work matters: Very few jobs are hazardous to pregnant women. Examples of such jobs include sheep farming, working with certain chemicals (for example cytotoxic drugs), working with ionising radiation or perhaps jobs involving foreign travel. Mention what job you do - if you are employed - to your doctor
4. Medication: if you are taking any medication or drugs, your doctor needs to know about them. Women with diabetes or epilepsy are encouraged to discuss matters with their doctor before pregnancy. Most maternity units run pre-pregnancy clinics for women with these conditions. If you use recreational or illegal drugs this also needs to be considered. It is important that your doctor and midwife are sympathetic and helpful rather than judgmental in such instances. Ideally you should share this sensitive information with someone you feel you can trust
5. Social and lifestyle factors: Although the birth of a baby is a massive opportunity it can be a time of worry and anxiety over money, relationships or accommodation. Your midwife, doctor or hospital maternity unit should be able to arrange for a social worker to see you and, if possible, offer help in your situation. Particular issues and questions can arise in women who are single parents. Children are also born into gay relationships. The Internet can be a valuable source of helpful advice and information in these situations. Always visit Internet sites cautiously and weigh up their suggestions and advice carefully. [planetoneparent.com](http://planetoneparent.com) has stuff for single parents.

### **Ask Your Doctor**

1. Anxieties and concerns: Normally your doctor will ask you if you have any questions or if anything is worrying you. This is your opportunity to ask what you like. Most midwives and doctors would want you to ask anything, no matter how daft it might seem, rather than leave you unsure or worrying. These worries are important to you, so

ask away

2. Entitlements: You are entitled to free dental care and free prescriptions during pregnancy. Should you have a pregnancy that results in a live birth or any birth after 26 weeks of pregnancy these benefits carry on for the twelve months after birth too. Ask for a form FW8. Send the completed form to your local health authority and an exemption certificate will be sent back to you. Details of this and form MAT B1 for statutory maternity pay are listed in 'The Pregnancy Book' which is available free from your doctor or midwife. You are entitled to have your baby where you wish but almost all doctors and midwives would want to help and advise you on the best choices so discuss this as well during the pregnancy

3. Exercise: In early pregnancy exercise will not harm the pregnancy so if you enjoy swimming or aerobics, carry on. Later in pregnancy you may find that the weight and bulk of the pregnancy will restrict things and vigorous activity will not only be unwise but also uncomfortable. Ask your doctor about this. You may also want to ask about sexual activity during pregnancy. Basically it depends on what is comfortable for you. Normal sexual intercourse will not cause miscarriage. The only situation where intercourse is inadvisable is if it is known that the afterbirth is lying very low in the womb. This is rare.

4. Travel: If you have foreign travel planned or wish to travel by air it is useful to enquire about this not only from your doctor but also from the airline if you hope to travel during the last three months of pregnancy. Travel to, or through, regions where malaria is endemic requires careful consideration so ask about this if it applies to you.

5. Delivery choices: Some women have very definite hopes and aspirations for how they wish to have the baby. For example some want home delivery and others may like a birth in water. Ask your midwife or doctor about this. Availability of the options varies from place to place. If you are worried about any aspect of pregnancy or childbirth you should feel encouraged to ask about this too.

#### **Useful Contacts:**

##### **British Pregnancy Advisory Service (BPAS)**

Address: 20 Timothys Bridge Road, Stratford Enterprise Park, Stratford-upon-Avon, Warwickshire, CV37 9BF

Telephone: 01789 416 569 OR 0945 365 5050

Fax: 0845 365 5051

Helpline: 08457 304030

Email: info[at]bpas.org

Website URL: bpas.org

##### **Fertility UK**

Address: Bury Knowle Health Centre, 207 London Road, Headington, Oxford, OX3 9JA

Email: admin[at]fertilityuk.org

Website URL: fertilityuk.org

##### **North East London Fertility Services**

Address: Doctors House, 40 Cameron Road, Seven Kings, Ilford, Essex, IG3 8LF

Telephone: (020) 8554 1214

Email: [info@nelfs.co.uk](mailto:info@nelfs.co.uk)

Website URL: [nelfs.co.uk](http://nelfs.co.uk)

Author Provides Free [Medical Information](#) And [Medical Advice](#) On A Variety Of Topics.

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