Pregnancy stages and changes

- Your body changes during pregnancy. You may love some changes and feel uncomfortable with others.
- You may experience a lot of physical changes during pregnancy, or only a few.
- You will probably have emotional ups and downs during pregnancy.
- If you have depression or a mental illness during pregnancy, you need specialist care and treatment.
- Some physical and emotional experiences are common to a particular trimester (stage) of pregnancy.

If you are pregnant, your body is experiencing major change. From symptoms that you might expect, to ones that are completely out of the blue, every woman will have a different pregnancy experience.

It’s helpful to have an idea of how your body may react to the different stages of pregnancy. It also helps to know how pregnancy may affect your emotions and feelings.

Changes to your body that may indicate pregnancy

You may first realise that you’re pregnant when you miss your period. That’s a good time to take a pregnancy test or speak with your doctor.

In early pregnancy, you may experience some (or all, or even none) of the following symptoms:

- aches and pains (possibly in your lower abdomen and in your joints)
- morning sickness, which may be nausea or actual vomiting, and does not just happen in the morning
- constipation
- food cravings and aversions
- heartburn and indigestion
- a need to urinate more often
- back pain
- tiredness
- vaginal thrush
- skin changes and itching, and possibly skin tags
- haemorrhoids (also known as piles)
- leg cramps
- restless legs (leg twitching at night)
- varicose vein
- swelling in your ankles, feet and hands
- dizziness or fainting
- fatigue, or lack of energy
- nasal problems, or shortness of breath
- larger, tender breasts.

Better Health Channel has more information about these pregnancy symptoms.

If any of the symptoms become difficult to manage, talk to your doctor about what to do. In particular, if any morning sickness, aches and pains, dizziness or breathing difficulties make it hard to get through your normal day, ask for advice.

More about morning sickness
The first thing to know about **morning sickness** is that it can hit you at any time of day. Probably a result of your changing hormones, it usually starts about week six and settles by week 14. The good news is that you may feel better if you:

- drink small amounts of fluid, often. Try flat lemonade, sports drinks, diluted fruit juice, weak tea, clear soup or a hot drink make of stock
- suck on ice or ice-blocks (if you can’t keep down other fluids)
- try ginger tablets, dry ginger ale or ginger tea
- eat small amounts of food more often, so you don’t have an empty stomach
- eat a dry biscuit when you wake up in the morning, to avoid feeling sick when you get out of bed
- try salty foods such as potato crisps or salty biscuits
- suck on barley sugar or boiled lollies
- avoid fatty, rich or spicy foods
- avoid the smell of hot food
- avoid cooking dishes with strong smells
- rest as much as you can.

A small percentage of women have prolonged and excessive vomiting (called hyperemesis), which can lead to dehydration if it is not treated. See your doctor if you have severe morning sickness.

In some extreme cases, women need to be rehydrated in hospital, using intravenous fluids.

**Pregnancy stages**

We talk about three stages of pregnancy: first trimester, second trimester and third trimester. Some physical and emotional experiences are more common in each of these trimesters.

**First trimester**

In the first trimester:

- You feel really tired and possibly nauseous.
- You gain 1 or 2 kilograms, or maybe less if you have morning sickness. Most of this weight is in the placenta (which feeds your baby), your breasts, your uterus and extra blood.
- Your heartbeat and breathing rate are faster.
- Your breasts become tender, larger and heavier.
- Your growing uterus puts pressure on your bladder, so you feel like you need to urinate a lot.
- You may feel swinging moods.
- You know exactly how you feel about having a baby, or you have no idea how to feel!

**Second trimester**

In the second trimester:

- You start to feel better, with less fatigue, morning sickness and moodiness.
- You may feel your mind is wandering and not focused at work or at home.
- You gain about 6 kilograms.
- You may feel anxious about tests (including an ultrasound) done at this stage. But, if they find any health issues, these tests will ensure you and your baby receive the right care.
- Your hair may become thicker and your fingernails may become stronger. Or, your nails may be softer and break more easily.
- You may crave some foods, such as sweet, spicy or fatty foods.
- You may not like the taste or smell of some foods.

**Third trimester**
In the third trimester:

- Forgetfulness may continue.
- You feel tired and probably uncomfortable.
- You may be annoyed by the discomfort.
- You may start to worry about labour as it nears.
- You probably gain about five kilograms. Much of this weight is your baby, but also amniotic fluid, the placenta, your breasts, your blood and your uterus.
- You may have back pain.
- You may find it hard to sleep because you are uncomfortable.
- The baby may be placing pressure on your lungs, making it harder to breathe.
- You may feel Braxton Hicks contractions (tightening of the muscles of the uterus). They do not mean labour is starting.

Your feelings and emotions during pregnancy

During pregnancy you will probably feel many ups and downs. You may experience some or all of these emotions (and they may change quickly):

- surprise – if your pregnancy is unexpected. You may then feel joy (if you welcome the pregnancy) or fear (if you are unsure about the change to your life) or both
- happiness, particularly if you have been trying to have baby and you feel well
- anger, which can result from your body’s hormonal changes, from a sense of being vulnerable, or from pregnancy symptoms that are uncomfortable or painful
- fear for the baby’s health, if you have concerns about your baby having an illness or disability. If you are worried about a particular risk, talk to your midwife or doctor
- fear of birth, which is a recognised psychological disorder. Counselling and talking with your midwife or doctor can help you overcome this fear
- love for your baby, your partner and your family
- sadness or disappointment if you have illness or complications during your pregnancy, or you can’t have the birth plan that you would prefer
- general sadness about the world, whereby you find it hard to watch the news or hear sad stories about children or families
- grief, if you suffer a miscarriage, a loss at a later stage of pregnancy, or a stillbirth
- prolonged sadness from perinatal depression. In this case, you will need the help of health specialists.

Mood swings during pregnancy

The hormones changing in your body mean you will probably have heightened emotions, both positive and negative. And you will probably swing between these emotions.

While you may be overjoyed about having a baby, you may also be stressed and overwhelmed. You may feel worried about whether:

- your baby will affect your relationship with your partner
- you will cope financially
- you will be able to juggle work and parenting
- you will be a good mother
- the baby will be healthy
- your other children will accept and love the new baby.

You may also feel unimpressed with your changing body. You may be worried about putting on too much weight, or not enough. Or not being able to do the physical activity that you usually do. Or not looking attractive to your partner.

Add the hormone-induced fatigue, forgetfulness and moodiness, and you may feel completely out of control. This is
all common.

**Depression during pregnancy**

About 15 per cent of women will have depression or anxiety during pregnancy. And even more will suffer from these conditions after giving birth.

Many women don’t seek help because they feel embarrassed or guilty about feeling so awful when are they are supposed to be happy. But depression is not something that you can control in this way.

Because an untreated mental illness can have long term effects on your health and wellbeing, and on your baby too, getting the right treatment is vital. Talk to your doctor if you are:

- depressed or miserable for most of the day and on most days
- annoyed, angry or anxious a lot of the time
- crying a lot (and not always for a reason)
- losing interest in activities that you usually like
- struggling to sleep (even when your baby is sleeping), or sleeping more than usual
- under- or over-eating
- feeling tired most the time
- not able to concentrate
- preoccupied or anxious about things going wrong with your pregnancy, you, your baby or your partner
- feeling that you have not bonded with your baby, or that you have no maternal feelings
- feeling guilty, or feeling that you are failing as a mother
- thinking about harming yourself
- thinking it would be better if you or your baby were dead
- thinking about suicide.

Remember, tell someone if you feel depressed, because early treatment is the best treatment.

Plenty of safe and effective treatments are available for depression during pregnancy and while breastfeeding. But herbal and complementary treatments such as St John’s wort may not be safe in pregnancy.

**Anxiety during pregnancy**

You may be feeling quite anxious about your pregnancy and about being a parent. Many pregnant women feel some anxiety, but a few develop an anxiety disorder that needs treatment.

Symptoms of an anxiety disorder include:

- constant worry, stress or nervousness
- muscle tension and teeth clenching
- not ever feeling calm
- not being able to sleep well or for long
- panic attacks.

**Other serious issues during pregnancy**

Some pregnant women develop mental illnesses that are a significant risk to both them and their child. Other women may already have a mental illness that is more difficult to manage during pregnancy.

In particular, specialist health care is needed for pregnant women with:

- bipolar disorder (of which pregnancy may trigger the first episode), with manic highs and depression lows
- schizophrenia
- eating disorders, including anorexia nervosa and bulimia nervosa. The risks include a loss of nutrition for your baby, an increased risk of miscarriage, and anaemia.

**Where to get help**
• Your **GP (doctor)**
• **Midwife**
• **Obstetrician**
• **PANDA (Perinatal Anxiety and Depression Australia)** Tel. 1300 726 306
• **Lifeline** Tel. 13 11 14 for crisis support and suicide prevention
• **beyondblue**, Tel. 1300 22 4636

This page has been produced in consultation with and approved by:
Royal Women's Hospital

Content on this website is provided for information purposes only. Information about a therapy, service, product or treatment does not in any way endorse or support such therapy, service, product or treatment and is not intended to replace advice from your doctor or other registered health professional. The information and materials contained on this website are not intended to constitute a comprehensive guide concerning all aspects of the therapy, product or treatment described on the website. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions and to ascertain whether the particular therapy, service, product or treatment described on the website is suitable in their circumstances. The State of Victoria and the Department of Health & Human Services shall not bear any liability for reliance by any user on the materials contained on this website.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

**Copyright © 1999/2019** State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.