



## Pregnancy advice

At The Queer Parenting Partnership, we are aware that it can be very difficult for some people to find advice about common pregnancy symptoms, due to the extremely gendered language of most pregnancy advice websites. We have outlined some of the more common issues in these pages, with the causes (where known) and tips for coping. If there is a symptom missing here which you would like to see included, please drop us a message using the form below.

This guide does not replace medical advice, if you are concerned about some aspect of your pregnancy then please contact your healthcare provider\* to discuss the specific symptoms you are experiencing. YOU are the best judge of what is normal for your pregnancy, if you are concerned about something then please seek medical advice.

Please note that links to external websites are likely to include gendered language relating to pregnant people. We have used anatomical terms to describe some symptoms where applicable (e.g. uterus, vagina, cervix).

\*in the UK, this is usually your GP / 111 / A&E up to around 16 or 20 weeks, or the pregnancy triage at your local hospital beyond that gestation. Your midwife should have given you the number for triage, but you can always go through the hospital switchboard if needed.



There is a wealth of information about trans-specific fertility and pregnancy at Trans Fertility Co.

<https://transfertility.co/>

Trans Pregnancy: UK-based international research about transmasculine experiences of reproduction.

<https://transpregnancy.leeds.ac.uk/>

NHS: UK evidence-based advice on pregnancy symptoms (CN: gendered language)

<https://www.nhs.uk/pregnancy/>

Pregnant Pause: A guide for lesbians on how to get pregnant, Stonewall

<https://www.stonewall.org.uk/resources/pregnant-pause-guide-lesbians-how-get-pregnant>



## **Nausea and Vomiting**

Most people are aware of “morning sickness” as a common issue in early pregnancy. Unfortunately it isn’t reserved just to the morning, nor is it guaranteed to go away when you reach your second trimester.

Most of the time, pregnancy nausea and sickness does eventually resolve by itself, but there are a few things you can try to reduce the effects in the meantime:

- Eat little and often. Having an empty stomach usually makes the sickness worse, so try to nibble regularly throughout the day. You may want to keep a small snack by your bedside so that you can put something in your stomach before you get up in the morning.
- Drink plenty of fluids. As long as you can keep water down, you should be ok even if you can’t really eat anything. If you are unable to drink water, contact your healthcare provider as you may need rehydration.
- Avoid any foods or smells that make you feel sick. Plain meals, and carbohydrate-heavy foods can be easier to stomach when you are feeling unwell.
- Try foods and drinks containing ginger, as there is some evidence that these can help settle your stomach.



Peppermint tea is also helpful for some people.

- Rest when you can, as being overtired is likely to make your nausea worse
- If your sickness is impacting on your ability to do day-to-day things, contact your GP to discuss medication options. There are a few antiemetics which are safe to use in pregnancy.

Generally it is not harmful to be frequently sick during pregnancy, as you have sufficient stores in your body to support yourself and your growing baby. Extreme sickness in pregnancy is called hyperemesis gravidarum, and usually requires rehydration treatment in hospital. You need to seek medical assistance if any of the following apply:

- You are unable to keep down water
- You are losing weight
- You have not had a wee for more than 8 hours, or have pain when peeing or blood in your urine



- You have abdominal pain or any other concerning symptom

Further information is available via <https://www.pregnancysicknesssupport.org.uk/>

If you also have diarrhoea with vomiting, it is likely that you have a stomach bug. Try to stay well hydrated and get plenty of rest. Your body will usually deal with it in a couple of days, but if it doesn't go away, or if you cannot keep water down, contact your healthcare provider

## **Abdominal Pain**

Aches and pains are common in pregnancy, as your body grows, stretches and changes to accommodate your growing baby. Most pain is not harmful, but there are some things that should be checked out. If you have any of the following symptoms, call your healthcare provider straight away:

- Severe pain in your stomach: this can be a sign of several things depending on your gestation, such as miscarriage, or placental abruption; may also be accompanied by vaginal bleeding.
- If the pain is severe and on one side, this can be a sign of ectopic pregnancy, where the fertilised egg has



implanted somewhere outside of the uterus. This may also cause pain in your shoulder, or discomfort when urinating or opening your bowels. Unfortunately these pregnancies cannot continue as there is no space to grow, and the embryo will need to be removed medically.

- Regular cramps/ surges/ contractions before 37 weeks: this could be premature labour
- Pain at the top of your bump/under your ribs in the second half of pregnancy, especially if combined with high blood pressure, headaches, visual disturbances such as flashing lights or sudden swelling in hands/ face/feet. These can be signs of pre-eclampsia.
- Back pain or lower abdominal pain, along with burning/ stinging when urinating, bad smelling or cloudy wee, a raised temperature, or feeling generally unwell: all signs of a urinary tract infection (UTI).

Even in early pregnancy while your foetus is tiny, hormones are affecting your uterus and causing changes which can be uncomfortable. You may have period-type cramps as the embryo is implanting. If these are mild and not accompanied by any bleeding, they are unlikely to be causing a problem.



As your uterus grows, you may experience an occasional sharp pain on one side of your abdomen, this is usually due to the round ligaments which hold your uterus in place stretching and softening. Gentle stretches can help with this pain, and easy movement like walking.

Constipation and trapped wind can also cause abdominal pain. Try to keep moving and stay well hydrated. If you are unable to open your bowels or pass wind for several days, let your GP or midwife know.

Discomfort at the top of your bump and under your ribs is common later on in pregnancy, as the baby grows and there is less space available.

Pelvic girdle pain (PGP), symphysis pubis dysfunction (SPD) and hip pain are all ways of describing discomfort that can affect your pelvis during pregnancy. These problems are more common later on in pregnancy, as the relaxing effects of hormones loosen up the joints of the pelvis, and the weight of your baby and uterus put increasing pressure on your pelvic floor; but they can affect you early on, especially if you have had difficulty in a previous pregnancy. If you are having trouble getting around, speak to your healthcare provider. There are several ways to reduce pain in your pelvis:

- Reduce your activity. If you find that your pain gets worse towards the end of the day, it is likely that overuse and inflammation is affecting your pelvis. Try to build regular rest into your day, ideally taking the time to



lie down with pillow support (see below) to really rest your joints.

- Keep moving! On the other hand, it is not good to stay in one position for too long. If you are sat at a desk for many hours, for example, make sure you get up and stretch and move around a few times each hour. Make sure that your chair is properly adjusted for you (your employer should have conducted a pregnancy risk assessment) or use a birth/gym ball to sit on (these are great as they keep you making tiny movements).
- Try to avoid actions which open your legs wide, like the usual way of getting in and out of a car. If you drive a lot, try putting a plastic bag on the seat, and swinging both legs in together.
- Think about your sleeping arrangements. A firm mattress is usually best for keeping our backs healthy, but in pregnancy can cause discomfort. If your mattress is firm, it may help to lay a duvet or mattress topper on top to pad your hips. Try adding a pillow between your knees, and under your bump. You should be aiming to take any strain off your joints and muscles while you sleep.





Back pain is also very common, for similar reasons as for hip pain above. Try to avoid lifting heavy things, or carrying weight balanced on one side of your body. Flat, supportive shoes will help to distribute weight more evenly too.

The [NHS website](#) has some gentle exercises which can help to strengthen your core muscles, to ease the pressure on your back.

## **Constipation / bowel changes**

Constipation is very common, particularly early on in pregnancy, as the hormones circulating in your body change to support the pregnancy. The easiest way to support good gut health is to make sure you are well hydrated, ideally drinking two litres of water each day. You can also try to increase the fibre in your diet, through plenty of fruit and vegetables, wholemeal carbohydrates and beans/pulses.

Movement and exercise - even just walking - will aid your digestive system and keep your muscles working well throughout pregnancy.

Some people find that iron tablets - which are commonly advised in pregnancy - cause or worsen constipation. There are liquid supplements available or other ways of boosting your natural iron levels. Speak to your midwife if you think iron tablets are causing you problems.

Sometimes you may find that your stool is looser than usual, at the end of pregnancy this is sometimes considered to be



an indicator that labour is imminent! The hormone relaxin has many functions in pregnancy, including helping changes to the cardiovascular and renal systems to support all the additional demands of the growing foetus. As the name suggests, it relaxes muscles and tissues, which helps your body to stretch and grow to accommodate your baby and uterus. There is also smooth muscle in your bowels, so as this softens you may find that you suffer from diarrhoea.

## **Heartburn**

Heartburn is very common in pregnancy, affecting as many as half of all pregnant people. Hormonal changes mean that the barrier between your oesophagus and stomach is softer than usual, so stomach acid can encroach back up and cause heartburn. This softening also means that your digestion is slower than usual, so food takes longer to get through your stomach and into your bowels. As pregnancy progresses, your growing uterus means there is simply less space for your stomach and the acid is 'squeezed' back up.

Unfortunately it isn't usually possible to prevent heartburn completely, but there are a number of things you can try to minimise the discomfort:

- Avoid consuming anything which makes it worse, common ones are: caffeinated and fizzy drinks, food that is rich or spicy, or with high levels of fat



- Eat little and often, rather than having large meals
- Have good posture whilst eating, ideally sat up at a table rather than sitting on a deep sofa
- Don't smoke or drink alcohol
- Finish eating at least two hours before going to bed, to allow your body time to digest the food
- Sleep with an extra pillow or two. In extreme situations you may want to prop yourself upright to sleep
- Speak to your GP or midwife if your heartburn is still getting worse despite trying these things as there are medications that can help

### **Dysgeusia (a change in sense of taste)**

Outside of pregnancy (and Covid), a change in the way you experience taste is something that should be checked out by a doctor, but in the presence of fluctuating hormones, it can be very common.



A frequently reported change is a metallic taste, sometimes when eating certain foods, but for some people it can persist even when you are not eating.

Some things that can help are regular teeth and tongue brushing, eating acidic foods (if your stomach will let you!), or changing to a different brand of pregnancy vitamin.

This symptom usually goes away by itself in the second trimester, but if you are concerned, mention it to your healthcare provider.

### **Poor sleep / tiredness**

Sleep changes are very common in pregnancy. As usual, fluctuating hormones are the biggest culprit, but as you get towards the end of pregnancy it can also be difficult to find a comfortable position to lie in with your bump. Try using pillows to support your knees and bump so that you can fully relax. It is best to sleep on your side (either left or right), particularly in the third trimester. Don't worry if you wake up in the night on your back, but you should avoid going to sleep lying on your back as this has been found to increase the risk of stillbirth.

You may feel very tired during pregnancy, especially in the first trimester, or if you have other children to care for so have less time for rest. Try to find space during the day to relax and put your feet up if you can.



Using meditation or relaxation techniques before bed can be very helpful with getting to sleep. Gentle exercise during the day will also help your body's natural processes for getting to sleep, so try to do a little walking or similar, even if you feel tired.

## **Itching**

You may find in pregnancy that your skin becomes more sensitive, and if you change your washing detergent or shower gel, you may experience itchiness immediately after exposure. Try to avoid scented products or anything which triggers a reaction.

Severe itching, especially in your hands and feet, to the extent that it keeps you awake at night, can be a sign of a problem with your liver. You will need blood tests to rule this out, so contact your healthcare provider to discuss these symptoms.

## **Vaginal bleeding**

Bleeding in early pregnancy is quite common, and isn't always a sign of a problem; however, if you are bleeding heavily, or your bleeding is accompanied by severe pain, you need to call an ambulance immediately.



## Early pregnancy

Spotting, or light bleeding, is fairly common in early pregnancy, and much of the time the pregnancy continues without problems. An implantation bleed can occur very early on, roughly when your period would have been due, but has also been reported later in the first trimester.

If you have early bleeding, notify your midwife (if booked already) or GP, who will refer you to an Early Pregnancy assessment unit for a scan and blood test to try to rule out miscarriage. (A miscarriage is when a pregnancy spontaneously ends before 24 weeks, although most occur before 12 weeks. Bleeding in association with pain or cramping is more likely to be a sign of impending miscarriage). If the pregnancy is very early, it may not be possible to visualise using an abdominal scanner. In this situation, the sonographer will offer you an internal scan, where a long probe is inserted into the vagina, to enable a clearer picture of the uterus.

Unfortunately there isn't anything that can be done to prevent most miscarriages at this early stage, but many people find it helpful to know either way. If a scan confirms you currently have a viable pregnancy, you may be booked a second scan a few weeks later to check that the embryo is still developing. If you have a history of repeated miscarriages, you may be offered progesterone treatment to try to prevent miscarriage.



## **Cervical changes**

Another common reason for minor bleeding in pregnancy is due to changes to your cervix. Pregnancy hormones cause the tissue to be softer, and increase the blood flow to the area, so it is relatively easy to damage the surface and cause some bleeding. If you have had penetrative sex, it is common to have a little spotting shortly after, usually found as dried/brown blood on wiping after urination. If there is bright red blood in your underwear or you need a pad, notify your healthcare provider immediately.

## **Infection**

Sometimes light bleeding is caused by a urinary tract infection. This is more likely to show up in a dipstick test as red blood cells, rather than be visible to you, but if you think you might have a UTI, notify your midwife.

## **Second and third trimester bleeding**

Any bleeding later in pregnancy should be reported to your healthcare provider straight away. Some of the common causes are outlined below.

A small amount of blood or spotting may be your mucus plug coming away from your cervix, also known as a “show”. During pregnancy, there is a thick mucus in your cervix, which acts as a barrier and protects your baby from any infection reaching your uterus. When you are approaching the end of your pregnancy, the cervix starts to soften and so



the mucus plug can come away. It is usually a thick, snot-like consistency and should be clear or whitish. It is common to have streaks of blood in, due to the softness and high blood flow in the cervix. If it is smelly or greenish then this can be a sign of infection so notify your midwife. Having a show isn't necessarily a sign that you are going to go into labour immediately, and if you have a show earlier in pregnancy, it can regenerate so don't worry unless you have other signs of labour.

### **Placenta praevia**

A low-lying placenta, where part or all of the cervix is covered, can lead to vaginal bleeding. Often this will have been diagnosed during a scan, but if you have new bleeding later in pregnancy then your healthcare provider will check for this. As your uterus grows, the placenta usually moves up and away from your cervix, but if a scan in later pregnancy shows that part or all of the cervix is still covered, then you will be recommended a caesarean section for the birth of your baby.

### **Placental abruption**

This is a rare but very serious condition where the placenta detaches from the lining of the uterus. It usually causes heavy bleeding and severe pain, but sometimes there isn't any visible bleeding, so any sudden severe pain needs to be investigated immediately.





## **Vaginal discharge**

Discharge usually increases during pregnancy, as a way for your body to protect against infections moving up through your genital tract. It may be more watery than usual, it should be clear or milky coloured, and have minimal smell. If your discharge is green/ brown/ yellow, smelly, or accompanied by itching and discomfort in your vagina or when urinating, then this may be a sign of infection so notify your midwife.

Thrush is a common yeast infection that affects many people in pregnancy. It usually causes a thick white discharge and itching around the vagina. It can be easily treated but some medications shouldn't be used in pregnancy so notify your midwife or GP for a prescription.

## **Waters breaking?**

Late on in pregnancy, it can sometimes be hard to tell whether you have increased discharge, urinary incontinence, or if the membranes around your baby and waters have broken. While it is common to leak a little urine when you cough or sneeze in pregnancy, this shouldn't happen all the time. There are pelvic floor exercises you can do to prevent incontinence.

If you are continuously leaking liquid or have a sudden large gush without coughing/sneezing, this is more likely to be because your waters have broken. The fluid is usually clear or a straw-like colour, with minimal smell. If you think your



waters have broken, notify your midwife. Before 37 weeks this will need to be confirmed, probably using a speculum examination and a swab test. After 37 weeks, your midwife or triage unit will ask some questions about how you are, and may not need to see you straight away, but will discuss signs of labour with you and what your options are if you don't go into labour soon.

Once your waters have gone, there is an increased risk of infection for your baby as the protective barrier has been broken. This isn't a concern if you are full term and go into labour soon after. If you are less than 37 weeks, or don't spontaneously go into labour, your provider will talk to you about monitoring and other options.