Energy levels by trimester

Why energy levels change across pregnancy

Pregnancy alters energy balance because maternal physiology is adapting to support placental development, expanding blood volume, changing cardiometabolic demand, and fetal growth. In broad terms, the first trimester usually requires little change in energy intake compared with pre-pregnancy, while the second and third trimesters often require substantially more energy. Reviews of pregnancy nutrition estimate an average increase of about 340 kcal/day in the second trimester and about 452 kcal/day in the third trimester, though individual needs vary.

It helps to distinguish between energy intake and energy expenditure. A person may be eating similarly, yet feel more tired because resting energy expenditure rises and the body is using more energy for maternal tissue expansion and fetal development. At the same time, symptoms such as nausea, reflux, urinary frequency, or short sleep can reduce how much usable energy a person feels they have. So the experience of fatigue is not just about calories; it is also about symptoms, sleep quality, and the metabolic work of pregnancy itself.

First trimester: fatigue often peaks early

The first trimester is the period when many people report the most noticeable drop in energy. This is a common clinical pattern, not a sign of weakness or poor motivation. Rapid hormonal changes, especially rising progesterone and hCG, can contribute to sleepiness, nausea, and a general sense of low stamina. Many people also have reduced appetite or food aversions, which can make it harder to maintain steady blood glucose and hydration.

Even though trimeter calorie needs do not usually increase much at this stage, the subjective burden can be high. Morning sickness, heightened smell sensitivity, and fragmented sleep can make ordinary tasks feel unusually demanding. Some people also notice brain fog or reduced concentration, which can be a normal consequence of fatigue. If exhaustion is extreme, associated with vomiting, or interfering with hydration and daily functioning, it is worth discussing with a prenatal clinician rather than assuming it is simply part of pregnancy.

Second trimester: many people feel a rebound

The second trimester is often described as the most energetic phase of pregnancy. For many, nausea settles, appetite becomes more predictable, and sleep improves enough that daytime function rebounds. This is the period when fatigue in early second trimester may still be present, but it often eases as the body adapts to early pregnancy physiology. Some people feel well enough to resume exercise, work tasks, and social routines with much less effort.

There is also a physiologic explanation for why energy can feel more stable. Energy expenditure continues to rise progressively across pregnancy, but the second trimester may feel easier because the abrupt symptom burden of early pregnancy is less intense. Still, this is not universal. If a person remains persistently exhausted in the second trimester, it can be useful to ask whether the issue is truly pregnancy adaptation or whether another factor is present, such as anemia, insufficient sleep, depression, thyroid dysfunction, or inadequate caloric intake for current needs.

Third trimester: the body is working harder again

By the third trimester, many people notice a return of fatigue. This is unsurprising: fetal growth accelerates, maternal tissue stores are being

mobilized, and the physical demands of carrying a larger uterus increase. Reviews estimate that calorie needs rise further in late pregnancy, with average needs around 452 kcal/day above baseline in the third trimester. In parallel, resting energy expenditure can increase as the maternal body supports placental activity and fetal maturation.

However, the third trimester is not only about calories. Sleep often becomes lighter because of reflux, back pain, nocturia, pelvic pressure, leg discomfort, or difficulty finding a comfortable position. Mobility may be reduced, which can make fatigue feel more prominent even when a person is trying to rest. In practical terms, late-pregnancy tiredness is often a combination of metabolic demand, mechanical strain, and sleep disruption. The energy dip may be normal, but it should still be taken seriously if it limits safe daily functioning or appears suddenly and severely.

When fatigue is more than a normal pregnancy symptom

Because tiredness is so common, it can be easy to overlook signs that deserve medical review. Fatigue that is severe, persistent, or out of proportion to the trimester may suggest anemia, iron deficiency, thyroid disease, dehydration, sleep apnea, infection, depression, or a problem related to vomiting and poor intake. Shortness of breath, palpitations, dizziness, fainting, chest pain, fever, or rapid worsening are not symptoms to ignore.

A useful question is whether the pattern matches the expected course of pregnancy. First-trimester sleepiness that gradually improves, second-trimester steadiness, and third-trimester tiredness that tracks with sleep loss are all common. In contrast, profound exhaustion that does not improve with rest, or fatigue that comes with other systemic symptoms, deserves assessment. Prenatal care teams can decide whether blood work, blood pressure evaluation, sleep assessment, or other testing is appropriate. Self-blame is unhelpful; fatigue can have a physiologic cause that is both understandable and treatable.

Practical ways to support energy without overpromising

There is no single remedy for pregnancy fatigue, but several supportive habits can reduce strain. Eating regular meals or snacks can help prevent energy crashes, especially when nausea or a long gap between meals is part of the

picture. Fluids matter as well, because mild dehydration can feel like exhaustion. Gentle movement, if approved by a clinician, may improve sleep quality and mood, even when it does not immediately make someone feel more awake.

It also helps to think in terms of pacing. Many people do better when they cluster demanding tasks for the time of day when they feel best, then build recovery time into the schedule. Protecting sleep opportunity, reducing unnecessary meal skipping, and asking for help with physically demanding chores can all be reasonable. If energy levels are a major concern, a clinician can help interpret whether the pattern is within the expected range for the current trimester or whether further evaluation is warranted. The goal is not to force constant productivity, but to support maternal health and fetal well-being in a realistic way.