

Month-by-month pregnancy checklist



How to use a month-by-month checklist

Most pregnancy care is organized by gestational age in weeks, not calendar months. Clinically, pregnancy is counted from the first day of the last menstrual period. A typical full-term pregnancy is about 40 weeks, with the first trimester through 13 weeks and 6 days, the second trimester from 14 weeks through 27 weeks and 6 days, and the third trimester beginning at 28 weeks.

Because months do not divide evenly into 40 weeks, this checklist uses approximate ranges. If your clinician gives you a due date based on early ultrasound or assisted reproduction dating, use that as your primary reference. The purpose of this checklist is not to diagnose problems or prescribe care, but to help you ask better questions and avoid missing routine milestones.

Month 1: weeks 1-4, dating, prevention, and confirmation

Month 1 can feel confusing because the first two weeks usually occur before ovulation and conception. By the time a home pregnancy test is positive, implantation has usually occurred and human chorionic gonadotropin, or hCG, is rising.

Start or continue a prenatal vitamin that contains folic acid, unless your clinician has recommended a different dose.

Review prescription medications, over-the-counter medicines, supplements, alcohol, nicotine, cannabis, and occupational exposures with a healthcare professional.

If pregnancy is possible, avoid known teratogens and ask before stopping essential medications; abruptly discontinuing some treatments can be risky. Track the first day of your last menstrual period and any positive pregnancy test dates.

Call an obstetric practice or midwife to schedule an initial prenatal appointment, especially if you have pain, bleeding, prior ectopic pregnancy, infertility treatment, or significant medical conditions.

Common early sensations include breast tenderness, fatigue, mild cramping, bloating, and nausea, but some people feel very little. Severe one-sided pelvic pain, shoulder pain, fainting, or heavy bleeding warrants urgent evaluation.

Month 2: weeks 5-8, first visit planning and early ultrasound questions

During month 2, embryonic organ formation is rapid. Many people also experience stronger nausea, food aversions, smell sensitivity, urinary frequency, fatigue, or emotional lability. If symptoms interfere with hydration, nutrition, or daily function, contact your clinician; safe treatment options may exist, but they should be individualized.

Prepare for the first prenatal visit: medical history, prior pregnancies, surgeries, allergies, family history, genetic conditions, and medication list.

Ask whether early ultrasound is appropriate to confirm intrauterine pregnancy, gestational age, heartbeat timing, or multiple gestation.

Discuss baseline labs, which commonly include blood type and Rh status, antibody screen, complete blood count, infectious disease screening, urine testing, and immunity checks depending on local practice.

Ask about genetic carrier screening and aneuploidy screening options, including their timing, benefits, limitations, and possible follow-up testing.

Plan strategies for nausea: small frequent meals, hydration, avoiding triggers, and contacting care if vomiting is persistent.

This is also a good time to clarify how to reach the clinic after hours and

what symptoms require same-day assessment.

Month 3: weeks 9-13, screening decisions and first-trimester follow-up

By the end of month 3, the pregnancy is nearing the transition from embryo to fetus in everyday language, and the risk profile changes for many people. The uterus is enlarging, although a visible bump may or may not be present.

Confirm your estimated due date and understand whether it is based on last menstrual period, ultrasound, or fertility treatment dating.

Discuss first-trimester aneuploidy screening options, which may include cell-free DNA screening, nuchal translucency ultrasound, and serum screening depending on availability and patient factors.

Review risk factors for preeclampsia, gestational diabetes, thrombosis, thyroid disease, hypertensive disorders, depression, and intimate partner violence.

Ask what exercise intensity is appropriate for you, especially if you have bleeding, pain, a history of preterm birth, cardiac disease, or other restrictions.

Schedule dental care if needed; oral health remains important in pregnancy.

It is normal to feel both relief and anxiety at this stage. If worry becomes persistent, intrusive, or disabling, mention it early. Perinatal mental health care is part of prenatal care, not a separate luxury.

Month 4: weeks 14-17, second trimester transition

Month 4 often brings improved nausea and energy, although constipation, reflux, headaches, nasal congestion, and round ligament pain may appear. The placenta is well established, and the uterus rises into the abdomen.

Continue routine prenatal visits as recommended, often about every four weeks in uncomplicated pregnancies during this stage.

Ask about maternal serum alpha-fetoprotein or other second-trimester screening if it fits your screening pathway.

Discuss weight-gain goals based on your pre-pregnancy body mass index and clinical context.

Review nutrition with attention to iron, calcium, vitamin D, iodine, omega-3 sources, fiber, and food safety.

Begin thinking about childbirth classes, doula support, parental leave, and practical help after birth.

Some people notice early fetal movement, sometimes called quickening, especially if they have been pregnant before. Not feeling movement yet can still be normal at this gestational age.

Month 5: weeks 18-22, anatomy ultrasound and fetal movement awareness

Month 5 is a major milestone because the detailed fetal anatomy ultrasound is often performed around 18 to 22 weeks. This scan evaluates fetal anatomy, placental location, amniotic fluid, growth parameters, and sometimes cervical length or other risk-related findings.

Attend the anatomy ultrasound and ask how results will be communicated, especially if additional imaging is needed.

Discuss placenta previa or low-lying placenta if reported, and follow activity or follow-up imaging recommendations from your clinician.

Begin learning your pattern of fetal movement if movements are noticeable, while recognizing that formal kick-count guidance usually becomes more useful later.

Consider your preferences for birth setting, pain management, support people, and newborn procedures, while staying flexible for medical needs.

If you have Rh-negative blood type, ask when Rh immune globulin may be recommended and under what circumstances earlier dosing is needed.

Back discomfort, pelvic pressure, leg cramps, and skin stretching may become more noticeable. Mention severe pain, contractions, fluid leakage, or bleeding promptly.

Month 6: weeks 23-27, gestational diabetes screening and preterm labor awareness

Month 6 bridges the middle and late second trimester. Fetal growth accelerates, and the uterus may affect posture, sleep, digestion, and breathing comfort.

This is also a time when clinicians often screen for gestational diabetes, anemia, and other conditions depending on the pregnancy.

Complete gestational diabetes screening when recommended, commonly between 24

and 28 weeks.

Ask whether repeat blood count, antibody screen, or other labs are due.

Learn symptoms of preterm labor: regular contractions, pelvic pressure, low backache, menstrual-like cramps, fluid leakage, or bleeding.

Discuss vaccination timing, including Tdap later in pregnancy and seasonal vaccines when appropriate.

Start practical planning: infant sleep space, car seat research, budget, insurance questions, and postpartum support.

If you have a high-risk pregnancy, such as chronic hypertension, diabetes, fetal growth concerns, multiple gestation, autoimmune disease, or prior preterm birth, your clinician may recommend additional surveillance or specialist involvement.

Month 7: weeks 28-31, third trimester care and fetal movement patterns

At month 7, the third trimester is underway. Prenatal visits often become more frequent, commonly every two weeks in many uncomplicated pregnancies, though schedules vary. Fetal movement should usually be more consistent, and changes in pattern deserve attention.

Receive Rh immune globulin if you are Rh-negative and it is recommended in your care plan.

Ask about Tdap vaccination, typically recommended in each pregnancy to help protect the newborn from pertussis.

Discuss fetal movement monitoring and what your clinic considers decreased fetal movement.

Review blood pressure, swelling, headaches, visual symptoms, and right upper abdominal pain as possible preeclampsia warning symptoms.

Begin drafting a birth preferences document that includes support people, pain relief preferences, mobility, monitoring, cesarean preferences if needed, feeding intentions, and cultural or spiritual needs.

Birth preferences are best framed as communication tools, not contracts. A good plan helps your team understand what matters to you while allowing rapid changes if maternal or fetal safety requires them.

Month 8: weeks 32-35, growth, positioning, and postpartum logistics

Month 8 can feel physically demanding. Sleep disruption, Braxton Hicks contractions, pelvic heaviness, reflux, hemorrhoids, and shortness of breath may increase as the uterus grows. Clinicians may assess fetal position by abdominal exam and may order ultrasound if there are concerns about growth, fluid, placenta, or presentation.

Confirm your hospital or birth center registration, transportation plan, and after-hours contact instructions.

Pack a birth bag with identification, insurance information, comfort items, basic toiletries, feeding supplies if desired, and newborn clothing appropriate for discharge.

Choose a pediatric clinician and learn how newborn follow-up will be scheduled. Discuss breastfeeding, pumping, formula feeding, or combination feeding plans without shame; individualized support matters.

Review signs of preterm labor, ruptured membranes, and when to go to labor and delivery triage.

If the baby is breech near the end of this month or later, your clinician may discuss options such as monitoring, external cephalic version, or delivery planning depending on gestational age and individual factors.

Month 9: weeks 36-40+, final checks, labor readiness, and postpartum protection

Month 9 is about readiness, surveillance, and flexibility. Some babies arrive before the due date and others after it. Your care team will consider fetal well-being, maternal health, cervical status, prior uterine surgery, fetal position, and your preferences when discussing spontaneous labor, induction, or cesarean birth if indicated.

Complete group B streptococcus screening when recommended, commonly between 36 and 37 weeks.

Confirm fetal position and ask what to do if you suspect ruptured membranes, contractions, bleeding, or decreased movement.

Review your birth preferences and consent questions, including induction methods, operative vaginal birth, cesarean delivery, hemorrhage planning, and newborn care.

Finalize postpartum plans: meals, household help, sleep shifts, mental health

support, lactation support, contraception discussion, and follow-up appointments.

Know postpartum warning signs before birth, including heavy bleeding, fever, severe pain, chest pain, shortness of breath, severe headache, vision changes, leg swelling or pain, and thoughts of self-harm.

The final weeks can be emotionally intense. Try to focus on reliable monitoring, clear communication, and practical support rather than chasing a perfect delivery story. Safe, respectful, individualized care is the goal.

Checklist themes that apply every month

Some pregnancy tasks are not limited to one month. They recur throughout prenatal care and deserve ongoing attention.

Keep all prenatal appointments, or reschedule promptly if you miss one.

Bring questions to visits, especially about test results, medications, symptoms, work restrictions, travel, exercise, and sexual activity.

Prioritize food safety: avoid high-risk unpasteurized foods, follow local fish-mercury guidance, and handle raw foods carefully.

Stay hydrated and maintain movement within your clinician's guidance; pregnancy is not a time for extreme exercise changes without medical advice.

Monitor emotional health. Depression, anxiety, trauma symptoms, and relationship safety concerns are medical issues and deserve support.

Protect sleep when possible and ask for help early if pain, nausea, reflux, or insomnia is becoming unmanageable.

Most importantly, do not compare your pregnancy too rigidly with someone else's. Symptoms, fetal movement timing, visible belly size, weight gain, and testing pathways can vary widely while still being clinically appropriate.