

## Warning signs in pregnancy symptoms



### Why warning signs matter

Most pregnancies include symptoms that are uncomfortable but not dangerous. Hormonal shifts, increased blood volume, uterine growth, metabolic changes, and musculoskeletal strain can all produce unfamiliar sensations. However, pregnancy also changes the way the cardiovascular, renal, immune, and coagulation systems function, which means serious conditions can progress quickly or present atypically. Warning signs are not meant to frighten you; they are meant to create a low threshold for timely care. Conditions such as preeclampsia, severe infection, thromboembolism, hemorrhage, hyperemesis gravidarum, placental complications, and perinatal mental health crises are safer when recognized early. A symptom does not have to be dramatic or neatly fit a diagnosis to justify contacting a healthcare professional.

### Neurological and visual red flags

A mild headache can occur in pregnancy because of dehydration, sleep disruption, caffeine changes, sinus congestion, or tension. The concern increases when a headache is severe, persistent, unusual for you, worsening, or not relieved by usual non-drug measures recommended by your clinician. A severe headache can be associated with hypertensive disorders of pregnancy, including

preeclampsia, particularly when it occurs with visual symptoms or swelling. Seek urgent medical advice for neurological or visual symptoms such as:

Severe or worsening headache

Blurred vision, flashing lights, blind spots, or temporary loss of vision

Dizziness with fainting or collapse

New confusion, trouble speaking, weakness, or numbness

Seizure or loss of consciousness

### **Chest pain, breathing difficulty, and fainting**

Pregnancy can cause a normal feeling of breathlessness, especially later in gestation, because the diaphragm is elevated and oxygen demand rises. Mild breathlessness with exertion is common. But difficulty breathing at rest, sudden shortness of breath, chest pain, palpitations with weakness, coughing blood, or fainting is not something to watch at home without guidance. Pregnancy and the postpartum period are hypercoagulable states, meaning the blood has a higher tendency to clot. This is protective against bleeding but increases the risk of venous thromboembolism. Chest pain and trouble breathing can also relate to asthma, pneumonia, heart disease, anemia, severe anxiety, or other medical problems. Because symptoms overlap, clinical evaluation is necessary rather than self-triage.

### **Bleeding, fluid leakage, and severe abdominal pain**

Light spotting can happen in early pregnancy and may not always indicate a serious problem, but any vaginal bleeding in pregnancy deserves discussion with a doctor, midwife, or maternity unit. Heavy bleeding, bleeding with pain, passing clots, or feeling faint should be treated as urgent. Later in pregnancy, bleeding may suggest placental or cervical issues that require rapid assessment. Contact care promptly for:

Heavy vaginal bleeding or bleeding with dizziness, shoulder-tip pain, or faintness

Severe abdominal pain, especially one-sided, constant, or worsening pain

Regular painful contractions before 37 weeks

Fluid leaking from the vagina, especially a gush or continuous trickle

Severe pelvic pressure or back pain that feels rhythmic or progressive

## **Severe nausea, vomiting, dehydration, and fever**

Nausea and vomiting are common in early pregnancy, but severe or persistent vomiting can become medically significant. Warning signs include inability to keep fluids down, reduced urination, dark urine, dizziness, weight loss, blood in vomit, or confusion. Severe vomiting can lead to dehydration, electrolyte disturbance, malnutrition, and hospital-level needs in some cases. Fever in pregnancy should also be taken seriously, particularly when it is high, persistent, or accompanied by chills, rash, abdominal pain, painful urination, shortness of breath, severe headache, or reduced fetal movement. Infection can affect both the pregnant person and fetus, and some infections need urgent testing and treatment decisions by a healthcare professional. Avoid self-prescribing medicines or antibiotics; ask a clinician what is safe for your gestational age and medical history.

## **Swelling, blood pressure symptoms, and preeclampsia concerns**

Mild ankle swelling is common, especially in warm weather or after standing. Sudden swelling of the face, hands, or around the eyes is more concerning, particularly when paired with headache, visual changes, right upper abdominal pain, nausea, shortness of breath, or a general feeling of being very unwell. These may be warning signs of hypertensive disease in pregnancy, including preeclampsia. Preeclampsia can occur even in people without prior hypertension, and it can develop before birth or postpartum. If you monitor blood pressure at home and see readings in a concerning range according to your care plan, contact your provider immediately. A single home reading is not a diagnosis, but it can be a reason for urgent assessment, especially when symptoms are present.

## **Reduced fetal movement**

Once fetal movement has become established, a noticeable decrease, absence, or significant change in the baby's usual movement pattern should be assessed. There is no universal movement number that fits every pregnancy, and fetal sleep cycles can create temporary quiet periods. Still, you know the pattern you have been feeling, and a persistent reduction should not be dismissed. If fetal movements are reduced, contact your maternity unit, midwife, or doctor as

advised in your local care plan. Do not rely on home dopplers, phone apps, or reassurance from a single brief movement if your concern remains. Clinical assessment may include fetal heart rate monitoring, ultrasound, or other evaluation depending on gestational age and history.

### **Mental health warning signs are urgent too**

Pregnancy and the postpartum period can intensify anxiety, depression, trauma symptoms, obsessive thoughts, insomnia, and emotional distress. It is common to feel vulnerable, but thoughts of self-harm, feeling unsafe, hallucinations, extreme agitation, paranoia, or a sense that you might harm yourself or someone else require immediate help. These are medical emergencies, not personal failures. If you are in immediate danger, contact emergency services or go to the nearest emergency department. If possible, tell a trusted person to stay with you while help is arranged. Perinatal mental health conditions are treatable, and urgent support can protect both you and your baby.

### **How to respond when something feels wrong**

If a symptom feels severe, sudden, or unlike anything you have experienced before, it is reasonable to seek help. When contacting a healthcare professional, state that you are pregnant or recently gave birth, give your gestational age or postpartum day, and describe the symptom clearly: when it started, how severe it is, whether it is worsening, and what else is happening. Helpful details include blood pressure readings if available, temperature, fetal movement pattern, bleeding amount, fluid leakage, pain location, vomiting frequency, urine output, medication use, chronic conditions, and prior pregnancy complications. If you are told to come in, do not delay because you feel embarrassed or worry you are overreacting. In pregnancy care, early assessment is often the safest choice.