Week 1 of pregnancy: how it is calculated and what is happening in your body

Why Week 1 is counted before you are actually pregnant

The phrase "Week 1 of pregnancy" is a medical dating convention rather than a statement that an embryo is already developing. In most spontaneous pregnancies, conception occurs around ovulation, typically about two weeks after the first day of the last menstrual period in a 28-day cycle. Because many people do not know the exact day of ovulation or fertilization, obstetric care uses a more reliable reference: the first day of the LMP.

Using the LMP, clinicians calculate gestational age and estimate a due date about 40 weeks later. This explains the common mismatch between "gestational age" and "embryonic" or "fetal" age. The biologic duration from fertilization to birth is closer to 38 weeks, or about 266 days, but the clinical pregnancy clock includes the roughly two weeks before conception.

This approach may feel odd, especially if you have just had a positive pregnancy test and are told you are already four or five weeks pregnant. However, it helps standardize prenatal care, laboratory interpretation, ultrasound timing, screening windows, and communication between professionals.

What is happening in your body during Week 1

During Week 1, your body is generally in the menstrual phase of the cycle. The uterine lining, or endometrium, is shedding because progesterone and estrogen levels have fallen at the end of the previous cycle. Menstrual bleeding is the visible sign of this process.

At the same time, the next cycle is already beginning. In the ovaries, several follicles start to respond to follicle-stimulating hormone, or FSH. One follicle will usually become dominant later in the cycle and release an egg at ovulation. Estrogen levels gradually rise as the follicle develops, helping the endometrium rebuild in preparation for a possible implantation after fertilization.

Common experiences during this week may include menstrual cramps, lower back discomfort, breast tenderness, fatigue, mood changes, bloating, or headache. These are cycle-related symptoms, not pregnancy symptoms. If conception occurs later in the cycle, early pregnancy symptoms typically do not begin until after implantation and rising human chorionic gonadotropin, or hCG, levels.

How your due date is estimated

The basic method for estimating a due date is to count 40 weeks, or 280 days, from the first day of the last menstrual period. This assumes a roughly 28-day cycle with ovulation near day 14. In real life, cycles vary. Some people ovulate earlier or later, and some have irregular bleeding that makes the LMP difficult to identify.

Because of this, the LMP is a starting estimate rather than an absolute truth. A first-trimester ultrasound, especially measurement of the embryo or fetus early in pregnancy, can refine dating. Ultrasound dating is particularly helpful if you have irregular cycles, recently stopped hormonal contraception, are unsure of your LMP, conceived while breastfeeding, or have bleeding that could be mistaken for a period.

Healthcare professionals may also use conception-related information when it is reliable. For example, if ovulation induction, intrauterine insemination, or IVF was used, the timing may be known more precisely than in a spontaneous cycle. Even then, clinicians usually translate that information into a

gestational age so that prenatal care remains standardized.

Week 1 in IVF and assisted reproduction

In IVF pregnancies, dating is handled differently because the date of fertilization and embryo transfer is known. Instead of relying on the LMP, clinicians calculate gestational age based on the embryo's developmental stage at transfer. For example, dating differs for a day-3 embryo transfer versus a day-5 blastocyst transfer.

The important point is that IVF dating still reports pregnancy in gestational weeks, not simply weeks since transfer. This can be surprising: a person may be considered several weeks pregnant shortly after embryo transfer because the standard obstetric clock includes time equivalent to the pre-ovulatory phase.

If you conceived through IVF or another assisted reproductive technique, follow the dating provided by your fertility clinic or obstetric clinician. They can align transfer details, embryo stage, blood hCG timing, and early ultrasound findings into one consistent pregnancy timeline.

Can you have pregnancy symptoms in Week 1?

True pregnancy symptoms are not expected in Week 1 because fertilization and implantation usually have not happened yet. Symptoms during this time are more likely related to menstruation and normal hormonal fluctuations. Cramping, bleeding, fatigue, breast tenderness, and mood changes can all occur as part of the menstrual phase.

However, if you are looking back after a positive test, you may remember this week as the start of your pregnancy timeline. That does not mean you missed signs or should have known. The body has not yet begun producing pregnancy-level hCG, which is the hormone detected by home pregnancy tests.

If bleeding is unusually heavy, pain is severe, bleeding occurs with dizziness or fainting, or you have a positive pregnancy test with pain or bleeding, contact a healthcare professional promptly. These symptoms may require assessment and should not be interpreted only as a normal period.

Preconception health: what matters during this week

Week 1 is a valuable window for preconception care. If pregnancy is possible or desired, consider it a time to prepare the healthiest environment you can, while remembering that not everything is within your control.

Folic acid: Many guidelines recommend folic acid before conception and in early pregnancy to support neural tube development. Ask your clinician what dose is appropriate for you, especially if you have higher-risk factors or take certain medications.
Medication review: Do not stop prescribed medicines without medical advice. Instead, ask whether your current medications, supplements, or herbal products are compatible with conception and pregnancy.
Chronic conditions: Conditions such as diabetes, hypertension, thyroid disease, epilepsy, kidney disease, autoimmune disease, and mental health conditions may benefit from preconception planning.
Vaccines and infections: A clinician can review immunization status and discuss infection prevention, including rubella, varicella, influenza, COVID-19, and other relevant risks based on your location and history.
Lifestyle factors: Avoiding tobacco, limiting or avoiding alcohol when trying to conceive, discussing substance use support, optimizing nutrition, and maintaining realistic physical activity can all support reproductive health.

Emotional reality of the first week

Trying to conceive can bring hope, uncertainty, grief, pressure, or all of these at once. Week 1 may be the start of another cycle after disappointment, or it may be the cycle that later becomes a pregnancy. Both possibilities can carry emotional weight.

If you are tracking ovulation, cervical mucus, basal body temperature, or cycle apps, try to use these tools as supports rather than sources of blame. Cycle variability is common, and even well-timed intercourse or insemination does not guarantee conception in any single cycle.

Seek support if the process feels overwhelming, especially if you have a history of pregnancy loss, infertility, trauma, anxiety, depression, or medical complications. Compassionate care includes emotional wellbeing as much as

physical health.