

Week 27 of pregnancy: body fat increase and transition into third trimester



Where week 27 fits in pregnancy

Week 27 sits at the boundary between the second and third trimesters. Some systems define the third trimester as beginning at week 28, while others consider week 27 part of the transition. Clinically, what matters most is not the label but the physiologic shift: the fetus is growing rapidly, maternal cardiovascular and metabolic demands are rising, and prenatal care increasingly focuses on preparation for late pregnancy and birth.

By this stage, many pregnant people notice the pregnancy feels less "in the background." The fetus is larger, the diaphragm may feel more crowded, and movements from the fetus can feel more organized and forceful. You may also become more aware of Braxton Hicks contractions, pelvic pressure, leg cramps, back discomfort, reflux, and sleep disruption. These can be normal, but changes that are severe, persistent, or sudden should always be discussed with a healthcare professional.

Why body fat increases around this stage

Pregnancy weight gain is distributed across several compartments. The baby, placenta, amniotic fluid, increased blood volume, extracellular fluid, breast tissue, uterine enlargement, and maternal fat stores all contribute. Maternal fat is

not a passive or meaningless change; it is part of the body's preparation for the high energy demands of late pregnancy, birth recovery, and breastfeeding if you choose or are able to lactate.

The NHS notes most pregnancy occurs after week 20, and this timing often makes week 27 feel like a period of rapid body change. This does not mean all gain is fat, and it also does not mean fat storage is unhealthy by default. The body's endocrine environment changes during pregnancy, including shifts in insulin sensitivity, lipid metabolism, appetite regulation, and fluid retention. These adaptations help prioritize nutrient availability for the developing while maintaining maternal reserves.

For a medically literate reader, it may be helpful to think in terms of energy partitioning. Early pregnancy is more organogenesis-focused, while mid-to-late pregnancy increasingly emphasizes mass accretion and maternal substrate supply. Some fat deposition earlier and in mid-pregnancy may later be mobilized, particularly during lactation. However, the amount and pattern of gain varies widely, so individualized interpretation is essential.

Healthy weight gain: useful ranges, not personal judgments

Guidance from organizations such as the CDC and Mayo Clinic emphasizes that recommended pregnancy weight gain depends strongly on pre-pregnancy body mass index and whether you are carrying one baby or multiples. These ranges are population-based tools, not moral grades. They help clinicians identify when additional assessment may be useful, such as reviewing nutrition, edema, blood pressure, fetal growth, or metabolic risk.

At week 27, it is usually more informative to look at the pattern of weight change over time than to react to one number on the scale. A sudden jump could reflect fluid retention, constipation, clothing differences, timing of measurement, or scale variability. Conversely, inadequate gain might occur with nausea, food insecurity, restrictive eating, gastrointestinal illness, hyperemesis, or other medical factors. Neither situation should prompt self-directed dieting or supplementation without professional guidance.

The CDC notes that calorie needs do not rise substantially in the for most people, while the second and s generally require modest additional energy.

"Eating for two" is therefore better understood as eating with greater nutrient density, not doubling intake. If you have a history of eating disorder, bariatric surgery, diabetes, hypertension, kidney disease, gastrointestinal disease, or fetal growth concerns, your care team may recommend more tailored monitoring.

Fetal development at 27 weeks: growth, fat, lungs, and brain

At 27 , the is still premature but increasingly capable of complex function. The is undergoing rapid growth and organization, with developing neural connections that support sleep-wake cycling and sensory processing. The lungs are structurally more advanced than in earlier weeks, although they still require substantial maturation before term. Surfactant production, alveolar development, and respiratory control continue to evolve across the .

Fetal fat de is also increasing. This fat helps with energy storage, skin integrity, and thermoregulation after birth. The baby's body is gradually becoming less translucent and more proportionate, although substantial still lies ahead. Movements may feel like rolls, stretches, jabs, or rhythmic hiccups. Many clinicians begin discussing awareness of patterns during this general period, although formal kick-count recommendations vary by practice and risk profile.

If you previously read about earlier growth acceleration, week 27 builds on changes that began weeks before. Development is now less about forming major structures from scratch and more about maturation, growth, and functional refinement.

Physical symptoms during the transition into the third trimester

The end of the often brings a new mix of symptoms. Some are mechanical, caused by uterine enlargement and altered posture. Others are vascular, hormonal, gastrointestinal, or metabolic. Common experiences include lower back pain, pelvic girdle discomfort, round ligament pain, swelling of the feet or ankles, heartburn, constipation, shortness of breath with exertion, nasal congestion, and sleep fragmentation.

Braxton Hicks contractions may appear as irregular tightening that eases with

rest, hydration, or position changes. However, contractions that become regular, painful, or are accompanied by bleeding, fluid leakage, pelvic pressure, or backache require prompt medical advice because preterm labor must be considered. Similarly, sudden swelling, severe headache, visual symptoms, right upper abdominal pain, chest pain, shortness of breath at rest, or markedly reduced fetal movement should not be dismissed as "normal pregnancy."

It is reasonable to feel frustrated if your body seems to be changing faster than your sense of control. Pregnancy can alter mobility, digestion, sexual comfort, sleep, and self-image. These changes are real, and needing support does not mean you are coping poorly.

Nutrition that supports weight gain without over-focusing on fat

At week 27, nutritional goals should support fetal growth, maternal blood volume, tissue repair, glycemic stability, and digestive comfort. Most people benefit from regular meals or snacks that combine protein, fiber-rich carbohydrates, healthy fats, and micronutrient-dense foods. Examples include yogurt with fruit and nuts, eggs with whole-grain toast, lentil soup, salmon or tofu with vegetables, oatmeal with seeds, or beans with rice and avocado.

Key nutrients often emphasized in pregnancy include iron, folate, iodine, calcium, vitamin D, omega-3 fatty acids, choline, and protein. Needs vary, and supplements should be discussed with a clinician, especially if you already take a prenatal vitamin or have thyroid disease, anemia, malabsorption, or dietary restrictions. Hydration also matters, particularly if constipation, Braxton Hicks contractions, or headaches are an issue.

Dieting for weight loss is generally not recommended during pregnancy unless a specialist provides a specific medical plan. Restriction can increase stress and may reduce intake of important nutrients. A more helpful approach is to ask: Am I eating regularly? Do meals include protein and fiber? Am I able to tolerate foods? Are cravings, nausea, reflux, or cost barriers affecting intake? These questions lead to practical solutions rather than shame.

Movement, rest, and body mechanics

Physical activity in pregnancy can support cardiovascular health, mood, sleep,

glucose metabolism, and musculoskeletal comfort, provided there are no contraindications. Many people at 27 weeks do well with walking, swimming, stationary cycling, prenatal strength training, or prenatal yoga. The best activity is often the one that is safe, sustainable, and adaptable to changing center of gravity.

As the abdomen grows, body mechanics become more important. Supportive shoes, side-lying sleep s, pillows between the knees, gentle hip mobility, and attention to lifting technique may reduce strain. A support belt can help some people with pelvic pressure or back discomfort, though it is not a substitute for medical assessment if pain is severe.

If you experience dizziness, vaginal bleeding, chest pain, calf swelling with pain, fluid leakage, regular contractions, or shortness of breath before exertion, stop activity and seek medical guidance. If you have previa, cervical insufficiency, significant cardiac or pulmonary disease, preeclampsia, growth restriction, or other complications, exercise advice should be individualized by your care team.

Emotional health and body image at 27 weeks

Body fat increase and visible weight gain can be emotionally complicated, even when you understand the physiology. Some people feel proud and connected to the pregnancy; others feel uncomfortable, exposed, or anxious. Both responses are valid. Pregnancy occurs in a culture that often sends conflicting messages: gain enough weight for the baby, but do not gain "too much"; rest, but stay fit; accept change, but quickly "bounce back." These pressures can be exhausting.

If you find yourself frequently checking your body, avoiding appointments because of weigh-ins, restricting food, binge eating, feeling intense guilt after meals, or experiencing persistent low mood or anxiety, consider telling your clinician. Perinatal mental health support is part of pregnancy care, not an optional extra. A trauma-informed or weight-neutral healthcare professional, dietitian, therapist, or midwife may help you navigate the rest of pregnancy with less fear.

You can also ask for practical accommodations, such as blind weighing,

discussing trends rather than numbers, or focusing appointments on blood pressure, fetal growth, symptoms, and laboratory markers. Respectful care should protect both physical health and dignity.

Prenatal care priorities as the third trimester approaches

Around this stage, many prenatal care schedules include screening or follow-up related to gestational diabetes, anemia, Rh status if applicable, blood pressure, fetal growth, and vaccination planning. Exact timing varies by country, clinic, and individual risk factors. Your clinician may also discuss signs of preterm labor, fetal awareness, birth preferences, breastfeeding plans, and when appointments will become more frequent.

This is a good time to ask targeted questions: Is my weight-gain pattern appropriate for my circumstances? Are there signs of fluid retention or blood pressure concerns? Do I need iron testing or nutritional support? What fetal movement pattern should prompt a call? Are my symptoms consistent with normal late-second- changes, or do they need assessment?

The goal is not to micromanage every pound. The goal is to identify risks early, support healthy growth, and help you feel informed as pregnancy enters a more physically intense phase.