What to do after a positive pregnancy test

Take a breath, then confirm the basics

First, pause. A positive pregnancy test can feel like a turning point, especially if the result was unexpected. You do not need to solve every medical, financial, or family question immediately. Start with the fundamentals: when your last menstrual period began, when you took the test, whether you followed the instructions, and whether the result appeared within the recommended reading window.

Most home pregnancy tests are designed to detect hCG in urine. Testing after a missed period generally improves reliability, while very early testing can occasionally produce faint lines or confusing results. If the line is faint but visible within the correct time window, it may still be positive. If you are uncertain, repeat a test in 48 hours using first-morning urine, or contact a healthcare professional for urine or blood testing.

Blood hCG testing is not required for every pregnancy, but it may be useful when dating is uncertain, there is pain or bleeding, fertility treatment was involved, or ectopic pregnancy is a concern. Ultrasound is usually more informative once the pregnancy is far enough along for intrauterine structures to be visible. Your clinician can advise the appropriate timing based on your

menstrual dates, symptoms, and risk factors.

Schedule prenatal care or an options counseling visit

Once you have a positive test, contact an obstetrician-gynecologist, midwife, family physician, community clinic, or reproductive health service. Many practices schedule the first prenatal visit around 8 weeks of pregnancy, counted from the first day of the last menstrual period, but timing varies. You may be seen earlier if you have significant symptoms, a history of ectopic pregnancy or miscarriage, chronic medical conditions, fertility treatment, uncertain dates, or medication concerns.

If you are unsure whether you want to continue the pregnancy, you can still make a timely appointment. A clinician can confirm gestational age and discuss parenting, adoption, and abortion care according to your location, values, medical needs, and legal context. Earlier evaluation preserves more options and helps you make decisions with accurate information.

When you call, be ready to share the first day of your last period, any bleeding or pain, current medications, allergies, major medical conditions, prior pregnancies or losses, and whether this pregnancy was conceived with fertility treatment. If you have insurance, ask what prenatal services are covered and which clinicians or hospitals are in network. If you do not have insurance, community health centers, public health departments, and pregnancy-related assistance programs may help you access care.

Start a prenatal vitamin and review nutrition

Early embryonic development begins before many people realize they are pregnant, so prenatal nutrition matters immediately. A prenatal vitamin typically includes folic acid, iron, iodine, vitamin D, and other micronutrients. Folic acid is particularly important for reducing the risk of neural tube defects, which develop early in pregnancy. Ask your clinician what dose is appropriate for you, especially if you have a history of a neural tube defect-affected pregnancy, take anti-seizure medications, have malabsorption, or have other high-risk factors.

You do not need a perfect diet, but aim for regular meals with protein, complex

carbohydrates, fruits, vegetables, healthy fats, and adequate fluids. If nausea is already present, smaller frequent meals, bland foods, and fluids between meals may be easier to tolerate. Contact a healthcare professional if vomiting prevents you from keeping fluids down, you have signs of dehydration, or you are losing weight.

Choose low-mercury fish options and avoid high-mercury fish such as shark, swordfish, king mackerel, and bigeye tuna.
Avoid unpasteurized milk, unpasteurized juices, and soft cheeses made from unpasteurized milk.
Heat deli meats and hot dogs until steaming if you choose to eat them, because of listeria risk.
Limit caffeine according to your clinician's guidance; many pregnancy guidelines recommend keeping intake moderate.
Practice careful food hygiene, including washing produce and cooking meat, poultry, seafood, and eggs thoroughly.

Stop avoidable exposures and ask for help if stopping is hard

After a positive test, it is safest to avoid alcohol, nicotine, cannabis, and nonmedical drug use. These exposures can affect fetal development and pregnancy outcomes, and there is no known safe amount of alcohol in pregnancy. If you used any substances before knowing you were pregnant, try not to panic. Many people discover pregnancy after early exposure. The most useful next step is to stop now if you can and discuss it honestly with a healthcare professional.

If quitting tobacco, vaping, alcohol, opioids, benzodiazepines, stimulants, or other substances feels difficult, ask for medical support rather than trying to manage it alone. Some substances require supervised tapering or medication-assisted treatment to reduce risks. Clinicians can connect you with pregnancy-informed treatment, behavioral support, and harm-reduction resources without judgment.

Also consider environmental and occupational exposures. If you work with solvents, pesticides, heavy metals, radiation, anesthetic gases, infectious materials, or physically demanding conditions, ask occupational health or your prenatal clinician about risk reduction. Do not leave employment abruptly without advice if accommodations may be available.

Review all medications and medical conditions before making changes

Medication safety in pregnancy is nuanced. Some medicines should be avoided or changed, but abruptly stopping essential treatment can be more dangerous than continuing it. This is especially true for medications used for epilepsy, hypertension, diabetes, depression, bipolar disorder, autoimmune disease, thyroid disease, asthma, clotting disorders, and chronic pain.

Make a complete list of prescription medications, over-the-counter drugs, supplements, herbal products, topical treatments, and recent vaccines. Include the dose and how often you take each one. Contact the prescribing clinician or prenatal care team promptly for individualized advice. Do not assume that "natural" supplements are safe in pregnancy; many have limited safety data or pharmacologic effects.

If you have diabetes, hypertension, kidney disease, congenital heart disease, thyroid disease, inflammatory bowel disease, lupus, a seizure disorder, or a history of blood clots, early care is particularly important. Optimizing maternal health can reduce pregnancy complications. If you had preconception testing or counseling, bring those records to your first visit; if not, your clinician can help determine which baseline labs and screenings are appropriate now.

Estimate gestational age and know what may happen at the first visit

Pregnancy dating usually begins with the first day of the last menstrual period, not the day of conception. For example, by the time a period is missed, many people are around 4 weeks pregnant by obstetric dating. If your cycles are irregular, you recently stopped hormonal contraception, you were breastfeeding, or you do not remember your last period, ultrasound may help establish gestational age.

At an early prenatal appointment, the clinician may confirm pregnancy, review your medical and obstetric history, estimate a due date, check blood pressure and weight, order blood and urine tests, discuss genetic screening options, and assess risk factors. Depending on timing and symptoms, an ultrasound may be scheduled. Routine prenatal labs commonly include blood type and Rh status,

antibody screen, complete blood count, infectious disease screening, rubella and varicella immunity assessment when indicated, and urine testing, but exact testing varies by country and clinical situation.

This is also a good time to ask about exercise, sexual activity, travel, workplace safety, vaccinations, nausea management, and what symptoms should prompt a call. If you are feeling well and have no symptoms in early pregnancy, that can be normal; absence of nausea or breast tenderness does not by itself mean something is wrong.

Prepare practical information and emotional support

Pregnancy care is medical, but it is also practical. Start a folder or digital note with your last menstrual period, test dates, medication list, medical conditions, allergies, surgeries, vaccination history, family history, and previous pregnancy details. If possible, note any inherited conditions, congenital anomalies, recurrent pregnancy loss, early heart disease, blood clotting disorders, or genetic diseases in either biological family.

Think about who can support you. This might be a partner, friend, parent, doula, therapist, social worker, or patient navigator. If you are worried about safety at home, reproductive coercion, or pressure around your decision, tell a trusted healthcare professional in a private setting. Confidential support is important, and many clinics have protocols for intimate partner violence and safety planning.

It is also reasonable to feel emotionally unsettled even if the pregnancy was wanted. Hormonal changes, prior infertility, previous miscarriage, financial stress, relationship uncertainty, or medical trauma can intensify reactions. If anxiety, panic, depression, intrusive thoughts, or thoughts of self-harm appear, seek urgent mental health support. You deserve care for your emotional health as much as for your physical health.

Know when symptoms need urgent care

Mild cramping, breast tenderness, fatigue, urinary frequency, food aversions, and light spotting can occur in early pregnancy, but some symptoms require prompt evaluation. The main concern with early severe pain or abnormal bleeding

is to rule out ectopic pregnancy, miscarriage, infection, or other urgent conditions.

Seek emergency care if you have severe one-sided pelvic pain, shoulder-tip pain, fainting, dizziness, heavy bleeding, or severe weakness. Ectopic pregnancy occurs when a pregnancy implants outside the uterus, most commonly in a fallopian tube, and it can become life-threatening if it ruptures. Risk factors include a previous ectopic pregnancy, prior tubal surgery, pelvic inflammatory disease, certain fertility treatments, and pregnancy with an intrauterine device in place, but ectopic pregnancy can also occur without obvious risk factors.

Call your clinician for bleeding, persistent pain, fever, painful urination, severe vomiting, or if you simply feel that something is not right. It is better to ask early than to wait with escalating symptoms.