

The 9-Month Pregnancy Roadmap

Your Complete Guide to a Healthy and Happy Pregnancy

Month by Month, Week by Week
What to Expect, What to Eat, What to Ask

Presented by

Divakars Speciality Hospital

A passion for quality healthcare

Bangalore

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Welcome, Dear Mother-to-Be!

Congratulations on your pregnancy! Whether this is your first baby or your third, every pregnancy is a unique and extraordinary journey. Over the next nine months, your body will do something truly remarkable: grow, nurture, and bring a new life into the world.

This guide has been created especially for you by the care team at Divakars Speciality Hospital. It walks you through each month of pregnancy, explaining what is happening with your baby, how your body is changing, what tests and check-ups you need, what to eat, and when to seek help.

Think of it as your personal pregnancy companion. Keep it handy, share it with your family, and bring it to your doctor visits. We want you to feel informed, prepared, and supported at every step.

Remember: you are never alone in this journey. Our team is here for you, always.

With warm wishes,

Your Care Team at Divakars Speciality Hospital



Your 9-Month Pregnancy Roadmap at a Glance

Pregnancy lasts approximately 40 weeks from the first day of your last menstrual period (LMP) and is divided into three trimesters. Each trimester brings distinct changes for both you and your baby.

Trimester	Months	Weeks	Key Theme
First Trimester	1, 2, 3	Weeks 1 to 12	Foundation: organs form, heartbeat begins
Second Trimester	4, 5, 6	Weeks 13 to 27	Growth: baby moves, you feel better
Third Trimester	7, 8, 9	Weeks 28 to 40	Preparation: baby gains weight, you prepare for delivery

First Trimester: Months 1, 2 and 3 (Weeks 1 to 12)

The first trimester is a time of extraordinary change. While your baby bump may not be visible yet, inside your body an incredible transformation is taking place. All of your baby's major organs begin forming during this period. It is also the time when you are most likely to experience early pregnancy symptoms.

Month 1 (Weeks 1 to 4): The Beginning

What is happening with your baby:

Conception occurs and the fertilised egg implants in the uterine wall. The placenta begins to form. By the end of week 4, the embryo is about the size of a poppy seed and the earliest structures of the brain, spinal cord, and heart are taking shape.

What you may feel:

- You may not know you are pregnant yet
- Mild cramping or spotting (implantation bleeding)
- Fatigue and breast tenderness
- Missed period towards the end of this month

What to do:

- Take a home pregnancy test if you miss your period
- Start taking folic acid (400 to 800 mcg daily) if you have not already
- Avoid alcohol, smoking, and self-medication
- Schedule your first prenatal appointment

Month 2 (Weeks 5 to 8): Building the Foundation

What is happening with your baby:

The heart begins beating (detectable by ultrasound around week 6). Tiny buds that will become arms and legs appear. The brain, lungs, and digestive system start forming. By week 8, your baby is about the size of a raspberry.

What you may feel:

- Morning sickness (nausea with or without vomiting) often begins now
- Extreme fatigue and frequent urination
- Heightened sense of smell and food aversions
- Mood swings and emotional sensitivity

What to do:

- Eat small, frequent meals to manage nausea
- Stay hydrated with water, coconut water, or ginger tea
- Your first ultrasound may be scheduled to confirm heartbeat and due date
- Blood tests: blood group, haemoglobin, thyroid, blood sugar, HIV, Hepatitis B

Month 3 (Weeks 9 to 12): Becoming a Baby

What is happening with your baby:

By week 9, the embryo is officially called a foetus. Fingers, toes, and facial features become defined. By week 12, all major organs have formed and your baby is about the size of a lime. The risk of miscarriage drops significantly after this month.

What you may feel:

- Morning sickness may peak but starts improving for many women

- Your clothes may start feeling tighter around the waist
- Emotional ups and downs continue

What to do:

- NT scan (Nuchal Translucency) between weeks 11 to 13 to screen for chromosomal conditions
- Double marker blood test for Down syndrome screening
- Discuss prenatal vitamins with your doctor (iron, calcium, DHA, folic acid)

First Trimester Checklist

Task	When
Confirm pregnancy with test and first doctor visit	Month 1
Start folic acid and prenatal vitamins	Month 1
First ultrasound (confirm heartbeat and due date)	Month 2
Complete blood panel (Hb, thyroid, sugar, HIV, Hep B)	Month 2
NT scan and Double Marker test	Weeks 11 to 13
Avoid raw meat, unpasteurised dairy, excess caffeine	Throughout
Begin gentle exercise (walking, prenatal yoga)	Throughout

Second Trimester: Months 4, 5 and 6 (Weeks 13 to 27)

Often called the “golden trimester,” this is when many women feel their best. Morning sickness usually subsides, energy returns, and you begin to visibly look pregnant. Your baby grows rapidly and you will feel those magical first movements.

Month 4 (Weeks 13 to 16): The Golden Phase Begins

What is happening with your baby:

Your baby’s bones are hardening. Eyebrows, eyelashes, and fine hair (lanugo) appear on the body. The baby can make sucking motions and may begin to hear sounds. By week 16, your baby is about the size of an avocado.

What you may feel:

- Energy levels improve and nausea reduces
- Your baby bump begins to show
- Skin changes: some women develop a dark line (linea nigra) on the abdomen
- Increased appetite

What to do:

- Continue prenatal vitamins and balanced diet
- Begin wearing comfortable, supportive clothing
- Stay active with regular walking or prenatal exercise

Month 5 (Weeks 17 to 20): Feeling the First Kicks

What is happening with your baby:

This is an exciting month. You will likely feel your baby's first movements (quickening), often described as flutters or bubbles. The baby's hearing is developing, and they can respond to sounds. By week 20, your baby is about the size of a banana.

What you may feel:

- First fetal movements (especially if this is your first pregnancy, they may be subtle)
- Round ligament pain (sharp or aching in the lower belly)
- Possible leg cramps, especially at night

What to do:

- Anomaly scan (detailed ultrasound at 18 to 22 weeks) to check baby's organs, spine, heart, and brain
- Start sleeping on your left side for better blood flow to the baby
- Attend childbirth education classes if available

Month 6 (Weeks 21 to 27): Growing Stronger

What is happening with your baby: Your baby's lungs are developing but are not yet mature enough for breathing outside the womb. Fat begins to accumulate under the

skin. The baby responds to light, touch, and sound. By week 27, the baby weighs about 900 grams.

What you may feel:

- Visible and regular baby movements
- Backaches, swelling in ankles and feet
- Braxton Hicks contractions (practice contractions, usually painless)
- Possible stretch marks on belly, breasts, and thighs

What to do:

- Glucose tolerance test (GTT) at 24 to 28 weeks to screen for gestational diabetes
- Monitor baby's movements daily
- Continue iron and calcium supplements as advised

Second Trimester Checklist

Task	When
Anomaly scan (detailed ultrasound)	Weeks 18 to 22
Glucose tolerance test (GTT)	Weeks 24 to 28
Begin tracking fetal movements	Month 5 onwards
Register at your chosen delivery hospital	Month 5 or 6
Attend childbirth preparation classes	Month 5 or 6
Shop for maternity essentials and baby basics	Month 6

Third Trimester: Months 7, 8 and 9 (Weeks 28 to 40)

The final stretch! Your baby is gaining weight rapidly, maturing, and preparing for life outside the womb. Your body is also preparing for labour and delivery. Prenatal visits become more frequent during this trimester.

Month 7 (Weeks 28 to 31): The Home Stretch Begins

What is happening with your baby:

The baby's brain is developing rapidly. Eyes can open and close, and the baby can sense light. Lungs continue maturing. The baby's movements become more coordinated. Weight is approximately 1 to 1.5 kg.

What you may feel:

- Shortness of breath as the uterus presses on the diaphragm
- Frequent urination, heartburn, and difficulty sleeping
- Stronger and more frequent baby movements
- Swelling in hands, feet, and ankles

What to do:

- Prenatal visits every 2 weeks from now
- Take the Tdap vaccine (tetanus, diphtheria, pertussis) between weeks 27 and 36
- Begin planning your birth preferences
- Start packing your hospital bag

Month 8 (Weeks 32 to 35): Getting Ready

What is happening with your baby:

The baby gains about 200 grams per week. Bones harden (except the skull, which stays soft for delivery). The baby moves into a head-down position in most cases. Lungs are almost fully developed. Weight is approximately 2 to 2.5 kg.

What you may feel:

- Increased pressure on the pelvis and bladder
- Braxton Hicks contractions become more noticeable
- Difficulty finding a comfortable sleeping position
- Colostrum (early breast milk) may leak from the breasts

What to do:

- Growth scan (ultrasound) to check baby's size, position, and amniotic fluid
- Weekly prenatal visits from week 36
- Finalise your hospital bag and birth plan
- Discuss delivery options with your doctor (normal delivery vs caesarean, if applicable)

Month 9 (Weeks 36 to 40): Almost There!

What is happening with your baby:

Your baby is fully developed and ready for birth. The lungs are mature, and the baby is practising breathing movements. Most babies settle into a head-down position. Average birth weight is 2.5 to 3.5 kg. Your baby can arrive any time between weeks 37 and 42.

What you may feel:

- "Lightening" or "dropping" as the baby moves lower into the pelvis
- Increased pelvic pressure and backache
- Nesting instinct (sudden urge to clean and organise)
- Mucus plug discharge and possible "bloody show"
- Contractions that become regular, stronger, and closer together (true labour)

Signs of labour to watch for:

- Regular contractions every 5 minutes lasting 1 minute for at least 1 hour
- Water breaking (a gush or steady trickle of fluid)
- Severe lower back pain that does not go away

Third Trimester Checklist

Task	When
Tdap vaccination	Weeks 27 to 36
Growth scan (baby's size and position)	Weeks 32 to 34
Weekly prenatal visits	From week 36
Pack hospital bag for mother and baby	Month 8
Finalise birth plan with your doctor	Month 8
Install car seat and prepare baby's space at home	Month 9
Learn signs of labour and when to go to the hospital	Month 9

Essential Nutrition Guide for Each Trimester

What you eat during pregnancy directly affects your baby's growth and your own health. Here is a trimester-by-trimester overview of what to prioritise:

Nutrient	Why It Matters	Best Indian Food Sources
Folic Acid	Prevents neural tube defects (critical in first trimester)	Leafy greens, dal, citrus fruits, fortified cereals
Iron	Prevents anaemia, supports increased blood volume	Spinach, beetroot, dates, jaggery, red meat, pomegranate
Calcium	Builds baby's bones and teeth	Milk, curd, paneer, ragi, sesame seeds, leafy greens
Protein	Supports baby's tissue and organ growth	Dal, paneer, eggs, chicken, fish, nuts, legumes
DHA (Omega-3)	Brain and eye development	Flaxseeds, walnuts, fatty fish (sardines, mackerel)
Vitamin D	Calcium absorption and immune health	Sun exposure, eggs, fortified milk, supplements
Fibre	Prevents constipation (very common in pregnancy)	Whole grains, fruits, vegetables, oats

Vitamin C	Iron absorption and immune support	Amla, oranges, guava, bell peppers, tomatoes
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Foods to avoid during pregnancy:

- Raw or undercooked meat, eggs, and seafood
- Unpasteurised milk and soft cheeses
- High-mercury fish (swordfish, king mackerel, shark)
- Excess caffeine (limit to 200 mg per day, roughly 1 cup of coffee)
- Alcohol and tobacco (strictly avoid throughout pregnancy)
- Raw papaya and pineapple in large quantities (consult your doctor)

Warning Signs: When to Call Your Doctor Immediately

While most pregnancies progress normally, it is important to know the warning signs that require urgent medical attention. Do not hesitate to call your doctor or go to the hospital if you experience any of the following:

- Heavy vaginal bleeding or passing clots
- Severe abdominal or pelvic pain that does not go away
- Sudden, severe headache with vision changes or spots before your eyes
- High fever (above 100.4°F / 38°C)
- Sudden swelling of face, hands, or feet (may indicate pre-eclampsia)
- Water breaking before 37 weeks
- Significant decrease or absence of baby's movements
- Painful urination or burning (possible urinary tract infection)
- Persistent vomiting where you cannot keep any food or water down
- Thoughts of self-harm or severe anxiety or depression

Trust your instincts. If something does not feel right, it is always better to check and be reassured than to wait and worry.

Preparing for Delivery

Your Hospital Bag Checklist

For Mother:

- Comfortable nightgowns or loose kurtis (2 to 3)
- Nursing bras and breast pads
- Maternity pads (extra-large sanitary pads)
- Comfortable slippers and socks
- Toiletries, lip balm, and hair ties
- Phone charger and a good book or music
- Snacks and water bottle
- All medical records, ID proof, and insurance documents

For Baby:

- Soft cotton clothes and onesies (4 to 5 sets)
- Receiving blankets and swaddle cloths
- Diapers (newborn size) and wet wipes
- Soft towel and gentle baby soap
- Cap, mittens, and socks
- Car seat (if travelling by car)

Birth Plan Basics

A birth plan is a document that outlines your preferences for labour and delivery. While births do not always go exactly as planned, having a written plan helps your care team understand your wishes. Discuss the following with your doctor:

- Your preferred delivery method (normal or caesarean, if there is a medical choice)
- Pain management preferences (epidural, natural methods, or open to suggestions)
- Who you want as your birth companion in the delivery room
- Skin-to-skin contact immediately after birth
- Breastfeeding initiation within the first hour

Your Top 25 Questions, Answered

These are the real questions expectant mothers ask us every day. We have answered each one with care, honesty, and practical guidance.

Q1. How do I calculate my due date?

Your due date is estimated at 40 weeks from the first day of your last menstrual period (LMP). Your doctor will confirm or adjust this date based on an early ultrasound. Only about 5% of babies are born on their exact due date; most arrive between 38 and 42 weeks.

Q2. How often should I see my doctor during pregnancy?

Typically: monthly visits during the first and second trimesters (up to week 28), every 2 weeks from weeks 28 to 36, and weekly from week 36 until delivery. High-risk pregnancies may require more frequent visits.

Q3. Is morning sickness normal? When will it stop?

Morning sickness affects over 70% of pregnant women and usually starts around week 6 to 8. Despite its name, it can happen at any time of day. For most women, it improves significantly by weeks 12 to 14. Eat small, frequent meals, avoid strong smells, and try ginger tea. If you cannot keep any food or water down, consult your doctor.

Q4. Can I continue exercising during pregnancy?

Yes, moderate exercise is safe and recommended for most pregnancies. Walking, prenatal yoga, swimming, and light strength training are excellent options. Aim for 30 minutes most days. Avoid contact sports, heavy lifting, and exercises that involve lying flat on your back after the first trimester. Always consult your doctor before starting or continuing an exercise routine.

Q5. Is it safe to travel during pregnancy?

The second trimester (weeks 14 to 28) is generally the safest time for travel. Avoid long-distance travel after 36 weeks. If travelling by car, wear your seatbelt under your belly. If flying, walk around every 1 to 2 hours and stay hydrated. Carry your medical records with you. Discuss travel plans with your doctor.

Q6. What prenatal vitamins do I need?

Most doctors recommend: folic acid (first trimester and ideally before conception), iron (throughout pregnancy to prevent anaemia), calcium (for bone development), DHA/omega-3 (for brain and eye development), and Vitamin D. Your doctor will prescribe a prenatal supplement tailored to your needs.

Q7. Can I drink tea or coffee during pregnancy?

Moderate caffeine intake (up to 200 mg per day, roughly one small cup of coffee or two cups of tea) is generally considered safe. Excessive caffeine has been linked to low birth weight and other complications. Green tea, ginger tea, and buttermilk are good alternatives.

Q8. How much weight should I gain during pregnancy?

Weight gain varies, but general guidelines suggest: 11 to 16 kg for normal BMI women, 7 to 11 kg for overweight women, and 12 to 18 kg for underweight women. Most weight gain occurs in the second and third trimesters. Your doctor will track your weight at each visit.

Q9. Is it normal to have back pain during pregnancy?

Very common, especially in the second and third trimesters. The growing uterus shifts your centre of gravity, putting strain on your lower back. Good posture, comfortable shoes, prenatal yoga, warm (not hot) compresses, and sleeping with a pillow between your knees can help. If pain is severe or accompanied by other symptoms, consult your doctor.

Q10. What is gestational diabetes and should I be worried?

Gestational diabetes is high blood sugar that develops during pregnancy, usually around weeks 24 to 28. It is screened for with a glucose tolerance test (GTT). If diagnosed, it can usually be managed with diet, exercise, and sometimes medication. With proper management, most women have healthy pregnancies and deliveries.

Q11. Can I have sex during pregnancy?

In most normal, healthy pregnancies, sex is safe throughout all three trimesters. It will not hurt the baby. However, your doctor may advise against it if you have certain complications like placenta previa, a history of preterm labour, or cervical issues. Communicate openly with your partner about comfort and positions.

Q12. What is the anomaly scan and why is it important?

The anomaly scan (also called the morphology scan or level 2 ultrasound) is done between weeks 18 and 22. It is a detailed ultrasound that checks your baby's organs, brain, spine, heart, limbs, and overall development. It also checks the placenta position and amniotic fluid levels. This is one of the most important scans of your pregnancy.

Q13. How do I know if my baby is moving enough?

You will usually start feeling movements between weeks 18 and 22 (earlier in second pregnancies). By the third trimester, you should feel at least 10 movements in 2 hours. If you notice a significant decrease in movement, drink something cold or sweet, lie on your left side, and count kicks. If movements remain reduced, contact your doctor immediately.

Q14. What is a high-risk pregnancy?

A pregnancy is considered high-risk if the mother has conditions like diabetes, hypertension, thyroid disorders, a history of preterm delivery, multiple pregnancies (twins or more), age over 35, or complications like placenta previa. High-risk pregnancies require more frequent monitoring and specialist care.

Q15. What causes swelling during pregnancy and is it dangerous?

Mild swelling (oedema) in the feet, ankles, and hands is normal due to increased blood volume and fluid retention. It is usually worse in hot weather and by the end of the day. However, sudden or severe swelling in the face or hands, especially with headache or vision changes, could indicate pre-eclampsia, which requires immediate medical attention.

Q16. Can I eat non-vegetarian food during pregnancy?

Yes, well-cooked non-vegetarian food is safe and provides excellent protein, iron, and DHA. Ensure all meat, poultry, and fish are thoroughly cooked. Avoid raw or undercooked meat, sushi, and high-mercury fish. Eggs should be fully cooked (no runny yolks).

Q17. How can I prevent stretch marks?

Stretch marks are caused by rapid stretching of the skin and are largely influenced by genetics. While no cream can guarantee prevention, keeping your skin well-moisturised with oils (coconut oil, almond oil) or creams containing vitamin E and cocoa butter can help. Staying hydrated and gaining weight gradually also helps.

Q18. What is an epidural and is it safe?

An epidural is a form of regional anaesthesia injected into the lower back during labour to reduce pain. It is the most effective form of pain relief during childbirth. It is generally safe for both mother and baby. Side effects are rare but can include low blood pressure, headache, and temporary numbness. Discuss this option with your doctor well before your due date.

Q19. When should I start breastfeeding?

Breastfeeding should ideally begin within the first hour after birth. This early initiation helps with bonding, stimulates milk production, and provides your baby with colostrum (the nutrient-rich first milk) which is packed with antibodies. Skin-to-skin contact immediately after birth encourages the baby to latch naturally.

Q20. How do I know the difference between Braxton Hicks and real labour?

Braxton Hicks contractions are irregular, usually painless, and go away with rest or a change in position. Real labour contractions are regular, grow stronger and closer together over time, and do not stop with rest. If contractions come every 5 minutes, last about 1 minute each, and continue for at least 1 hour, it is likely real labour. Contact your hospital.

Q21. Is it normal to feel anxious or depressed during pregnancy?

Yes, hormonal changes, physical discomfort, and life changes can all contribute to anxiety and mood changes during pregnancy. About 1 in 10 women experience prenatal depression or anxiety. Talk to your doctor if you feel persistently sad, anxious, hopeless, or if you have lost interest in things you usually enjoy. Support is available and you are not alone.

Q22. Can I colour my hair or use beauty treatments during pregnancy?

Most experts advise waiting until after the first trimester to use hair colour, and choosing ammonia-free or plant-based options. Avoid chemical treatments like hair straightening or perming. Facials with gentle products are fine, but avoid chemical peels, retinol-based products, and laser treatments. Always inform your beautician that you are pregnant.

Q23. What happens if my baby is in a breech position?

By week 36, most babies turn head-down. If your baby remains breech (feet or bottom first), your doctor may suggest exercises to encourage turning, or a procedure called External Cephalic Version (ECV). If the baby does not turn, a planned caesarean delivery may be recommended for safety.

Q24. What is the Group B Streptococcus (GBS) test?

GBS is a common bacteria that about 25% of women carry without symptoms. It is usually harmless to the mother but can be passed to the baby during delivery and cause

infection. A swab test is done between weeks 35 and 37. If positive, you will receive antibiotics during labour to protect your baby.

Q25. What should I expect in the first 24 hours after delivery?

After a normal delivery, you may feel exhausted but exhilarated. You will bleed (lochia) similar to a heavy period. Breastfeeding will be initiated. Your vitals will be monitored regularly. If you had a caesarean, you will be in recovery and may have a catheter and IV drip. The nursing team will help you with baby care, breastfeeding, and pain management. Rest as much as possible and accept help from family.

IMPORTANT MEDICAL DISCLAIMER

This guide is provided for educational and informational purposes only. It is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition or treatment.

Never disregard professional medical advice or delay in seeking it because of something you have read in this guide. If you think you may have a medical emergency, call your doctor or emergency services immediately.

The information in this guide is based on current medical knowledge and best practices as of the publication date. Medical information changes rapidly, and individual circumstances vary. Your healthcare provider is your best source for personalised medical advice.

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