



Appendix 2: Diagnosis of pregnancy

It is important that providers of maternity care can reliably confirm pregnancy. A broad range of techniques are available for the diagnosis of pregnancy and different methods may be used in particular settings depending on their affordability and feasibility.

Clinical diagnosis of pregnancy

Diagnosis of pregnancy by clinical (non-laboratory) means relies on the detection, through a careful medical history and physical examination, of the signs and symptoms associated with pregnancy.

The most important symptom is amenorrhoea which, when it is accompanied by other symptoms, is highly suggestive of pregnancy. Pelvic examination by a trained provider is useful in the diagnosis of pregnancy after 6 weeks of gestation; however, it is dependent on the skill of the provider, gestational age, and physique/build/body shape of the pregnant individual.

It should be remembered that characteristic findings on history and physical examination are not highly sensitive for diagnosis but help the healthcare provider distinguish normal pregnancy from coexisting disorders.

Symptoms of pregnancy

- Absent menses (amenorrhoea)
 - Pregnancy should be suspected whenever an individual in their reproductive years has a delay or new irregularities in menstruation if they have been sexually active (even if using contraception)
 - Irregular and/or painful bleeding can be a sign of ectopic pregnancy or miscarriage
 - Nausea (with or without vomiting) and changes in appetite
 - Persistent fatigue
 - Breast tenderness and breast enlargement
 - Increased frequency of urination
 - Perception of fetal movements (a late sign, between 16 and 20 weeks of pregnancy)

Signs of pregnancy

- Uterine softness, roundness, and enlargement begins to be noticeable at 6 weeks of pregnancy
- Hegar's sign becomes manifest at about 6 weeks of pregnancy. The isthmus between the cervix and the body of the uterus is felt to be soft and compressible on bimanual pelvic examination
- Uterine pulsations may be a helpful sign of pregnancy at less than 6 weeks
- The enlarged uterus is palpable above the pubic symphysis after 12 weeks
- Fetal heart tones are detectable with a stethoscope starting at 18–20 weeks
- Fetal movements can be perceived by the examiner starting at 18–20 weeks

If there is any lack of certainty, the next step is to confirm the pregnancy using clinical examination with laboratory methods and/or ultrasound (see [Chapter 4: Contraception, Box 3](#)).