

What to Expect During & After Pregnancy

During pregnancy, every system in your body changes to accommodate your growing baby. This document provides a brief overview of what changes to expect during and after pregnancy.

Stopping testosterone

Many transgender, Two-Spirit, and non-binary (TTNB) people capable of becoming pregnant take testosterone to affirm their gender.¹ Testosterone is considered unsafe to take during pregnancy and should be stopped if you are pregnant or trying to get pregnant. If you become pregnant while on testosterone, it is recommended to stop testosterone and see your health care provider. Stopping testosterone will lead to emotional and physical changes. This may include mood swings, return of monthly bleeding, chest tenderness and growth, and increased fat to the chest, abdomen, and hips.¹⁻³

Emotional highs and lows are part of pregnancy for almost everyone, whether or not you discontinue testosterone before or during pregnancy.

Chest changes during pregnancy

- **Growth of chest or breast tissue is expected in pregnancy.** It is normal for the chest or breast tissue to become more sensitive or painful due to hormone shifts and tissue growth. This discomfort may be worse in the first 14 weeks of pregnancy.
- **Pregnancy may cause chest growth in people who have had chest or breast surgery,** depending on the type of surgery and amount of chest or breast tissue remaining after the surgery.^{3,4}
- **Many TTNB people have increased feelings of dysphoria** related to chest or breast growth during pregnancy.¹
- **You may experience increased discomfort when binding your chest.** Your chest may appear less flat than before pregnancy.^{1,3} For more information, see [Binding During Pregnancy & Bodyfeeding](#).

Gender incongruence and dysphoria

- **Feelings of gender incongruence or dysphoria may improve, develop, or worsen during pregnancy.** This may be related to the ways your body changes throughout pregnancy, or to social interactions that misgender or objectify your pregnant body.^{2,3,5}
- **Having feelings of physical or social dysphoria during pregnancy is common.**⁵ Sharing these feelings out loud with a trusted partner, friend, or care provider may make them less overwhelming. Meeting other TTNB parents, either online or in person, can decrease feelings of loneliness and isolation.

Chest changes after pregnancy

- **After you give birth to your baby and the placenta, hormone shifts encourage your body to begin to produce mature milk.** Before your mature milk arrives, your body will produce colostrum, a thick yellowish substance that provides nutrition and immune support. Mature milk arrives (or 'comes in') two to five days after birth and is often accompanied by growth of chest or breast tissue.
- **If you have had chest or breast surgery, you may still experience tissue growth when your mature milk comes in.** It is impossible to know how much your appearance will change before your milk supply is established.



Clothing for bodyfeeding

Clothing designed for bodyfeeding that is also gender-affirming may be difficult to find. If you plan to bodyfeed, try to find clothing that is supportive of chest or breast growth, accessible for frequent feeding, and leak proof or leak resistant. You may find it affirming to rename clothing in ways that align with your gender.

Some people find that wearing a light binder with a zipper in a few sizes too large is more comfortable than wearing a nursing bra. Other options include tighter tank tops that will hold leakproof pads in place and can be pulled down to feed, button up shirts, zip up sweaters, or tops designed for infant feeding. Layers may help you feel more comfortable when feeding around others and may absorb light leaking.

Lactation suppression

- **If you do not want to bodyfeed,** your provider can prescribe a medication to take in the first hours after birth to stop your body from creating a mature milk supply.
- In most cases, this will prevent the tissue growth that accompanies a mature milk supply. If you do not take this medication, there are other options to decrease or stop your milk production; however, these will not prevent your milk from coming in. For more information, see [Lactation Suppression](#) (resource in development).



Engorgement

- **When your milk comes in, the sudden increase in volume and fluid may cause engorgement**, an inflammation of the chest or breast tissue that causes pain, firmness, and warmth to both sides of your chest or both breasts.⁶ In most cases, it will resolve in 24–48 hours.
- **Engorgement may make it difficult for your baby to latch onto your chest or breast. Expressing small amounts of milk can decrease your discomfort and help your baby latch.** It is important to know that the more milk you remove, the more milk your body will produce. Express only as much as needed for comfort or latching.
- If you are unable to express milk due to chest or breast surgery, you can still experience engorgement.
- **You can manage the discomfort and inflammation** by wearing supportive undergarments (such as a bra or snug fitting undershirt), applying cold compresses, and taking anti-inflammatory and pain-relieving medications (such as ibuprofen and acetaminophen).^{7, 8} If you are not sure what medications you can take, discuss this with your health care provider.

Mastitis

- **Mastitis is chest or breast inflammation that occurs in a localized area.** Mastitis presents as a red, hot, and painful area on the chest or breast. You may feel unwell or have a fever.⁷
- You can develop mastitis even if you have had chest or breast surgery and cannot express milk.
- Mastitis is caused by localized inflammation, narrowing of the milk ducts due to swelling, or bacteria in the chest or breast tissue.⁷
- **You can manage the discomfort of mastitis** in the same way you manage the discomfort of engorgement (see above).⁷
- **If you have symptoms of mastitis and milk is flowing from that side**, continue to feed your baby as normal. If milk is not flowing, stop feeding or pumping from the affected side until the inflammation has improved and the milk begins to flow again.⁸ Continue to feed from the unaffected side.
- **Do not aggressively massage the area or try to express extra milk** as this will worsen the inflammation.⁸
- **Most mastitis will resolve within 24 hours** with rest and managing the inflammation.⁷ If symptoms remain after 24 hours, seek medical attention.⁸
- If at any time you have concerns about your symptoms or are worried your baby is not getting enough milk, contact your healthcare provider immediately.

Mental health after pregnancy

The first two weeks after your baby is born can be exhausting and overwhelming. You are healing from giving birth, getting to know your baby, and usually only sleeping for short periods. During this time, your body is also going through significant hormonal changes, which can lead to many different emotions and mood changes. **These sudden mood changes, often referred to as the 'baby blues,' are expected within the first two weeks.**

However, if after two weeks you experience persistent feelings of hopelessness, isolation, uncontrollable mood swings, or trouble bonding with your baby, it could be a sign of postpartum depression or anxiety.⁹ **Parents who did not give birth can also experience postpartum depression and anxiety.** If you or your partner(s) experience these signs, talk to your health care provider.

For more information, visit transcarebc.ca

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