

What to Expect During & After Pregnancy

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During pregnancy, every system in your body changes to accommodate your growing baby.

For some transgender (trans), Two-Spirit, and non-binary people, these changes can be unexpected or undesired and may contribute to feelings of dysphoria. This document provides a brief overview of what changes to expect during and after pregnancy.

Stopping Testosterone

Many trans, Two-Spirit, and non-binary people capable of becoming pregnant take testosterone to affirm their gender (1). Testosterone is considered unsafe in pregnancy and should be stopped if you are pregnant or trying to get pregnant. If you get pregnant while on testosterone, it is recommended to stop testosterone and see your primary 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 they discontinued testosterone when pregnant or prior to 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.
- **Many trans, Two-Spirit, and non-binary people have increased feelings of dysphoria** related to chest or breast growth during pregnancy (1).
- **After chest or breast surgery, chest growth may still occur,** depending on the type of surgery and amount of soft tissue remaining after the surgery (3, 4).
- **Binding your chest during pregnancy will likely be uncomfortable and it may appear less flat than before pregnancy** (1, 3). For more information, see [Binding During Pregnancy & BodyFeeding](#)

Feelings of Dysphoria

- **Feelings of dysphoria may improve, develop, or worsen during pregnancy.** These feelings may be related to how you feel about 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 normal.** Sharing these feelings out loud with a trusted partner, friend, or care provider may make them less overwhelming. Finding other trans, Two-Spirit, and non-binary parents to support you, 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') 2-4 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 chest or breast growth when your mature milk comes in.** It is impossible to know how much your appearance will change before your milk supply is established.

Lactation Suppression

If you do not want to bodyfeed your baby, there is medication your provider can prescribe in the first hours after birth to stop your body from creating a mature milk supply.

In most cases, this will prevent the chest or breast growth that accompanies your mature milk supply. If you do not take this medication, there are other options to decrease or stop your milk supply; 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 (7).**
- **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.
- **Manage the inflammation by applying cold compresses and taking over the counter NSAIDs (for example, ibuprofen or naproxen) according to the directions on the bottle (unless allergic or advised not to take NSAIDs by your care provider).**
- **If you are unable to express milk due to chest or breast surgery, you can still experience engorgement.** Use ice and NSAIDs as outlined above to manage any discomfort.
- **Most engorgement settles in 24-48 hours.**

Mastitis

- **Mastitis is chest or breast inflammation that occurs in a localized area of the chest or breast.** Mastitis presents as a red, hot, and painful area on the chest or breast.
- **People usually feel unwell and have a fever.** Mastitis may be caused by a blocked milk duct, local inflammation, or bacteria, and, if untreated, it can lead to worsening illness and chest or breast abscesses.
- **You can develop mastitis even if you have had chest or breast surgery and cannot express any milk.**
- **If you think you may have symptoms of mastitis, call your care provider or seek medical attention.**



Clothing for bodyfeeding

Clothing designed for bodyfeeding that is also gender-affirming may be difficult to find. If you are planning to bodyfeed, try to find clothing that will be supportive of chest or breast growth, be accessible for frequent feeding, and is leak proof or leak resistant.

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.

Some parents find that renaming clothing items for infant feeding in creative ways that feel gender-affirming can minimize feelings of dysphoria. Layers may help you feel more comfortable when feeding around other people and may help absorb light leaking.



Mental health after pregnancy

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

After about two weeks, persistent feelings of hopelessness, isolation, uncontrollable mood swings, or difficulty enjoying your baby may be signs of postpartum depression or anxiety (8). It is important to note that parents who did not give birth can also experience postpartum depression or anxiety. If you see these signs in yourself or your partner(s), talk to your care provider.

For more information, visit transcarebc.ca

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