During the course of pregnancy, one involuntarily agrees to myriad symptoms over the course of 40 (sometimes 42!) weeks: expanding belly and other body parts, nausea, heartburn, and backaches to name a few. Almost all of the symptoms a woman experiences during pregnancy are common and part of the deal, and a few can be concerning.

If you're like me, you hesitate to call your doctor with every single thing that throws a red flag. After all, you don't want to be that pregnant woman. But in some instances, you should be. Especially when those tricky symptoms can be either really normal, or really serious. And is there an in-between? Not really. Let's clarify the few symptoms of pregnancy that can go either way:

**Swelling of feet, legs, and hands**

Swelling — also called edema — is a normal part of pregnancy that is caused by excess blood and fluids. Although it can occur in any part of your body, it is most noticeable in the legs, feet, and hands during the last trimester. Since the extra fluid is needed to soften the body and enable it to expand as the baby develops, there is very little one can do to prevent it from happening — other than limiting the time spent standing, elevating the feet, and limiting sodium intake.

While edema is completely normal, sudden swelling can be cause for concern, as it can be a sign of preeclampsia. Preeclampsia occurs in about 5- to 8 percent of pregnancies, typically after 20 weeks gestation. It can cause high blood pressure and high levels of protein in the urine. There are certain risk factors of preeclampsia that pregnant women should be aware of, so any sort of sudden swelling — especially if accompanied by blurry vision — should be looked at more closely.
Vaginal bleeding

There are white and black symptom scenarios, and then there is vaginal bleeding. This one is so grey. Any bleeding that happens between 3 and 12 weeks is very common. First, your body is naturally confused of its changing state, and any old blood that's accumulated inside could be getting discharged at this time. Other reasons for bleeding or spotting can come from implantation, hormonal changes, intercourse, or the worst — miscarriage.

When you’re expecting a baby, even in the early stages of the first trimester, any amount of blood can be unnerving. Truth is, the occasional spotting is not a cause for concern. After all, it happens in nearly one-third of all pregnancies during the first 20 weeks. When you should call your OB is when you can tell that the minor spotting is in fact actual bleeding. And you'll know, especially if accompanied by severe abdominal cramping. This can be a sign of miscarriage, subchorionic hemorrhage \[3\], molar pregnancy, [4] or ectopic pregnancy [5] — all of which are serious and require immediate attention, so it's always best to call your OB if this symptom occurs, at any stage of pregnancy.

Morning sickness, or severe nausea?

Let's face it: any level of nausea and vomiting during pregnancy can feel like the end of the world. It's uncomfortable and consuming, especially if loss of appetite is involved. But normal morning sickness typically tapers by the 8th or 9th week of pregnancy, while severe nausea can last longer or the entire pregnancy. The medical term for severe morning sickness is hyperemesis gravidarum [6]. It's rare — affecting only three percent of pregnancies — but can be quite debilitating. Pregnant women suffering from severe nausea throw up frequently and have a hard time keeping any foods or liquids down. The difference between normal morning sickness and hyperemesis gravidarum depends on your hydration, and whether or not you're gaining a healthy amount of weight. If you are experiencing morning sickness, you are less likely to become dehydrated, and you will still gain the appropriate amount of weight. With severe nausea, vomiting will lead to dehydration and weight loss, and you may require IV fluids. In this case, calling the doc is a really good idea.

Braxton-Hicks or real contractions?

Braxton-Hicks aren't a bad symptom per se, but they’re most often confused with the real thing. Braxton-Hicks are false labor contractions that can occur early in the third trimester. They are the body's way of getting ready for labor, but they are not a sign that labor is near or beginning. These false contractions can feel like mild menstrual cramping, are infrequent, and do not last more than 30 seconds. They typically lessen with a change in position, hydrating, or taking a walk. During the first stage of true labor, contractions will become more frequent, but discomfort at this stage is still minimal. So it can be hard to distinguish what's real and what's not. As if we don't have enough to focus on during this time! Braxton-Hicks are not a reason to call your OB, but if you do suspect that labor has begun a lot earlier than it should, there are things doctors can do to prevent early labor.
Of course, nothing rings more true today than what my OB said during my first trimester: Every pregnancy is different. Every labor is different. Every delivery is different. So if something doesn’t quite feel right, your OB is there to help — don’t hesitate to make the call.