ENDO *Queen*

PREGNANCY AND ENDOMETRIOSIS

My pregnancy *with endometriosis*

My appointments, my pain, my week, and life after the birth.
Alongside my maternity notes.



First name _____

HOW TO USE IT

How to *use it*

To write down how you feel week after week, and talk about it more easily at each appointment.

1. **At the start**, fill in “Me and my contacts”: your team will see straight away that you have endometriosis or adenomyosis.
2. **At each appointment**, tick your schedule and note what you were told.
3. **Every week**, one “My week” page: pain, bleeding, tightenings, mood, and your questions.
4. **Whenever you like**, “My pregnancy memories”: the firsts, a photo, a note for the baby.

Your maternity notes (paper or app) remain the official record. This booklet adds to them.

The essentials *for my team*

My pregnancy

First day of my last period _____

Due date _____

My maternity unit _____

My endometriosis

☐ Endometriosis ☐ Adenomyosis ☐ Both

Where (if known)

☐ Ovaries ☐ Bladder ☐ Other

☐ Bowel ☐ Ligaments

☐ Known ovarian cyst (endometrioma)

Past operations (year, type) _____

Treatments before pregnancy

Name, and when I stopped.

_____

_____

About me

Blood group, rhesus _____

Allergies _____

Previous pregnancies _____

Pregnancy after fertility treatment _____

My contacts

	Name	Phone
Midwife		
Obstetrician		
GP		
Endometriosis specialist		
Maternity unit, triage		
Early pregnancy unit (EPU)		
Pharmacy		

To tell every professional

"I have endometriosis or adenomyosis." My pregnancy care may be adapted to my history, my symptoms, any past operations and my maternity team's advice.

MY CARE

My appointment *schedule*

The NHS schedule in England: at least 10 appointments for a first baby (7 for later babies) and 2 scans. Weeks are counted from the first day of your last period. In Scotland, Wales and Northern Ireland, follow the plan your maternity team gives you.

R routine appointment or scan, planned for everyone · O screening or test offered: you choose whether to have it

Appointment	When	Date booked	Done	To remember
Contact a midwife or your GP · you can refer yourself	as soon as you know		☐	
R Booking appointment with your midwife · you get your maternity notes	8 to 12 weeks		☐	
R Dating scan · O screening for Down's, Edwards' and Patau's syndromes	11 to 14 weeks		☐	
R Appointment · screening results	16 weeks		☐	
O Anomaly scan ("20-week scan")	18 to 21 weeks		☐	
O Gestational diabetes test, if you are at higher risk	24 to 28 weeks		☐	
R Appointment (first baby)	25 weeks		☐	
R Appointment · blood tests · anti-D injection if you need it	28 weeks		☐	
R Appointment (first baby)	31 weeks		☐	
R Appointment	34 weeks		☐	
R Appointment · baby's position	36 weeks		☐	
R Appointment	38 weeks		☐	
R Appointment (first baby)	40 weeks		☐	
R Appointment · options if you go past your due date	41 weeks		☐	

Maternity exemption certificate (MatEx: free NHS prescriptions in England during pregnancy and for 12 months after) · asked my midwife or GP ☐ · received ☐

Antenatal classes · ask your midwife what is available locally

☐ ____/____ ☐ ____/____ ☐ ____/____ ☐ ____/____ ☐ ____/____ ☐ ____/____

Extra appointments for my endometriosis

UNDERSTANDING

What endometriosis *changes, or doesn't*

Pain

It may ease, stay the same or change. Every pregnancy is different. Pregnancy does not cure endometriosis.

The risks, without exaggerating them

Most pregnancies go well. Endometriosis and adenomyosis can, however, be linked with some complications: a low-lying placenta (placenta praevia), premature birth, early miscarriage or ectopic pregnancy (outside the womb); with adenomyosis, pre-eclampsia. These are links seen on average: they don't say what will happen to you.

Serious complications exist but are rare: internal bleeding, a bowel complication, an ovarian cyst that changes appearance on a scan.

Your care

Usual pregnancy care is the starting point, and your team can adapt it to you: your history, symptoms, past operations. The European guideline (ESHRE, 2022) does not call for extra monitoring for everyone. The key thing: your team knows.

My questions about my endometriosis during pregnancy

What my team told me

SAFETY

When to get help *straight away*

Contact your midwife or maternity unit straight away if

- your baby's movements change, or you feel them less;
- you have any vaginal bleeding, at any stage, including the first 12 weeks, especially with pain on one side of your lower tummy;
- fluid is leaking from your vagina;
- you have tummy pain that worries you, or regular or painful tightenings before 37 weeks;
- you have a temperature of 38C or above, or feel hot or shivery;
- you have a severe headache, or sudden problems with your sight;
- your face, hands, legs or feet suddenly swell;
- you are being sick a lot;
- you are suddenly short of breath, or have chest pain.

Who to call: before 12 weeks, your GP surgery or early pregnancy unit (EPU) · 12 to 19 weeks, your midwife or EPU · from 20 weeks, your midwife or maternity unit. This can vary by area. Not sure what to do, or they are closed: **111** (Scotland: NHS 24 on 111; Northern Ireland: GP out-of-hours).

Call 999 straight away if

- you collapse or pass out;
- you have sudden, severe pain;
- you are bleeding heavily, or have any other life-threatening sign, at any stage.

With endometriosis

Sudden pain, very different from your usual pain: call your maternity team straight away. With feeling faint, looking pale or pain in the shoulder: 999.

Keep an eye on

Your usual pain changing without getting worse, a new but bearable discomfort: note it below and mention it at your next appointment. If you're unsure, call: that's what they're there for.

My numbers

Maternity unit, triage _____

Early pregnancy unit _____

Midwife _____

GP surgery _____

What happened

Date	What happened	Who I called	What I was told

MY PAIN

Pain and *medicines*

- **Check before any medicine**, including painkillers: ask your pharmacist, midwife or GP. Patient information: bumps (medicinesinpregnancy.org).
- **Paracetamol** is usually the best painkiller to use in pregnancy: the lowest dose that works, for the shortest time.
- **Ibuprofen** and similar painkillers (NSAIDs): from 20 weeks, do not take them unless a doctor prescribes them. Before 20 weeks, never without medical advice.
- **Without medicines**, with advice: gentle heat, rest, comfortable positions, physiotherapy.

Date, time	Weeks	Pain 0 to 10	Where	What I took or did	Advised by	Effect

Where: lower tummy, back, right or left side, bottom, bladder, other. Effect: better, same, worse.

MY WEEK · PRINT AS MANY TIMES AS YOU NEED

Week of _____ to _____ · ___ weeks

	Worst pain 0 to 10	Where	Bleeding 0 · spotting · light · heavy	Tightenings how many, regular?	Nausea 0 to 3	Tiredness 0 to 3	Sleep hours, 1 to 3	Mood 1 to 5	Baby moving as usual · less	Bowels OK · constipated · pain
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

What changed this week

My questions for the next appointment

The answers I got

What made me happy this week

Any change in your baby's movements, bleeding, fluid leaking, or tightenings before 37 weeks: contact your midwife or maternity unit straight away.

FOR ME

My pregnancy *memories*

No pressure to be fine: hard days count too. This is where you keep what does you good, at your own pace, and you don't have to fill in anything you don't feel like.

My firsts

	Date	How I felt
The day I found out		
My first scan		
The first kick I felt		
The day we told people		
The name (or name ideas)		
A craving, a laugh, a moment to keep		

A photo, a scan picture

stick it here

A note for the baby

AFTER THE BIRTH

Looking after *yourself*

The baby blues usually pass within 2 weeks. If you feel sad, anxious or exhausted for longer, talk to your GP, midwife or health visitor: postnatal depression is common, can start during pregnancy or up to a year after the birth, and can be treated. In England, you can also refer yourself to NHS Talking Therapies.

At your postnatal check, mention low mood, anxiety, bladder or bowel problems, pain during sex or pain around the vagina. When your periods come back varies a lot, and is usually later if you breastfeed. You can ovulate before your first period, so you can get pregnant before it returns. Talk to your clinician about contraception if you need it, and about your endometriosis treatment, especially if you breastfeed.

Postpartum psychosis: a medical emergency

It usually starts suddenly, in the first 2 weeks after the birth. What to do: 1. see a GP **the same day** · 2. GP closed: **111** · 3. someone in danger: **999** or A&E.

After the birth, get help quickly

Your midwife, GP or maternity unit (or **111**) if you have a fever, tummy pain that is getting worse, a scar that is red or oozing, or a red, painful breast.

999 if you are bleeding very heavily, have a painful or swollen calf, chest pain or difficulty breathing, a severe headache or problems with your vision.

Help

116 123 · Samaritans, free, 24 hours a day.

For information: PANDAS (pandasfoundation.org.uk) · Action on Postpartum Psychosis (app-network.org) · Mind (mind.org.uk).

Appointment	When	Date	Done
My 6-week postnatal check with my GP	6 to 8 weeks		☐
My baby's check	6 to 8 weeks		☐
Cervical screening, if it was due during pregnancy	around 12 weeks		☐
Follow-up appointment for my endometriosis	to rebook		☐
Other: _____			☐

Week after the birth	Bleeding	Pain 0 to 10	Mood 1 to 5	Sleep	Periods back (date)

Sources: NHS (nhs.uk: your antenatal appointments, screening tests, pregnancy symptoms you need to get help for, medicines in pregnancy, paracetamol, 6-week postnatal check, postnatal depression, postpartum psychosis), NHSBSA (maternity exemption certificates), MHRA (paracetamol in pregnancy, 2025 and 2026), bumps / UKTIS (ibuprofen, 2024), ESHRE guideline endometriosis 2022. Written in October 2026.