

Maternity

Emergency Gynaecology Unit (EGU)/ Early Pregnancy Assessment Unit (EPAU)

Bleeding in Pregnancy

An ongoing pregnancy associated with vaginal bleeding is classed as a **threatened miscarriage**.

The first symptoms are usually vaginal bleeding with or without mild period type pain. The bleeding can occur at any time after a missed period. It is often noticed when going to the toilet as a smear of pink, brown or red loss on the toilet paper.

The amount of bleeding may vary from just spotting to a gush with clots.

The diagnosis of threatened miscarriage is made with the help of an ultrasound scan. At six weeks of pregnancy the ultrasound scan will be able to visualise your tiny baby and the scan will also show a heartbeat, particularly if it is a vaginal scan.

Sometimes the scan may show up a small haematoma (blood clot) around the pregnancy sac, which identifies the source of the bleeding, but more often nothing abnormal is seen.

It is not possible to give an explanation as to why this bleeding occurs. In most cases the pregnancy continues safely. The baby will come to no harm even if the bleeding is heavy.

The likely causes of bleeding may be:

- The implantation site. As the placenta of your baby tries to burrow itself into the lining of the womb, it may cause some blood vessels of the



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- womb to bleed
- The cervix. During pregnancy, tissues become rich in blood supply and softer as a result of this any slight trauma to the cervix can result in bleeding
- The vagina. Thrush or any other infection may cause bleeding from the inflamed vagina in the form of spotting

A baby's heartbeat on ultrasound is reassuring. In the presence of a heart beat there is an 85-97% chance of your pregnancy continuing.

Follow up

If a collection of blood around the sac is seen on the ultrasound scan you may require an appointment for a re-scan within one to two weeks. Alternatively this may be checked at your booking scan in the antenatal clinic, which is usually around 11-13 weeks of pregnancy.

When there is no recognisable cause of bleeding found a follow up is usually not required. However you may contact the clinic if you have any further concerns.

Bed rest

Although bed rest was routinely advised in the past for threatened miscarriage it did not affect the outcome. If you feel that going to bed may reassure you then do go to bed. There is no specific treatment to stop your bleeding. There may be at times increased bleeding noted when you get up to go to the toilet. This is simply due to pooling of blood in the vagina from lying down that comes out on standing as a result of gravity.

Work

Depending on the severity of the bleeding and how you are feeling, we would advise if you need a sick certificate to make an appointment to see your GP for them to issue one.

Further bleeding

Bright red blood suggests that it is fresh, whereas brown blood suggests that it is stale blood that is tracking down. If you are still bleeding 2 weeks after your scan or if your bleeding becomes heavy and fresh red in colour please

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get in touch with the EGU for advice as you may need a further ultrasound scan. Telephone numbers are given at the end of this leaflet.

Sexual intercourse

Having sexual intercourse during pregnancy does not have any adverse outcomes. However it would be sensible to avoid sex until the bleeding has completely stopped because of the risk of infection.

Blood grouping

This is not routinely recommended before 12 weeks of pregnancy. Women who are rhesus negative may require an injection of Anti-D immunoglobulin if they are less than 12 weeks and have a miscarriage requiring surgical intervention or if they are more than 12 weeks and bleeding. The Nurse specialist in the EGU will advise you regarding this if necessary.

Contact Number

Emergency Gynaecology and Early Pregnancy Assessment Unit
024 7696 7000

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7000 and we will do our best to meet your needs.

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