

Maternity

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 happen any time after a missed period. It's 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 spotting to a gush with clots.

Diagnosis

The diagnosis of threatened miscarriage is made with the help of an ultrasound scan.

At 6 weeks of pregnancy the ultrasound scan can visualise your baby. The scan will also show a heartbeat, particularly if it's a vaginal scan.

A baby's heartbeat on ultrasound is reassuring. In the presence of a heartbeat, there's an 85 to 97 in 100 chance of your pregnancy continuing



Patient Information

Causes of bleeding

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

The 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 womb to bleed
- the cervix - during pregnancy, tissues become rich in blood supply and softer, so 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 scan may show up a small haematoma (blood clot) around the pregnancy sac

Follow up

If a collection of blood around the sac is seen on the ultrasound scan, you may need an appointment for a re-scan within 1 to 2 weeks.

Alternatively, this may be checked at your booking scan in the antenatal clinic. This is usually at around 11 to 13 weeks of pregnancy.

When there is no recognisable cause of bleeding found, a follow up is not usually needed. But contact the clinic if you have any concerns.

Bed rest

Bed rest was routinely advised in the past for threatened miscarriage. However, this did not affect the outcome for a threatened miscarriage. There is no specific treatment to stop your bleeding.

Work

If you need a sick note, make an appointment to see your GP or ask for one when you are seen at the hospital.

Patient Information

Further bleeding

At times, you may notice increased bleeding when you get up to go to the toilet. This is due to pooling of blood in the vagina when you lie down that comes out when you stand up.

Bright red blood suggests that it is fresh. Brown blood suggests that it is stale or old.

Contact the EGU for advice on 024 7696 7000 if:

- you are still bleeding 2 weeks after your scan
- your bleeding becomes heavy and fresh red in colour

Sexual intercourse

Having sexual intercourse during pregnancy does not have any adverse outcomes.

Avoid sex until the bleeding has completely stopped. This is because of the risk of infection. Also, the cervix may be easily irritated during sex due to normal pregnancy changes.

Blood grouping

Blood grouping is not routinely recommended before 12 weeks of pregnancy. The nurse specialist in the Unit will advise if you need this.

Women who are rhesus negative may need an injection of Anti-D immunoglobulin if:

- they are less than 12 weeks and have a miscarriage requiring surgical intervention
- they are more than 12 weeks and bleeding

Patient Information

Contact number

Emergency Gynaecology and Early Pregnancy Assessment Unit

024 7696 7000

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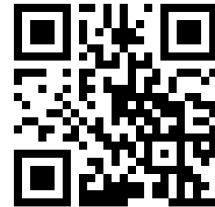
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Document History

Department:	Maternity
Contact:	27405
Updated:	March 2024
Review:	March 2027
Version:	6
Reference:	HIC/LFT/349/07