

South Denver Ob/Gyn

Bleeding in Pregnancy

What are the possible causes of bleeding or spotting?

ANYTIME

- Cervical friability (i.e. cervix that bleeds easily for benign reasons)
- Growth spurt (common around 12 weeks, again around 20 weeks – often with cramping)
- Irritation or trauma, especially if infection, cervical cyst or polyp present
- Hemorrhoids
- Unknown cause

FIRST TRIMESTER

- Implantation spotting (i.e. as the fertilized egg attaches itself to the uterus it may cause some irritation and bleeding)
- Ectopic pregnancy (i.e. the embryo is growing outside the uterus)
- Miscarriage

SECOND & THIRD TRIMESTERS

- Abruptio
- Cervical dilation
- Early labor “show” (a sign of cervical dilation starting to happen)

When should I worry about miscarriage?

Obviously miscarriage is what everyone worries about whenever they see spotting.

THE GOOD NEWS

One in three women experience spotting or bleeding in pregnancy. Only 50% of these go on to have miscarriages, the majority in the first trimester. While 40% of pregnancies end up in miscarriage, most of these are before 4 weeks of pregnancy (i.e. 2 weeks post conception, when you would miss your period). After 4 weeks, the miscarriage rate goes down to 15%. In addition, once your baby’s heartbeat has been heard, the chance of miscarriage goes down to 5%. Part of the reason that so many pregnant women experience spotting is that there is a tremendous increase in blood volume, which means that capillaries in the cervix are easily disturbed causing bleeding. This is the equivalent of having your gums bleed after brushing or starting a nosebleed by blowing your nose – both things that many pregnant women also experience for the same reason. An average non-pregnant woman has about 4 liters of blood. The same woman when pregnant will increase her blood volume to over 6 liters! With this large increase, some of it may “leak” out sometimes.

THE BAD NEWS

Miscarriage cannot be predicted, only diagnosed. If you are having signs of a threatened miscarriage, your midwife may be able to send you for some testing:

- Ultrasound will be able to determine if the embryo is implanted inside the uterus, and once you are past 6-7 weeks, if there is a heartbeat.
- Early in the first trimester, bloodwork that is repeated every 48 hours will be able to demonstrate whether your pregnancy hormones are increasing at an expected rate.
- If you are beyond 10-12 weeks gestation, your provider may be able to find your baby’s heartbeat in the clinic with a Doppler.

In any case, by the time the bloodwork results are returned or an ultrasound appointment can be made, the situation will often have made itself obvious (i.e. either the bleeding stops, or becomes heavier and clearly a miscarriage).

Can I prevent miscarriage?

- Miscarriage cannot be prevented if it is meant to happen.
- The same is true about causing miscarriage: nothing will induce miscarriage (except a medical abortion), if the pregnancy is meant to continue

- Self-care is never a bad idea, if you are having some spotting, bleeding or cramping. Stay well hydrated, keep your bladder empty to prevent uterine irritation, rest and relax – these will often help settle any bleeding that is not caused by an impending miscarriage.

What can I expect if I do have a miscarriage?

What to expect depends on how far along you are, and how the miscarriage is diagnosed. Generally, the later your gestation, the more physically intense the experience. Typically, the first sign may be spotting that progresses from brown to red over a few hours or days, then has a few hours of very intense cramping and heavy bleeding, subsiding into regular bleeding like a normal period. You may pass some clots or tissue. Or the (impending) miscarriage may be diagnosed during an ultrasound. If this is the case, you have two options:

- **EXPECTANT MANAGEMENT** i.e. waiting for your body to complete the miscarriage on its own. Sometimes this happens immediately. Sometimes it takes days to weeks.
- **MEDICAL MANAGEMENT** i.e. inducing the miscarriage. A medically-induced miscarriage may include using medication to cause the uterus to contract and expel its contents; or it may include dilating your cervix and evacuating the uterus with instruments, under either local or general anesthetic. This latter procedure is occasionally necessary when miscarriages don't complete on their own.

What if I am past the first trimester?

Once you are past the first trimester, it is unlikely you are losing the pregnancy. As in the first trimester, most causes of second and third trimester bleeding are benign, but at the same time should still be monitored.

When should I contact my care provider?

NON-URGENT

Does not need immediate assessment unless further symptoms develop:

- Brown or pink spotting
- Small amount of fresh red spotting, less than 1 tablespoon (i.e. less than a panty liner)

MORE SERIOUS

Care provider should be aware. Further assessment may or may not be necessary.

- Red bleeding, more than 1 tablespoon (i.e. more than a panty liner)
- Vaginal discharge has noticeably increased recently, has a bad smell, or is causing itchiness/irritation.
- Ongoing spotting over a period of days or weeks
- Rh negative bloodtype

URGENT

Page care provider right away. Further assessment will likely be necessary.

- Fully soaking >1 large maxi pad in an hour
- Spotting or bleeding with any of the following:
 - Nausea or vomiting
 - Fever
 - Foul discharge
 - Shock symptoms ... cold, clammy, shivery, dizziness, mental fog
 - Bleeding heavier than a period >24 hours
 - Severe abdominal pain
 - Pain during intercourse, especially if <9 weeks pregnant
 - Pain during urination
 - Known placenta previa
- Preterm labor symptoms
 - Contractions increasing in intensity, frequency and duration
 - Gush of fluid from vagina
 - Lower back pain, especially if rhythmic and progressive
 - Noticeable increase in pelvic pressure