Pregnancy - bleeding problems

Summary

- Bleeding from the vagina in early pregnancy happens in almost one in four pregnancies.
- About a third to half of all women who have bleeding while pregnant will go on to miscarry.
- If you are having a miscarriage during early pregnancy, there is no emergency care that will save your pregnancy.
- Bleeding in the second half of pregnancy can be a sign of a serious problem.

Bleeding from the vagina in early pregnancy is very common. In fact, it is thought to happen in almost one in four pregnancies – many of which will result in a healthy baby. About a third to half of all women who have bleeding will go on to miscarry.

Bleeding later in your pregnancy is less common and can be a sign of a serious problem, such as placenta previa (when the placenta covers the cervix) or placental abruption (separation of the placenta).

You should go to your nearest hospital emergency department if you are experiencing:

- Heavy bleeding, for instance soaking two pads per hour or passing golf ball sized clots
- Severe abdominal pain or shoulder pain
- Fever or chills
- Dizziness or fainting
- Unusual smelling vaginal discharge
- Bleeding in the second half of your pregnancy.

Causes of bleeding problems during pregnancy

It is not always possible to pinpoint why a woman is bleeding during pregnancy. Some of the many reasons may include:

- Miscarriage
- Ectopic pregnancy
- Implantation bleeding
- Placenta previa
- Placental abruption

Miscarriage

A miscarriage is the loss of a pregnancy before the fetus (unborn baby) can survive outside the uterus (womb).

Miscarriage usually occurs in the first 12 weeks of a pregnancy (the first trimester), and most miscarriages occur without a clear cause.

Vaginal bleeding is the most common sign of miscarriage. Some women may experience period-like cramping pain in the lower pelvis. Others may experience no symptoms at all.
Ectopic pregnancy

During the first trimester, vaginal bleeding can be a sign of ectopic pregnancy. This is when the fetus starts to grow outside of the uterus, often in one of the fallopian tubes.

Symptoms of ectopic pregnancy can include cramping, vaginal bleeding and abdominal pain. Pain might be caused by a ruptured fallopian tube. This is a medical emergency and needs immediate surgery.

Implantation bleeding

One cause for bleeding in early pregnancy is 'implantation bleeding'. This usually occurs as light bleeding or 'spotting' and happens when the fetus implants (buries) itself into the lining of your womb (around the time that your first period after conception would have been due). This bleeding will often last a few days then stop.

Placenta previa

Placenta previa occurs where the placenta is (either wholly or in part) inserted into the lower part of the uterus and covering the cervix. One of the signs of placenta previa is bleeding after 28 weeks.

Diagnosis of placenta previa is by ultrasound. If you are diagnosed with placenta previa, your baby will usually be born by caesarean section.

Placental abruption

This is when part or all of the placenta separates from the wall of the uterus before the birth of your baby. The amount of bleeding varies, as does the impact on your baby. Treatment may involve monitoring you and your baby, bed rest, or, in more serious cases, the early birth of your baby.

Tests for bleeding problems during early pregnancy

It can take some time for your doctor to be sure of what the bleeding means. You may need a number of tests, which could include:

- **Vaginal examination** – to check the size of your uterus and the amount of bleeding. This examination lasts a few minutes and may be a bit uncomfortable.
- **Blood tests** – to check your blood type and, sometimes, the levels of pregnancy hormones in your blood.
- **Ultrasound scan** – gel is rubbed on your abdomen. A hand-held scanner uses sound waves to provide pictures of the pregnancy. In very early pregnancy, more information is gained by placing a small, slender scanner in the vagina. You will need to have a full bladder before the scan. An ultrasound scan takes around 15 to 20 minutes. If an ultrasound is needed, it can be arranged through the emergency department of your nearest hospital or your local doctor.

Tests for bleeding problems during later pregnancy

Both placenta previa and placental abruption can cause heavy bleeding of bright red blood from the vagina.

A vaginal examination is often used to help diagnose placental abruption, but could trigger heavier bleeding in the case of placenta previa. Therefore, an ultrasound scan should always be taken first, and digital (finger) vaginal examinations should be strictly avoided in the case of placenta previa.

Tests used to diagnose placenta previa include:
Medical history

Ultrasound scan

- Feeling the mother’s belly to establish the baby’s position (the baby is sideways or presenting bottom-first in around one in three cases of placenta previa)
- Very gentle speculum vaginal examination (to make sure the bleeding is not coming from the cervix or vagina).

Having ruled out placenta previa using the tests above, a digital vaginal examination may be used to identify placental abruption.

Treatment of bleeding problems during early pregnancy

The bleeding may be light and stop in a day or two. Many people go on to have a healthy baby at full term after such a bleed.

However, sometimes the bleeding becomes heavy and a miscarriage is likely to happen. While you still need to see a doctor, in such circumstances there is no emergency care that will save your pregnancy.

Sometimes, during a miscarriage, some of the pregnancy tissue may remain inside the uterus. This can lead to very heavy bleeding if it is not treated. Your doctor will tell you if you need further treatment.

If you are Rhesus (Rh) negative (if you have a negative blood type), you may require an injection of anti-D immunoglobulin to prevent problems related to possible blood incompatibility in future pregnancies.

Bleeding during early pregnancy and taking care of yourself at home

You may feel a range of emotions over this time. Guilt is a normal feeling, but don’t blame yourself, as you have done nothing wrong. Your body will be going through changes in hormone levels and this can make you feel very emotional. It may help to talk to family or friends.

While there is no specific treatment to prevent a miscarriage, things you can do that may help include:

- Getting plenty of rest.
- Using pads rather than tampons while you are bleeding.
- Avoiding sex while you are bleeding. Sex can resume once the bleeding has stopped.
- Taking mild pain relief medication, such as paracetamol, if needed.
- Reporting any changes in your condition to your doctor.

If you are finding your mood remains low for an extended period of time, you may be experiencing depression and require the assistance of a professional.

Where to get help

- Your GP (doctor)
- Obstetrician
- Midwife
- Family Planning Victoria Tel. (03) 9257 0100 or 1800 013 952
- Post and Antenatal Depression Association (PANDA) Helpline Tel. 1300 726 306

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