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BLEEDING DURING PREGNANCY

There are many causes of vaginal bleeding in early pregnancy. This handout describes the causes of bleeding and what you should do if you bleed during pregnancy. Usually slight bleeding will stop on its own. Sometimes the bleeding may become serious and pose a risk to you or your baby. You should call your doctor or seek medical advice if bleeding occurs.

About 50% of pregnant women will have vaginal spotting or bleeding in the first 12 weeks of pregnancy. Bleeding may be alarming, but it does not always mean a miscarriage (the loss of a pregnancy in its early stages). About half of the women who experience bleeding do not have miscarriages. Miscarriage can occur at any time during the first half of pregnancy, but most occur during the first 12 weeks; about 25% of all pregnancies end in miscarriage. Most miscarriages cannot be prevented. They are often the body's way of dealing with the pregnancy that was not growing normally. Usually having a miscarriage does not mean that you cannot have more children or that anything is wrong with your health. There is no proof that physical activity or sex during pregnancy causes miscarriage. If you have vaginal bleeding or experience cramping pain that is felt low in the abdomen, bring any tissue you passed to your doctor's office so it can be examined. If you have a miscarriage but some tissue remains in the uterus, bleeding often continues. If this happens, the tissue may be removed by a surgical procedure called dilatation and curettage (D&C) or with medication (misoprostol). The D and C involves dilating or widening the cervix and gently removing the tissue away from the lining of the uterus. If you have had two or more miscarriages in a row, however, your doctor may suggest that some tests be performed to look for a possible cause. Another problem that may cause bleeding in early pregnancy is ectopic pregnancy. This is when a pregnancy occurs outside the uterus, usually in the fallopian tube. Pelvic pain and vaginal bleeding may result. The tube may rupture and there may be internal bleeding as well. Blood loss may cause weakness, dizziness, and even shock. A ruptured ectopic pregnancy requires prompt treatment. Ectopic pregnancies are much less common than miscarriages. They occur in about 1 in 100 pregnancies. Women who have had an infection in the tubes, endometriosis, or infertility are at increased risk for ectopic pregnancies. Women who have already had an ectopic pregnancy or had previous tubal surgery are also at higher risk.

Contact your doctor if you have had any bleeding in pregnancy. If you are bleeding more than one sanitary pad every two hours or have extreme pelvic pain, you need to contact your doctor immediately. If bleeding is less than this and no pain or dizziness is associated with the bleeding, you may wait until regular business hours to contact your physician. At that time the physician may recommend a blood test to be done to measure human chorionic gonadotropin (hCG), a substance produced during pregnancy. As the pregnancy progresses, hCG level increases so you may have more than one test to evaluate how the pregnancy is progressing. In addition, the physician may recommend an ultrasound that may be used to find the cause of bleeding. Sometimes a cause is not found. About half the women with bleeding in pregnancy are found to have minor conditions that need no treatment. At other times bleeding can be the first sign of a serious problem. For this reason it is very important that bleeding at any time in pregnancy be reported to your doctor. Additionally those women with a Negative blood type will need Rhogam if they are bleeding in pregnancy. This Rhogam shot must be administered within 72 hours of a bleeding episode.