

What is bleeding in early pregnancy?

Bleeding from the vagina in early pregnancy is common. It is thought to happen in almost one-in-four pregnancies.

It is not always possible to find out why a woman is bleeding. The bleeding may be light or heavy, intermittent or constant, painless or painful.

One cause of bleeding in early pregnancy is called an *implantation bleed*. This occurs when the pregnancy implants (buries) itself into the lining of the *uterus* (womb). The bleeding will often last a few days then stop.

Most women with bleeding in early pregnancy will not lose their baby, however some will have a miscarriage – the loss of a pregnancy before the *fetus* (unborn baby) can survive outside the womb. A miscarriage usually occurs in the first 12 weeks of pregnancy. Most miscarriages occur without a clear cause. The development of a baby is a complex process. If something goes wrong, the pregnancy usually fails.

If bleeding is due to a threatened miscarriage, medical **care will not change the likelihood of pregnancy loss**. However, this may be an emotional and stressful event for the woman and her partner.

In rare cases, bleeding is due to an ectopic pregnancy – the implantation of the pregnancy outside the uterus. Symptoms include pain in the lower abdomen or shoulder tip, and dizziness. An ectopic pregnancy is an emergency. If you have these symptoms, you should see a doctor as soon as possible.

Most women with bleeding in early pregnancy do not require admission to hospital and surgical intervention is rarely needed.

Treatment

A triage nurse will assess you based on your clinical condition, pain and distress.

The triage nurse will provide you with information about early pregnancy bleeding and its possible outcomes (including this information sheet). You may be given pain relief, such as paracetamol.

After that assessment and discussion, you may choose to go home and receive further care from your family doctor. Please tell the triage nurse if you decide to take this option.

In some cases the triage nurse will take blood tests to check your blood group and, if necessary, confirm the pregnancy. This will speed up the assessment process.

You may have to wait to see a doctor or nurse. During that time your condition may change. Please notify the triage nurse if you experience:

- heavy bleeding
- severe pain
- dizziness or collapse.

These may indicate ectopic pregnancy or very heavy blood loss requiring urgent treatment.

It can take some time for the doctor to find out why you are bleeding. You may require a number of tests, including:

- blood tests
- an ultrasound scan
- a vaginal examination.

You may have a blood test to check your blood group and sometimes the amount of pregnancy hormone in your blood. If your blood group is *Rhesus (Rh) negative*, you may require an injection of *anti-D immunoglobulin* to prevent problems with the *Rh factor* in future pregnancies.

An ultrasound scan uses sound waves to look at the pregnancy and fetus. In early pregnancy (less than 12 weeks) the ultrasound scan is usually performed externally, by running a scan over your abdomen. If the pregnancy is too small to see, a vaginal ultrasound may be required, using a small slender probe placed in the vagina. A scan takes around 15 to 20 minutes.

If an ultrasound is needed, it can be arranged through your local doctor or by the emergency department. Most women are eager to know very quickly what is happening. However, there is usually no urgency and the ultrasound can be done in the days ahead.

A vaginal examination may be required to assess the size of the uterus and the amount of bleeding. A speculum examination, which is similar to a pap smear, may be required to assess the amount of bleeding. The examination lasts a few minutes and there may be mild discomfort.

Home care

No specific treatment can prevent a miscarriage, but there are some general measures that may help.

- Get plenty of rest.
- Use pads rather than tampons while you are bleeding.
- Avoid sex while you are bleeding. Sex can resume once the bleeding has stopped.
- Take mild pain relief, such as paracetamol, if needed. Non-steroidal medications such as *diclofenac* or *ibuprofen* are not recommended.
- Report any changes in your condition such as increased pain, bleeding or fevers to your local doctor.

What to expect

The bleeding may be light and stop in a day or two. Many people go on to have a normal pregnancy.

Sometimes the bleeding can become heavy and may progress to a miscarriage. In most cases the uterus will empty naturally and no specific treatment is needed. Occasionally, some pregnancy tissue remains inside and this can lead to very heavy bleeding if it is not treated. The doctor will advise if you need further treatment.

How will I feel?

It is normal to feel a range of emotions such as grief, guilt and anxiety. It is unlikely that the bleeding has been caused by anything you have or have not done. Talking to family or friends about your feelings may help.

Emergency department staff or your local doctor can provide information about counselling and support services.

Notes:

Seeking help



Return to the emergency department

promptly or call an ambulance (dial 000) if:

- you have severe pain
- are losing a lot of blood
- you are dizzy or collapse
- the vaginal discharge is offensive smelling
- you have pain in the tip of your shoulder/s.



For other medical problems or any concerns see your local doctor or health care professional.



For health advice from a Registered Nurse you can call **NURSE-ON-CALL 24 hours a day** on **1300 60 60 24** for the cost of a local call from anywhere in Victoria.*

NURSE-ON-CALL provides access to **interpreting services** for callers not confident with English. Call **1300 60 60 24**.

*Calls from mobile calls may be charged at a higher rate



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- Visit the **Better Health Channel**
www.betterhealth.vic.gov.au

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