

Bleeding in early pregnancy

WHAT IS BLEEDING IN EARLY PREGNANCY?

Bleeding from the vagina in early pregnancy (the first 12 weeks) 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.

Many women with bleeding in early pregnancy will go on to have a healthy baby; however, some will have a miscarriage – the loss of a pregnancy before the unborn baby (fetus) can survive outside the womb. A miscarriage usually occurs in the first 12 weeks of pregnancy. Most miscarriages occur without a clear cause.

Pregnancy is a complex process. If something goes wrong, it can often fail. If bleeding is due to a threatened miscarriage, medical care **will not change** the likelihood of pregnancy loss. This can be an emotional and stressful time for you and your partner; counselling and support information is available.

In rare cases, bleeding is due to an ectopic pregnancy – this is, when the pregnancy is growing outside the uterus, usually in the fallopian tubes. Ectopic pregnancy can also cause pain, usually 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

While you are waiting to see a health professional your condition may change. The following symptoms require urgent assessment, so make sure your health professional is aware you are having them:

- heavy bleeding
- severe pain
- dizziness or faintness.

These symptoms 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 for your blood group and 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
- a vaginal examination.

An ultrasound scan uses sound waves to look at the pregnancy and baby. In early pregnancy (less than 12 weeks) the ultrasound scan will most commonly need to be performed internally (using a probe inside the vagina) but may be able to be performed externally (using a probe on the outside of your abdomen). A scan takes 15–20 minutes.

If an ultrasound is needed, it can be arranged through your local doctor, by the emergency department or urgent care centre. Scans before six weeks are unable to assess a baby's heart beat, but may be helpful if there is concern your pregnancy could be ectopic. 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, using an instrument similar to that used for a pap smear, may be required to assess the amount of bleeding. The examination lasts a few minutes and there may be some discomfort.

HOME CARE

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

- Use pads rather than tampons while you are bleeding.
- Avoid sex while you are bleeding. Sex can resume once the bleeding has stopped or upon advice from a health professional.
- Take mild pain relief, such as paracetamol, if needed. Anti-inflammatory medications such as diclofenac or ibuprofen are not recommended during pregnancy.
- A heat-pack can help on your abdomen can help decrease pain. It can be applied for up to 20 minutes every hour, as needed. Check your skin after five minutes; if a rash or irritation occurs, remove the heat pack.
- Tell your local doctor about any changes in your condition such as increased pain, bleeding or fevers.
- If you develop severe pain, heavy bleeding, a fever or dizziness, seek medical attention urgently.

- You may be asked to come back to the hospital for follow-up – for example, at an early pregnancy assessment clinic. This will confirm the diagnosis, explain what is happening and the likely outcome, monitor your progress and/or advise treatment. You also may require further tests to track the pregnancy hormone levels.

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. If it does, in most cases the uterus will empty naturally and no specific treatment is needed. Occasionally, remnants of the pregnancy remain inside and you may be offered treatments to assist in emptying the uterus. Your 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.

Your local doctor, emergency department or urgent care centre staff can provide information about counselling and support services.

Seeking help

In a medical emergency call an ambulance – dial triple zero (000).

Return to the emergency department or urgent care centre promptly if:

- you have severe pain in your abdomen or shoulder
- you are losing a lot of blood (such as soaking two pads per hour or passing blood clots the size of golf balls)
- you have a fever
- you are dizzy or collapse
- the vaginal discharge smells offensive.

For other medical problems or any concerns see your local doctor or healthcare 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.

* Calls from mobiles may be charged at a higher rate.

WANT TO KNOW MORE?

- Ask your local doctor or healthcare professional.
- Visit the Better Health Channel at www.betterhealth.vic.gov.au.
- Contact Miscarriage, Stillbirth and Newborn Death Support (Sands) on 1300 072 637 or www.sands.org.au.

To receive this publication in an accessible format phone 9096 7770, using the National Relay Service 13 36 77 if required, or email

emergencycare.clinicalnetwork@safercare.vic.gov.au

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