



BLEEDING DURING "EARLY" PREGNANCY

There are many causes of vaginal bleeding in pregnancy. Some results in bleeding early in pregnancy, while others result in bleeding later. 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. However, bleeding may become serious and pose a risk to you or your fetus. You should call your doctor or seek medical advice if bleeding occurs.

EARLY PREGNANCY

Many pregnant women have vaginal spotting or bleeding in the first 12 weeks of pregnancy. If you are having vaginal bleeding in early pregnancy, your doctor may perform a pelvic exam. A blood test may be done to measure human chorionic gonadotropin (HCG), a substance produced during pregnancy. As the pregnancy progresses, HCG levels increase, so you may have more than one test. *Ultrasound* may be used to find the cause of bleeding. Sometimes the cause is not found.

MISCARRIAGE

Bleeding may be alarming, but it doesn't mean that *miscarriage* (the loss of a pregnancy in its early stages) is certain. About half of the women who bleed do not have miscarriages.

If there is a problem with the pregnancy, fetal death usually results in the passage of tissue, and the pregnancy ends. Miscarriage can occur at anytime during the first half of pregnancy, but most occur during the first 12 weeks. At least 20% of all pregnancies end in miscarriages.

If you have vaginal bleeding, accompanied by cramping in the lower abdomen, there is a chance of miscarriage. Many women who have vaginal bleeding have little or no cramping. Sometimes the bleeding stops and the pregnancy continues normally. At other times the bleeding and cramping continue, become stronger, and miscarriage occurs. This pain is usually stronger than menstrual cramps.

If you think you have had a miscarriage, bring any tissue you have passed to the doctor's office so that it can be examined. If you have had 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 a D&C (dilation and curettage). This may involve dilating, or widening, the cervix (mouth of the uterus) and gently scraping tissue away from the lining of the uterus (the endometrium). The tissue also may be removed by suctioning. This is called suction curettage.

Most miscarriages cannot be prevented. They are often the body's way of dealing with a 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 a miscarriage. If you have two or three miscarriages consecutively, however, your doctor may suggest that some tests be performed to look for a possible cause.

ECTOPIC PREGNANCY

Another problem that may cause bleeding in early pregnancy is *ectopic pregnancy*. This is when a pregnancy occurs outside the uterus, usually in a fallopian tube. Pelvic pain and vaginal bleeding may result. The tube may burst, and there may be internal bleeding as well. Blood loss may cause weakness, fainting, or even shock. A ruptured ectopic pregnancy requires prompt surgical treatment.

Ectopic pregnancies are much less common than miscarriages. They occur in about 1 in 60 pregnancies. Women who have already had an ectopic pregnancy, have a history of STD's, or have had a previous tubal surgery are also at higher risk.

MOLAR PREGNANCY

A very rare cause of early bleeding is *molar pregnancy*. It is also called gestational trophoblastic disease (GTD) or simply a "mole". It results in the growth of abnormal tissue, rather than an embryo. It may require treatment with a suction curettage.