



# A guide to...

## What is a Threatened Miscarriage?

### *Patient information*

#### How to contact us

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An ongoing pregnancy, which is associated with vaginal bleeding, is called a **threatened miscarriage**. The bleeding can vary in amount, ranging from a pink smear, a brown discharge to frank bleeding that may or may not be associated with abdominal pain (usually described as 'period-like').

The diagnosis is made with the aid of an ultrasound scan, where a viable pregnancy (a baby with a heartbeat) will be seen, despite the bleeding. Sometimes a small haematoma (blood clot) may also be seen around the pregnancy sac, which may represent the source of bleeding, however, more often than not, no cause is found.

It is not possible to give an explanation as to why this bleeding has occurred and in most cases the pregnancy continues safely, however some likely causes of bleeding may be:

- The implantation site: As the placenta tries to burrow into the lining of the womb, it may cause some blood vessels to bleed
- The cervix: In pregnancy tissues (including the cervix) become rich in blood supply and softer, so any slight trauma to the cervix may result in bleeding
- The vagina: Infections such as thrush may cause bleeding from an inflamed vagina.

The presence of a heartbeat is reassuring, because in the presence of a heart beat the pregnancy has an 85-97% chance of continuing.

### **Follow up**

If a collection of blood around the pregnancy sac is seen on scan you will either receive an appointment for a follow up scan one to two weeks later or it will be checked during your dating scan between 11-13 weeks. When no recognisable cause exists, a follow up is not necessary, however you will be given contact numbers if you have any further anxieties.

### **Bed Rest**

Although bed rest used to be advised, it has been shown not to affect the outcome, however, if you feel that bed rest would reassure you, then by all means go to bed. Unfortunately, there is no specific treatment to stop bleeding and there will be times when you notice that the blood loss seems to increase, such as when you visit the toilet. This is simply as a result of pooling of blood in the vagina, which occurs when you lie down, and comes out on standing.

### **Work**

We would advise that you do not work if the bleeding is heavy or painful, you may need to ask your GP for a sick note.

### **Further Bleeding**

Bright red blood suggests fresh bleeding, while brown blood would suggest old/stale blood that is tracking down. If the blood becomes bright red or heavier; please get in touch with your GP or the Gynaecology Day Assessment Unit or Early Pregnancy Unit (GDAU/EPU).

### **Sexual Intercourse**

It would be advisable to refrain from intercourse while you are bleeding because of the increased risk of infection

## **Blood grouping**

It is important that all women who miscarry after 12 weeks or who undergo surgical management of miscarriage before or after 12 weeks pregnancy and are rhesus negative receive anti-D.

Gynaecology Day Assessment Unit (GDAU): 01923 217344

Early Pregnancy Assessment Unit (EPAU): 01923 217831

Opening hours: Monday to Friday, 9.00am-5.00pm

Elizabeth ward (open 24 hours): 01923 217 902