Bleeding in an ongoing pregnancy

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Patient information

Understanding bleeding in an ongoing pregnancy

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Few women bleed in their pregnancy. The bleeding can take various forms, including a pink smear, brown discharge, bright red or more significant bleeding, which may or may not involve abdominal pain often described as "period-like."

An ultrasound examination may reveal a live pregnancy — evidenced by the presence of a heartbeat — despite the bleeding. Occasionally, a small hematoma (blood clot) may be detected around the gestational sac, potentially indicating the source of the bleeding; however, in many instances, no identifiable cause is found.

It is challenging to determine the exact reason for the bleeding, but in most cases, the pregnancy continues without complications. Possible causes of bleeding include:

- Implantation site: As the placenta embeds itself into the uterine lining, it may cause some blood vessels to rupture and bleed.
- Cervix: During pregnancy, tissues, including the cervix, become highly vascular and softer, meaning that even minor trauma can lead to bleeding.
- Vagina: Infections, such as thrush, may lead to bleeding from an inflamed vaginal area.

The presence of a heartbeat is a reassuring sign, as pregnancies with a detected heartbeat have an 85-97% likelihood of continuing successfully.

Follow-up Care

If a blood collection is observed around the gestational sac during the ultrasound, it will be reassessed during your dating scan at 11-13 weeks. If no identifiable cause is determined, further follow-up may not be required, although contact information will be provided should you have additional concerns.

Bed Rest

While bed rest was once a common recommendation, studies indicate it does not impact pregnancy outcomes. However, if you feel that resting provides reassurance, it is perfectly acceptable to do so. Be aware that you may notice an increase in blood loss, particularly when using the restroom, due to blood pooling in the vagina while lying down and then being released upon standing.

Work Considerations

It is advisable to refrain from work if you are experiencing heavy or painful bleeding, and you may need to obtain a sick note from your general practitioner.

Sexual Activity

It is recommended to avoid sexual intercourse while bleeding to reduce the risk of infection.

Managing Further Bleeding

Typically, bleeding will subside within a few days. It is normal to experience occasional spotting or bleeding up until the second trimester (weeks 13 to 27), with the colour potentially varying from bright red to brown or pink discharge. Increased bleeding may occur with activities that promote gravity, such as walking after a night’s sleep, coughing, vomiting, exercising, or lifting heavy objects. Such occurrences are expected.

Treatment Approach

There is no specific treatment available to stop vaginal bleeding; the best course of action is to monitor the situation. If the bleeding persists daily for at least two weeks, regardless of the colour, or if it becomes heavy enough to soak pads or if you feel unwell, seek immediate attention at A&E. Bed rest is not recommended. For further guidance during opening hours, contact the Gynaecology Day Assessment Unit (GDAU).

Blood Group

It is crucial for all women who experience bleeding after 12 weeks and who are Rh-negative to receive anti-D immunoglobulin. Please contact GDAU or the Early Pregnancy Unit (EPU) if you experience any bleeding to discuss if you require Anti D administration.

How to contact us

GDAU:	01923 217 344	Opening hours: Monday to Friday, 9.00am-5.00pm.
EPU:	01923 217 831	Opening hours: Monday to Friday, 9.00am - 5.00pm, Saturday 10.00am – 4.30pm.

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Hospital switchboard: 01923 244366

PALS

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