

PATIENT EDUCATION



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Bleeding During Pregnancy

Vaginal bleeding during pregnancy has many causes. Some are serious, while others are not. Bleeding can occur early or later in pregnancy. Bleeding in early pregnancy is common. In many cases, it does not signal a major problem. Bleeding later in pregnancy can be more serious. It is best to contact your **obstetrician–gynecologist (ob-gyn)** if you have any bleeding at any time during pregnancy.

This pamphlet explains

- causes of bleeding in early and late pregnancy
- signs and symptoms of serious problems
- how bleeding is managed

Bleeding in Early Pregnancy

Bleeding in the first **trimester** happens in 15 to 25 in 100 pregnancies. Bleeding in early pregnancy does not always signal a problem. Light bleeding or spotting can occur 1 to 2 weeks after **fertilization** when the fertilized **egg** implants in the lining of the **uterus**. The **cervix** may bleed more easily during pregnancy because more blood vessels are developing in this area. It is not uncommon to have spotting or light bleeding after **sexual intercourse** or after a **Pap test** or **pelvic exam**. Sometimes, though, bleeding in **early pregnancy** can be a sign of something more serious, such as an infection, early pregnancy loss, or **ectopic pregnancy**.

Early Pregnancy Loss

Loss of a pregnancy during the first 13 weeks of pregnancy is called early pregnancy loss or **miscarriage**. It happens in about 10 in 100 known pregnancies. Bleeding and cramping are signs of early pregnancy loss. But about half of women who have a miscarriage do not have any bleeding beforehand.

To find out if pregnancy loss has occurred, an **ultrasound exam** may be done to check whether the **embryo** is still growing in the uterus. Blood tests to measure the level of **human chorionic gonadotropin (hCG)** may be done. This is the substance detected by pregnancy tests. Several blood tests and ultrasound exams may be needed to confirm that pregnancy loss has occurred.

Some of the pregnancy tissue may be left in the uterus when a pregnancy is lost. This tissue needs to be removed. You can allow it to pass naturally or take medication to help the tissue pass. These two options often cause a lot of bleeding and cramping. Another option is a surgical procedure that removes the tissue. This procedure often can be done in the office of your ob-gyn.

Many women are concerned about their ability to have another pregnancy after an early pregnancy loss. Pregnancy loss in the first trimester usually is a one-time event. Most women go on to have successful pregnancies. Repeated pregnancy losses are rare.

How Bleeding Is Defined

It is helpful to know the difference between spotting, light bleeding, and heavy bleeding:

- Spotting is blood noticed only when wiping.
- Light bleeding is a lighter flow than a usual **menstrual period**.
- Heavy bleeding is a flow as heavy as or heavier than the heavy flow of a usual period.

Ectopic Pregnancy

An ectopic pregnancy occurs when the fertilized egg does not implant in the uterus but instead implants somewhere else, usually in one of the **fallopian tubes**. The pregnancy will not survive, and it must be removed with medication or surgery.

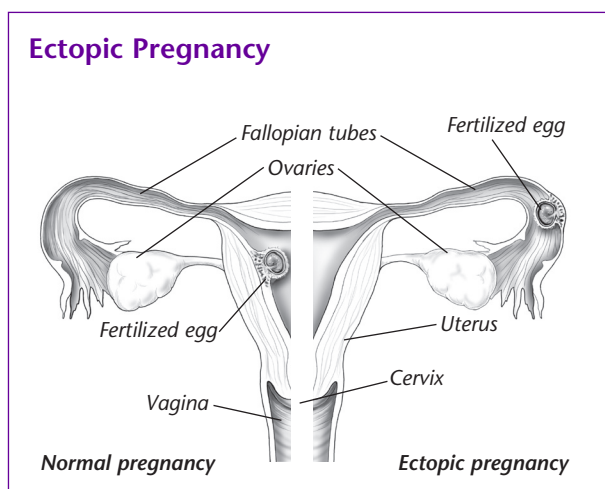
A major risk of ectopic pregnancy occurs if the fallopian tube ruptures. A rupture needs prompt treatment. There may be internal bleeding. Blood loss may cause weakness, fainting, pain, shock, or even death.

Sometimes vaginal bleeding is the only sign of an ectopic pregnancy. Other symptoms may include abdominal, pelvic, or shoulder pain. These symptoms can occur before you even know you are pregnant.

If you have these symptoms, call your ob-gyn right away. An ultrasound exam may be done to check whether you are pregnant and the pregnancy is inside the uterus. Blood tests to measure the hCG level may be done. The hCG test may be repeated several times to confirm an ectopic pregnancy.

There are two ways to treat an ectopic pregnancy: 1) medication and 2) surgery. If your fallopian tube has ruptured or is at risk of rupturing, immediate surgery to remove the fallopian tube is recommended. If the fallopian tube has not ruptured, it may be possible to remove the pregnancy while leaving the fallopian tube in place.

Treatment with medication is an option if the pregnancy is still in the early stages, there are no signs of rupture, and your condition is stable. This option allows you to keep your fallopian tube and avoid surgery.



There is a chance that ectopic pregnancy can happen again after a previous ectopic pregnancy. The chances of a repeat ectopic pregnancy depend on many factors, such as your age, history of **infertility**, and fallopian tube damage.

Bleeding Later in Pregnancy

Common problems that may cause light bleeding later in pregnancy include **inflammation** of or growths on the cervix. Heavy bleeding is a more serious sign. Heavy bleeding may be caused by a problem with the **placenta**. Any amount of bleeding also may signal **preterm** labor. If you have any bleeding late in pregnancy, contact your ob-gyn right away or go to the hospital.

Placental Problems

The placenta is attached to the wall of the uterus. Several problems with the placenta later in pregnancy can cause bleeding.

Placental Abruption. In **placental abruption**, the placenta detaches from the wall of the uterus before or during birth. The most common signs and symptoms are vaginal bleeding and abdominal or back pain. Some women do not have a lot of bleeding with placental abruption because the blood becomes trapped inside the uterus behind the placenta. Placental abruption can cause serious **complications** if it is not found early. The **fetus** may not get enough **oxygen**, and the pregnant woman can lose a large amount of blood.

Placenta Previa. When the placenta lies low in the uterus, it may partly or completely cover the cervix. This is called **placenta previa**. It may cause vaginal bleeding. This type of bleeding often occurs without pain.

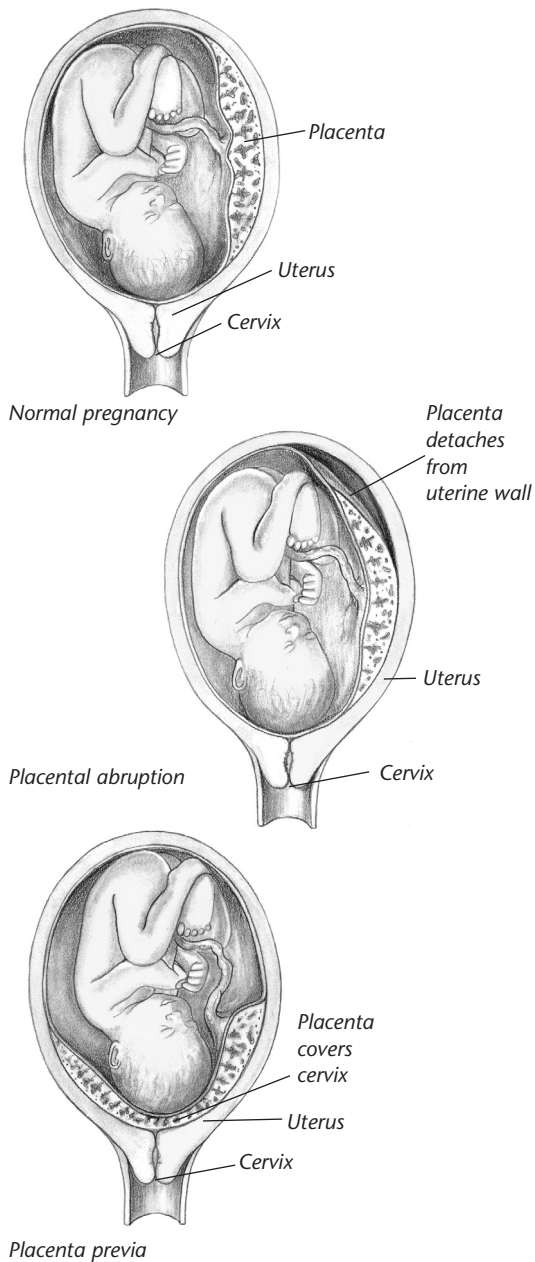
Most cases of placenta previa are diagnosed during a routine ultrasound exam before any bleeding occurs. If placenta previa is found before 21 weeks of pregnancy, you most likely will be monitored with periodic ultrasound exams. Some types of placenta previa resolve on their own by 32 to 35 weeks of pregnancy as the lower part of the uterus stretches and thins out. Labor and delivery then can happen normally. If placenta previa does not resolve, you may need a **cesarean birth**.

Placenta Accreta. When the placenta (or part of the placenta) invades and is inseparable from the uterine wall, it is called **placenta accreta**. Placenta accreta can cause bleeding during the third trimester and severe blood loss during delivery. Most cases can be found during pregnancy with a routine ultrasound exam. But sometimes it is not discovered until after the baby is born.

A major risk factor for placenta accreta is having had surgery that causes damage to the uterine wall, such as a previous cesarean birth or removal of **fibroids** that are inside the uterine wall. Other risk factors include increasing age and being pregnant with more than one fetus.

If you have placenta accreta, you are at risk of life-threatening blood loss during delivery. Your ob-gyn

Placental Problems



will plan your delivery carefully and make sure that all needed resources are available. You may need to have your baby at a hospital that specializes in this complication. **Hysterectomy** often needs to be done right after delivery to prevent life-threatening blood loss.

Preterm Labor

Late in pregnancy, vaginal bleeding may be a sign of labor. If labor starts before 37 weeks of pregnancy, it is called preterm labor. Other signs of preterm labor include the following:

- Change in vaginal discharge (it becomes watery, mucus-like, or bloody) or increase in amount of vaginal discharge
- Pelvic or lower abdominal pressure
- Constant, low, dull backache
- Mild abdominal cramps, with or without diarrhea
- Regular or frequent contractions or uterine tightening, often painless (four times every 20 minutes or eight times an hour for more than 1 hour)
- Ruptured membranes (your water breaks—either a gush or a trickle)

How preterm labor is managed is based on what is thought to be best for your health and your fetus's health. In some cases, medications called **corticosteroids** may be given to help the fetus's lungs and other organs mature more rapidly. Medications called **tocolytics** may be given to help stop the contractions and give time for the corticosteroids to work. **Magnesium sulfate** is a tocolytic given before 32 weeks of pregnancy that also helps reduce the risk of **cerebral palsy** in preterm infants. When preterm labor is too far along to be stopped or there are reasons that the baby should be born early, it may be necessary to deliver the baby.

Finally...

Many women have bleeding during pregnancy. It usually does not mean that something is wrong, but sometimes it can be a sign of a serious problem. Tell your ob-gyn or other member of your health care team right away if you have bleeding at any time during pregnancy.

Glossary

Cerebral Palsy: A disorder of the nervous system that affects movement, posture, and coordination. This disorder is present at birth.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Cesarean Birth: Birth of a fetus from the uterus through an incision (cut) made in the woman's abdomen.

Complications: Diseases or conditions that happen as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Corticosteroids: Drugs given for arthritis or other medical conditions. These drugs also are given to help fetal lungs mature before birth.

Ectopic Pregnancy: A pregnancy in a place other than the uterus, usually in one of the fallopian tubes.

Egg: The female reproductive cell made in and released from the ovaries. Also called the ovum.

Embryo: The stage of development that starts at fertilization (joining of an egg and sperm) and lasts up to 8 weeks.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Fertilization: A multistep process that joins the egg and the sperm.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Fibroids: Growths that form in the muscle of the uterus. Fibroids usually are noncancerous.

Human Chorionic Gonadotropin (hCG): A hormone made during pregnancy. Checking for this hormone is the basis for most pregnancy tests.

Hysterectomy: Surgery to remove the uterus.

Infertility: The inability to get pregnant after 1 year of having regular sexual intercourse without the use of birth control.

Inflammation: Pain, swelling, redness, and irritation of tissues in the body.

Magnesium Sulfate: A drug that may help prevent cerebral palsy when it is given to women in preterm labor who may deliver before 32 weeks of pregnancy.

Menstrual Period: The monthly shedding of blood and tissue from the uterus.

Miscarriage: Loss of a pregnancy that is in the uterus.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women’s health.

Oxygen: An element that we breathe in to sustain life.

Pap Test: A test in which cells are taken from the cervix (or vagina) to look for signs of cancer.

Pelvic Exam: A physical examination of a woman’s pelvic organs.

Placenta: An organ that provides nutrients to and takes waste away from the fetus.

Placenta Accreta: A condition in which part or all of the placenta attaches abnormally to the uterus.

Placental Abruption: A condition in which the placenta has begun to separate from the uterus before the fetus is born.

Placenta Previa: A condition in which the placenta covers the opening of the uterus.

Preterm: Less than 37 weeks of pregnancy.

Sexual Intercourse: The act of the penis of the male entering the vagina of the female. Also called “having sex” or “making love.”

Tocolytics: Drugs used to slow contractions of the uterus.

Trimester: A 3-month time in pregnancy. It can be first, second, or third.

Ultrasound Exam: A test in which sound waves are used to examine inner parts of the body. During pregnancy, ultrasound can be used to check the fetus.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus.

This information is designed as an educational aid to patients and sets forth current information and opinions related to women’s health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician’s independent professional judgment. For ACOG’s complete disclaimer, visit www.acog.org/WomensHealth-Disclaimer.

Copyright May 2021 by the American College of Obstetricians and Gynecologists. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, posted on the internet, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.

This is EP038 in ACOG’s Patient Education Pamphlet Series.

ISSN 1074-8601

American College of Obstetricians and Gynecologists
409 12th Street SW
Washington, DC 20024-2188