

Vaginal bleeding in pregnancy has many causes. Some are serious and some are not. Some causes result in bleeding early in pregnancy. Others result in bleeding later. Slight bleeding often stops on its own. Sometimes, though, bleeding may pose a risk to you or your fetus. You should call your doctor or seek medical advice if bleeding occurs.

This pamphlet tells you about:

- The causes of bleeding
- Signs of problems
- What can be done

Early Pregnancy

Many women have vaginal spotting or bleeding in the first 12 weeks of pregnancy. If you are bleeding in early pregnancy, your doctor may do a pelvic exam. A blood test may be done to measure *human chorionic gonadotropin (hCG)*. It is a substance produced during pregnancy. You may have more than one test because hCG levels increase as the pregnancy progresses.

Ultrasound may be used to find the cause of the bleeding. Sometimes the cause is not found.

If you have bleeding during pregnancy, you may need special care. You have a higher chance of going into labor too early (preterm labor) or having an infant who is born too small.

Miscarriage

Bleeding doesn't mean that *miscarriage* is certain, but it can occur. 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 any time during the first half of pregnancy. Most occur during the first 12 weeks. Miscarriage occurs in about 15–20% of pregnancies.

Signs of miscarriage include:

- Vaginal bleeding
- Cramping pain felt low in the stomach (often stronger than menstrual cramps)
- Tissue passing through the vagina

Many women who have vaginal bleeding have little or no cramping. Sometimes the bleeding stops and pregnancy goes on. At other times the bleeding and cramping may become stronger. Then miscarriage occurs.



During an ultrasound exam, sound waves create a picture of the fetus and internal organs.

If you think you have passed fetal tissue, take it to the doctor's office so it can be examined. If some tissue stays in the uterus, bleeding often continues. The tissue that remains may be removed by a procedure called *dilation and curettage (D&C)*. The tissue also may be removed by a suctioning device. This is called suction curettage.

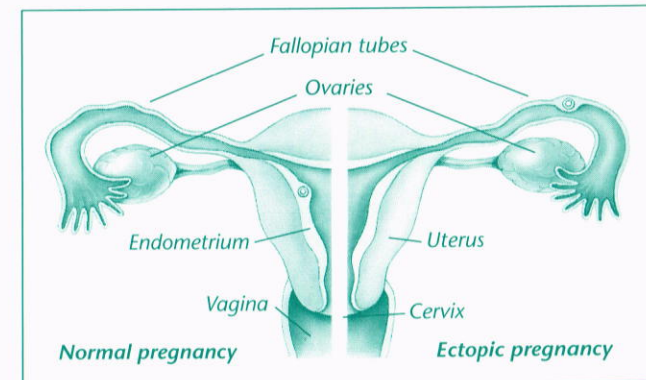
Most miscarriages cannot be prevented. They are often the body's way of dealing with a pregnancy that was not normal. There is no proof that exercise or sex causes miscarriage. Having a miscarriage doesn't always mean that you can't have more children or that something is wrong with your health. If you have two or three miscarriages in a row, your doctor may suggest that some tests be done to look for a cause.

Ectopic Pregnancy

Another problem that may cause pain and bleeding in early pregnancy is *ectopic pregnancy*. If pregnancy occurs in a fallopian tube, it may burst. There may be internal bleeding also. Blood loss may cause weakness, fainting, or even shock. A ruptured ectopic pregnancy needs prompt treatment.

Ectopic pregnancies are much less common than miscarriages. They occur in about 1 in 60 pregnancies. Women are at a higher risk if they have had:

- An infection in the tubes (such as pelvic inflammatory disease)
- A previous ectopic pregnancy
- Previous tubal surgery



Many women with bleeding in pregnancy have minor conditions that need no treatment. At other times, bleeding can be a sign of a serious problem.