

Client Handout: Bleeding During Pregnancy



Pineapple Babies Birth Services

It is important to remember that bleeding during pregnancy while, not comforting at all, doesn't always mean the worst. Some spotting or bleeding in early pregnancy is common. 20-30% of all pregnant women will have some bleeding prior to 20 weeks gestation and most will go on to carry full-term, healthy pregnancies. Most bleeding in pregnancy occurs during the first trimester. Bleeding can be caused by ectopic pregnancy, cervical lesions, cervical polyps, vaginal infections, subchorionic hemorrhage, or Hydatidiform mole (molar pregnancy). Things often mistook for vaginal bleeding include rectal bleeding, hemorrhagic cystitis, perineal lesions, and vulvar varicosities. Bleeding can be just spotting, light, occurring only on one day, or over the course of several days. The blood could be bright red, indicating it is fresh, or it may be a brown color, indicating it is not still ongoing. Bleeding may come and go, or it can be sudden and heavy menstrual-like bleeding. Any bleeding in pregnancy is important to report to your provider. Below are some possibilities for why you may experience bleeding during your pregnancy as well as risk factors and symptoms to report to your midwife.

If you experience symptoms, which include bleeding of any kind, are painful, begin quickly, and are severe you should go to the nearest emergency room for quick diagnosis and treatment!

What can I do if I think I might be experiencing any of these conditions?

- Rest: Be aware of symptoms but there is no need to change your activity level. If the symptoms get worse you may want to rest and have a close family member or friend there for support.
- Do not put anything inside your vagina including, tampons.
- Refrain from any sexual stimulation, which may result in orgasm.
- Call your maternity care provider immediately if you experience increased bleeding, pelvic pain or cramping, fever greater than 100.4 degrees F, or a gush of fluid from your vagina.

Causes including risks, screening, treatment options, & recommendations

Implantation Bleeding – occurs as the fertilized egg begins to implant into the lining of the uterus. This can present with light vaginal bleeding or spotting and can be mistaken for the start of a period, especially if a woman has irregular periods.

Cervical Erosion or Injury – Bleeding from the cervix during pregnancy can be due to irritation or trauma during sexual relations or this can make cervical bleeding worse. Diagnosis is made with a physical exam and may require diagnostic testing to be done for infectious diseases. Cervical bleeding is rarely a concern for loss of pregnancy if all other signs and symptoms are reassuring. Vaginal rest for a few days following the episode of cervical bleeding is usually recommended.

Chemical Pregnancy – a pregnancy where a gestational sac forms but there is not a developing embryo. Many of these pregnancies are noticed only as a late period.

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Molar Pregnancy – This term actually means "false conception." In this case there is no fetal tissue but over development of placental tissue, which grows very rapidly and fills the uterine space. This explains the symptoms of uterine growth greater than expected for stage of pregnancy, and quickly elevating Hcg levels in the blood. Other symptoms you may experience are extreme nausea and vomiting, shortness of breath, enlarged, tender ovaries; no fetal heart tones, pregnancy-induced hypertension, pre-eclampsia or eclampsia, no fetal parts present upon palpation, and no fetal activity. Risk factors are young maternal age and history of molar pregnancy. Treatment options for molar pregnancy may include medical or surgical options.

Tubal pregnancy – like it sounds, a pregnancy that implants in the fallopian tube. Quick diagnosis and treatment is imperative to preserve the woman's fertility by preventing tubal rupture. She may not have a positive pregnancy test because hormone levels rise more slowly with an ectopic pregnancy. Risk factors for a tubal pregnancy are Pelvic Inflammatory Disease, fertility issues, or inflammation of the fallopian tubes or ovaries. The most common symptoms are: missed period, vaginal spotting and bleeding, occasional pelvic pain on one side. Emergency symptoms for which you should go to the closest emergency room are sharp, stabbing pain, severe, lower abdominal pain. These signs could mean that your fallopian tube has ruptured and your life is at risk. Diagnosis is made with several screenings including medical history, physical exam, blood tests, and ultrasound. Treatment of a tubal pregnancy can be done medically or surgically depending on the stability of the patient. Unfortunately there is no way to save the pregnancy that implants in the fallopian tube.

2nd and 3rd Trimester Bleeding Causes

Bleeding after intercourse – There is a lot more blood flow to pelvic organs during pregnancy. Sometimes these get disturbed and begin to bleed. This is not usually cause for concern but you may want to discuss it with your midwife.

Placenta previa – sometimes the placenta can be laying close to or over the cervical opening to the uterus. If your cervix begins to open or thin out you may have some bleeding. This condition is usually caught by the 20-week ultrasound. Risk factors include previous C-section, advanced maternal age, multiples, and cigarette smoking.

Placenta abruption – defined as partial or complete separation of the placenta from the wall of the uterus. This happens in only 1% of all pregnancies. The most common risk factors are hypertension, and pre-eclampsia, but also include advanced maternal age, smoking, and trauma.

Uterine Rupture – the uterus rarely ruptures even with trial of labor after a previous C-section. However, when it does rupture it is life threatening for both mother and baby. Risk factors include previous c-section, trauma.

Preterm Labor – preterm labor prevention is the best way to avoid preterm birth. Great nutrition with adequate amounts of protein, good hydration and enough rest are all wonderful ways to prevent preterm labor and birth.

Vasa Previa – this is where blood vessels attached to the bag of waters are lying over the opening of the cervix. This is a dangerous condition and may require a C-section after diagnostic tests.

Trauma – lets be honest, life happens and so do accidents. Anytime you are bumped, jarred, fall, trip, or a sudden jolt could cause your uterus to become irritated, causing contractions and possibly cause bleeding. While it is very unlikely that you will experience this during your pregnancy, it is important to contact your midwife if you do experience any of these things especially when combined with bleeding or contractions. Because of the nature of this type of injury the risks, diagnostic test, and options will vary greatly. Your midwife will be able to walk you through the course of treatment you need.

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