



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ038
PREGNANCY

Bleeding During Pregnancy

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What can cause bleeding during pregnancy?

Vaginal bleeding or spotting during pregnancy can have many causes. Some are serious and some are not. Bleeding may occur early or late in pregnancy.

Many women have vaginal spotting or bleeding in the first 12 weeks of pregnancy. Bleeding of the **cervix** may occur during sex. An infection of the cervix also can cause bleeding. Slight bleeding often stops on its own.

However, bleeding during pregnancy may mean something more serious. You may have a higher chance of going into labor too early (preterm labor), having an infant who is born too small, or having a **miscarriage**.

How is bleeding during early pregnancy checked?

If you are bleeding in early pregnancy, your health care provider may do a pelvic exam. You will be asked how much blood you have passed and how often bleeding has occurred. Your health care provider also will ask whether you have had any pain, and if so, its location and severity.

A blood test may be done to measure **human chorionic gonadotropin (hCG)**. This substance is made by your body during pregnancy. You may have more than one test because hCG levels increase throughout pregnancy. Your blood type also will be checked to see if you need treatment for **Rh sensitization**. **Ultrasound** may be used to find the cause of the bleeding. Sometimes the cause is not found.

When does miscarriage happen?

Miscarriage can occur any time in the first half of pregnancy. Most often it occurs in the first 13 weeks. It happens in about 15–20% of pregnancies.

What are the signs and symptoms of miscarriage?

The following signs and symptoms may indicate a miscarriage:

- Vaginal bleeding

- Cramping pain felt low in the abdomen (often stronger than menstrual cramps)
- Tissue passing from the vagina

Many women who have vaginal bleeding have little or no cramping. Sometimes the bleeding stops and pregnancy goes on. Other times the bleeding and cramping may become stronger, leading to miscarriage.

Is treatment needed after a miscarriage?

If some tissue stays in the **uterus**, bleeding often continues. Your health care provider may then recommend one or more treatment options. Medication may be used to help you pass the tissue. The tissue may be removed by **dilation and curettage (D&C)**. It also may be removed by a suctioning device. This is called suction curettage. Sometimes more than one option is needed.

What is an ectopic pregnancy?

An **ectopic pregnancy** occurs when the fertilized egg does not implant in the uterus. Instead, it implants somewhere else, often in one of the **fallopian tubes**. An ectopic pregnancy causes pain and bleeding early in pregnancy.

What risks are associated with ectopic pregnancy?

A major risk with this type of 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 death.

How common are ectopic pregnancies and who is at risk?

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 fallopian tubes (such as pelvic inflammatory disease)
- a previous ectopic pregnancy
- tubal surgery

What causes bleeding late in pregnancy?

Common problems that cause light bleeding include an inflamed cervix or growths on the cervix. These may be treated with medication.

Heavy bleeding usually involves a problem with the **placenta**. The two most common causes at this time are placental abruption and placenta previa. Preterm labor also can cause such bleeding.

What is placental abruption?

The placenta is attached to the uterine wall. It may detach from the wall before or during labor. This may cause vaginal bleeding. It often causes pain, even if bleeding is light or not seen. When the placenta becomes detached, the fetus may get less oxygen. Prompt care is needed.

What is placenta previa?

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

Can bleeding be a sign of labor?

Late in pregnancy, vaginal bleeding may be a sign of labor. A small amount of mucus and blood is passed from the cervix just before or at the start of labor. This is called “bloody show.” It is common. It is not a problem if it happens within 3 weeks of your due date. If it happens earlier, you may be going into preterm labor. Other signs of preterm labor include the following:

- Vaginal discharge
- Change in type of discharge (watery, mucus, or bloody)
- Increase in amount of discharge
- Pressure in the pelvis or lower abdomen
- Low, dull backache
- Stomach cramps, with or without diarrhea
- Regular contractions or uterine tightening

If you have any of these signs or symptoms, contact your health care provider right away.

Glossary

Cervix: The lower, narrow end of the uterus, which protrudes into the vagina.

Dilation and Curettage (D&C): A procedure in which the cervix is opened and tissue is gently scraped or suctioned from the inside of the uterus.

Ectopic Pregnancy: A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in one of the fallopian tubes.

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

Human Chorionic Gonadotropin (hCG): A hormone produced during pregnancy; its detection is the basis for most pregnancy tests.

Miscarriage: Early pregnancy loss.

Placenta: Tissue that provides nourishment to and takes waste away from the fetus.

Rh Sensitization: A condition in which an Rh-negative mother makes antibodies that attack the Rh factor, a protein on red blood cells.

Ultrasound: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ038: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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