



## Patient Information Leaflet: Bleeding in early pregnancy

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Vaginal bleeding in early pregnancy is common and does not always mean there is a problem. It is not always possible to be sure of the diagnosis immediately. The first step involves asking you some detailed questions about your menstrual cycle and timing of your first positive pregnancy test. This is followed by an abdominal and internal examination. Depending on your history and the findings at examination, you may need to be referred to the hospital either via the emergency room or as a booked appointment in the Aislinn Suite.

Any vaginal bleeding in early pregnancy is called a threatened miscarriage. It may be associated with mild period pain. The bleeding can occur at any time after a missed period. It is often noticed when going to the toilet as a smear of pink, brown or red loss on the toilet paper. The amount of bleeding may vary from just spotting to a gush with clots. Unfortunately there is nothing that can be done to stop the bleeding but we understand that you wish to know what is happening as soon as this is possible.

Occasionally the only way to be certain of exactly what is happening is to take a blood test and repeat it 48 hours later. This is more likely if the pregnancy is very early (< 6 weeks). If your dates suggest that you are more than six weeks pregnant, you will need to have an ultrasound performed. Ultrasound in early pregnancy requires significant training and is best performed within a dedicated early pregnancy clinic by trained ultrasonographers (Aislinn Suite, CUMH). It is possible that we may not be able to give you a definite diagnosis after one scan and a repeat ultrasound may be necessary.

It is usually not possible to give an explanation as to why this bleeding occurs. In most cases the pregnancy continues safely. A baby's heartbeat on ultrasound is reassuring. In the presence of a heart beat there is an 85-97% chance of your pregnancy continuing. If a collection of blood around the sac is seen on ultrasound scan you will be given an appointment for a rescan within 1-2 weeks. Alternatively this may be checked at your booking scan in the antenatal clinic which is usually around 11-13 weeks of pregnancy. When there is no recognisable cause of bleeding found a follow up is usually not required.

Although bed rest was routinely advised in the past for threatened miscarriage it did not affect the outcome. If you feel that going to bed may reassure you then do go to bed. There is no specific treatment to stop your bleeding. There may be at times increased bleeding noted when you get up to go to the toilet. It is simply due to pooling of blood in the vagina from lying down that comes out on standing as a result of gravity. Having sexual intercourse during pregnancy does not have any adverse outcomes. However it would be sensible to avoid sex until the bleeding has completely stopped because of the risk of infection. We would advise you not to work as long as the bleeding continues so that you can rest. If you need a sick certificate your GP will be able to issue one. Bright red blood suggests that it is fresh, whereas brown blood suggests that it is stale blood that is tracking down. If bleeding becomes bright red or heavier get in touch with your doctor for advice.