

Vaginal Bleeding in Pregnancy

Definition

Vaginal bleeding in pregnancy is bleeding coming through the vagina during pregnancy, for any reason.

Alternative Names

Pregnancy - vaginal bleeding; Maternal blood loss

Considerations

Up to 10% of women have vaginal bleeding at some time during their pregnancy, especially in the first 3 months (first trimester). Bleeding is even more common with twins.

To help prevent a miscarriage or other problems during pregnancy:

- Avoid smoking and using drugs of any kind, including alcohol
- Eat a well-balanced diet
- Get regular medical checkups

Causes

During the first 3 months vaginal bleeding may be a sign of a miscarriage. See the doctor right away. During months 4-9 bleeding may be a sign of:

- Abruptio placentae
- Miscarriage
- Placenta previa

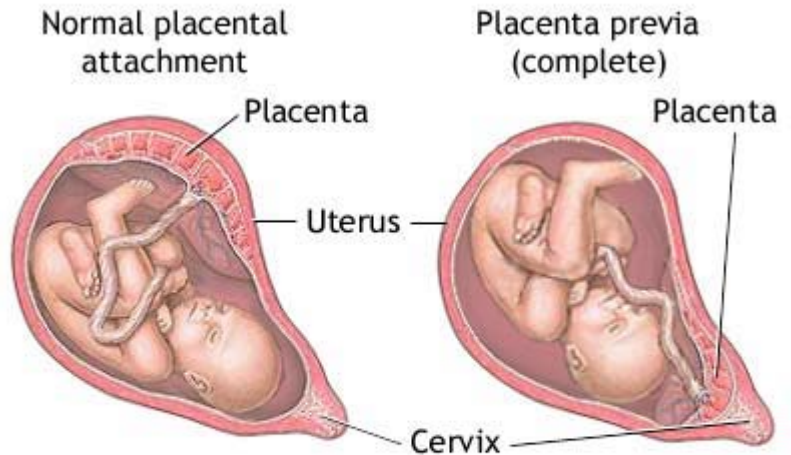
Other possible causes of vaginal bleeding during pregnancy:

- Early labor (bloody show)
- Ectopic pregnancy
- Infection of the cervix
- Trauma to the cervix from intercourse (small amount of bleeding)

Other diseases and medications can cause bleeding during pregnancy. The causes may differ depending on your age.

Characteristics of the bleeding can indicate its causes. These include:

- Length of bleeding
- Quality (light or heavy bleeding, with or without pain)
- What makes the bleeding better
- What makes the bleeding worse



ADAM.

Vaginal bleeding in the first trimester may result from a spontaneous abortion (miscarriage)



Vaginal bleeding in the second or third trimester may indicate an abnormal location of the placenta



ADAM.

Home Care

Avoid sexual intercourse until you know the cause of the bleeding. Drink only fluids if the bleeding and cramping are severe.

If a miscarriage occurs, expect a small amount of vaginal bleeding for up to 10 days. Avoid using tampons for 2 to 4 weeks.

Medication is usually not necessary -- don't take any medication without talking to your doctor.

When to Contact a Medical Professional

Contact your health care provider if:

- There is a chance of miscarriage.
- You have any vaginal bleeding during pregnancy. Treat this as an emergency.
- You have vaginal bleeding caused by placenta previa (get to the hospital right away).

What to Expect at Your Office Visit

Your health care provider will get a medical history and will perform a physical examination.

The doctor may ask you the following questions:

- Time pattern
 - Have you had bleeding before during this pregnancy?
 - When did the bleeding begin?
 - Has it been constant since the beginning of the pregnancy?
 - How far along is the pregnancy?
- Quality
 - How much are you bleeding?
 - Do you have cramping?
- Aggravating factors
 - Have you been injured, such as in a fall?
 - Have you had changes in physical activity?
 - Have you been under extra stress?
 - Did the bleeding occur during or after sexual intercourse?
- Relieving factors
 - Does rest reduce or stop the bleeding?
- Other
 - What other symptoms do you have?
 - Do you have a fever?
 - Do you have an illness?
 - Do you have pain in your abdomen?
 - Are you weak or very tired?
 - Are you fainting or dizzy?
 - Do you have nausea, vomiting, or diarrhea?
 - Are there changes in urination?
 - Are there changes in bowel movements?
- Other important information
 - Is there an IUD in place?
 - What medications are you taking?
 - Have you had previous problems during a pregnancy?
 - Have you had sexual intercourse recently?

The physical examination will probably include a pelvic examination.

Tests that may be performed include:

- Blood tests
- Ultrasound of the abdomen or pregnancy ultrasound

Your doctor may recommend:

- For an infection of the vagina or cervix: Antibiotics that are safe for the baby.
- For bleeding caused by an ectopic pregnancy: Surgery or medical treatment to remove the growing embryo and control internal bleeding.
- For a miscarriage: Antibiotics to fight infection, and blood transfusions for severe blood loss.
- For vaginal bleeding caused by placenta previa: Bed rest in the hospital, at least until the bleeding stops. A cesarean section if it is close to the delivery date, or if the bleeding continues.

References

Gabbe SG, Niebyl JR, Simpson JL. *Gabbe: Obstetrics: Normal and Problem Pregnancies*. 5th ed. New York, Ny: Churchill Livingstone; 2007.

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