

Bleeding in Pregnancy

About 21% of women experience spotting or bleeding in pregnancy. Causes can include:

- irritation of the cervix causing tiny capillaries to burst; can happen after sex or a vaginal exam;
- presence of a cervical polyp, which is a benign growth on the cervix;
- infection, eg chlamydia;
- subchorionic hemorrhage, which is a small bleed between the uterus and placenta;
- trauma, especially to the abdomen;
- fibroids, which are benign muscle tumours;
- non-vaginal bleeding, as from haemorrhoids or in urine when you have a bladder infection;
- implantation, usually at 4-5 weeks when the egg attaches to the uterus;
- ectopic pregnancy, when the embryo grows outside the uterus;
- molar pregnancy, when a tumour forms instead of a fetus;
- miscarriage;
- placenta abruption, when the placenta detaches from the uterus;
- placenta previa, when the placenta partially or completely covers the cervix;
- early labour, whether preterm or full term.

About 50% of pregnancies with bleeding or spotting end in miscarriage. You can read the fact sheet on miscarriage for more information.

Page your midwife if have any vaginal bleeding.

Depending on your gestation, your midwife will ask you about:

- amount of blood, eg a few spots in your underwear or flowing like a menstrual period;
- colour of blood; bright red means fresh bleeding, brown is old blood
- how long it has been happening;
- if you have had sex recently;
- your blood type and placental location (she can look this up if you don't know);
- any other unusual symptoms, eg pain, fever, nausea or vomiting, dizziness;
- amount baby has been moving;
- cramping, contractions, and any other fluid coming from the vagina

Your midwife will suggest what the next steps should be, which may be to go for an ultrasound, meet at the clinic or hospital for assessment, or wait to see what happens if amount of bleeding is not concerning.