

Bleeding & Cramping in Pregnancy

Adapted from Pomegranate Midwives

What are the possible causes of bleeding or spotting?

ANYTIME

- Cervical friability (i.e. cervix that bleeds easily for benign reasons)
- Growth spurt (common around 12 weeks, again around 20 weeks – is often accompanied by cramping)
- Irritation or trauma, especially if an infection, cervical cyst or polyp is present
- Hemorrhoids
- Unknown causes

FIRST TRIMESTER

- Implantation spotting (i.e. as the fertilized egg attaches itself to the uterus it may cause some irritation and bleeding)
- Ectopic pregnancy (i.e. the embryo is growing outside the uterus)
- Miscarriage

SECOND & THIRD TRIMESTERS

- Abruptio
- Cervical dilation
- Early labor “show” (a sign of cervical dilation starting to happen)

When should I worry about miscarriage?

One in three people experience spotting or bleeding in pregnancy. Only 50% of these go on to have miscarriages, the majority in the first trimester. While 40% of pregnancies end up in miscarriage, most of these are before 4 weeks of pregnancy (i.e. 2 weeks post conception, when you would miss your period). Often, this occurs before the pregnancy has even been detected. After 4 weeks, the miscarriage rate goes down to 15%. In addition, once your baby’s heartbeat has been heard, the chance of miscarriage goes down to 5%. Part of the reason that so many pregnant people experience spotting is that there is a tremendous increase in blood volume, which means that capillaries in the cervix are easily disturbed, causing bleeding. This is the equivalent of having your gums bleed after brushing or starting a nosebleed by blowing your nose – both things that many pregnant people also experience for the same reason. An average non-

pregnant person has about 4 litres of blood. The same person when pregnant will increase their blood volume to over 6 litres! With this large increase, some of it may “leak” out sometimes. Miscarriage cannot be predicted, only diagnosed. If you are having signs of a threatened miscarriage, your care provider may be able to send you for some testing:

- Ultrasound will be able to determine if the embryo is implanted inside the uterus, and once you are past 6-7 weeks, if there is a heartbeat.
- Early in the first trimester, bloodwork that is repeated every 48 hours will be able to demonstrate whether your pregnancy hormones are increasing at an expected rate.
- If you are beyond 10-12 weeks gestation, your care provider may be able to find your baby’s heartbeat in the clinic with a Doppler.

In any case, by the time the bloodwork results are returned or an ultrasound appointment can be made, the situation will often have made itself obvious (i.e. either the bleeding stops, or becomes heavier and is clearly a miscarriage).

What can I expect if I do have a miscarriage?

What to expect depends on how far along you are, and how the miscarriage is diagnosed. Generally, the later your gestation, the more physically intense the experience. Typically, the first sign may be spotting that progresses from brown to red over a few hours or days, then has a few hours of very intense cramping and heavy bleeding, subsiding into regular bleeding like a normal period. You may pass some clots or tissue. Or the (impending) miscarriage may be diagnosed during an ultrasound. If this is the case, you have two options:

- **EXPECTANT MANAGEMENT** i.e. waiting for your body to complete the miscarriage on its own. Sometimes this happens immediately. Sometimes it takes days to weeks.
- **MEDICAL MANAGEMENT** i.e. inducing the miscarriage. A medically induced miscarriage may include using medication to cause the uterus to contract and expel its contents; or it may include dilating your cervix and evacuating the uterus with instruments, under either local or general anesthetic. This latter procedure is occasionally necessary when miscarriages don’t complete on their own.

What if I experience bleeding after the first trimester?

Once you are past the first trimester, it is unlikely you are losing the pregnancy. As in the first trimester, most causes of second and third trimester bleeding are benign, but at the same time should still be monitored.