Blood grouping

Blood grouping is not routinely recommended before 12 weeks of pregnancy. Women who are rhesus negative may require an injection of Anti-D immunoglobulin if they continue to bleed. Your doctor in the clinic will advise you regarding this if necessary.

Notes

Further Information

For further information please contact your Midwife or local Maternity Team:

Lewis and Harris:	01851 704704
Uists:	01870 603633
Barra:	07580 384601
Text Service:	0776 9932 189

Note. In the event that the Barra Midwife is unavailable, those living in Barra are asked to contact Barra Medical Practice: (01871) 810282, Maternity Dept. in Stornoway: (01851) 708301, or NHS24 freephone 111.

We are listening - how did we do?

We welcome your feedback, as it helps us evaluate the services we provide. If you would like to tell us about your experience:

- speak to a member of staff
- visit our website www.wihb.scot.nhs.uk/feedback or share your story at - www.careopinion.org.uk or 0800 122 31 35
- Tel. 01851 704704 (ext 2408) on a Tuesday and Friday afternoon between 1pm and 4pm.

Version: 2 Review Date: June 2020
Written by: Maternity Ward, Western Isles Hospital.

Disclaimer
The content of this leaflet is intended to augment, not replace, information provided by your clinician. It is not intended nor implied to be a substitute for professional medical advice. Reading this information does not create or replace a doctor-patient relationship or consultation. If required, please contact your doctor or other health care provider to assist you interpret any of this information, or in applying the information to your individual needs.

© NHS Western Isles Copyright, 2016, 2018. All rights reserved.

NHS Eileanan Siar Western Isles

Bòrd SSN nan Eilean Siar
NHS Western Isles

What is a threatened miscarriage?



A patient information guide

A threatened miscarriage is an ongoing pregnancy with vaginal bleeding.

Symptoms

The first symptoms of a threatened miscarriage are usually vaginal bleeding with or without mild period type 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 on the toilet paper.

The amount of bleeding may vary from just spotting to a gush with clots.

Diagnosis

The diagnosis of threatened miscarriage is made with the help of an ultrasound scan.

At 6 weeks of pregnancy the ultrasound scan will be able to visualise your tiny baby and the scan will also show a heart beat, particularly if it is a vaginal scan.

Sometimes the scan may show up a small haematoma (blood clot) around the pregnancy sac, which identifies the source of the bleeding, but more often nothing abnormal is seen.

It is not always possible to give an explanation as to why this bleeding occurs. In most cases the pregnancy continues safely.

The baby will come to no harm even if the bleeding is heavy.

Causes of bleeding

The likely causes of bleeding may be:

- the implantation site. As the placenta of your baby tries to burrow itself in to the lining of the womb, it may cause some blood vessels of the womb to bleed.
- the cervix. During pregnancy, tissues become rich in blood supply and softer. As a result of this any slight trauma to the cervix can provoke bleeding.
- the vagina. Thrush or any other infection may cause bleeding from the inflamed vagina in the form of spotting.

A baby's heartbeat on ultrasound is reassuring. In the presence of a heart beat there is a 85-97% chance of your pregnancy continuing.

Follow-Up

If a collection of blood around the sac is seen on an 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 at around 11-13 weeks of pregnancy.

When the cause of bleeding has not been identified a follow-up is usually not required.

However you may contact the clinic if you have any further anxieties.

Bed rest

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 – but there is no specific treatment to stop your bleeding.

There may be at times increased bleeding when you get up to go to the toilet. This is simply due to the pooling of blood in the vagina from lying down that comes out on standing as a result of gravity.

Work

We would advise you not to work as long as the bleeding continues so that you can rest. If you need a sickness certificate your GP will be able to issue one.

Further bleeding

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 please get in touch with the clinic or ward for advice.

Sexual intercourse

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.