Spotting, Bleeding & Cramping

What are the possible causes of bleeding or spotting?

ANYTIME

• Cervical friability (i.e. cervix that bleeds easily for benign reasons – often after sex)
• Irritation or trauma, especially if infection (i.e. chlamydia), or cervical cyst/polyp present
• Haemorrhoids
• Growth spurt (common around 12 weeks, again around 20 weeks – often with cramping)
• Sub-chorionic bleed (bleeding from the area between the uterus and the placenta)
• Unknown cause

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

• Abruption (the placenta separating from the uterus)
• Placenta previa (the placenta is covering the cervix)
• Cervical dilation
• Early labour “show” (a sign of cervical dilation starting to happen)

Spotting & Bleeding in First Trimester:
Worrying About Miscarriage

Everyone worries about a miscarriage, whenever they see spotting. However, one in three women 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). Previous to early pregnancy testing many women would not know they were pregnant – they would likely think their periods were a little late. 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 women experience spotting is the tremendous increase in blood volume, which means that capillaries in the cervix are easily disturbed causing bleeding. This is similar to having your gums bleed after brushing or starting a nosebleed by blowing your nose – both of which many pregnant women experience in pregnancy.

Can I prevent or treat miscarriage?

Miscarriage occurs most often because the pregnancy is not growing or developing normally. There is nothing that can be done to prevent it and nothing to stop it. The same is true about causing miscarriage: nothing you do will cause a spontaneous miscarriage if the pregnancy is developing normally and is going to continue.

Self-care, while not stopping the process, is a good idea if you are having some spotting, bleeding or cramping. You will generally feel better if you do something, particularly resting and...
having some quiet time. Stay well hydrated, keep your bladder empty to prevent uterine irritation, enjoy a warm bath, and relax – these actions will often help settle any bleeding that is not caused by an impending miscarriage.

Do not rush off to the clinic or the emergency room unless any of the situations listed below apply. You may wait for hours in a busy place, feeling very upset, then to be told there is nothing to be done. Time is usually the best and only treatment. See below for managing a miscarriage.

**Spotting & Bleeding in Second & Third Trimester**

Once you are past the first trimester, it is unlikely you are losing the pregnancy. As in the first trimester, many causes of second and third trimester bleeding are benign, but at the same time it should be assessed by your midwife to rule out complications.

**Cramping in Pregnancy**

Cramping in pregnancy is very common and can be a signal of a problem but is most commonly another sign of a stretching and growing uterus. Some women have lots of contractions and some very little. Cramping or, later in pregnancy, contractions, are usually benign and while irritating are not a concern.

**What are the possible causes of cramping?**

**ANYTIME**
- Urinary tract infection
- Stomach virus or food poisoning (especially if accompanied by diarrhoea)
- Gas pains
- Constipation
- Dehydration
- Sex and orgasm
- Appendicitis (rarely)
- Unknown

**FIRST TRIMESTER**
- Implantation bleeding (menstrual-like cramps 8-10 days after ovulation)
- Miscarriage (including ectopic pregnancy)

**SECOND & THIRD TRIMESTERS**
- Braxton-Hicks contractions – painless tightening of the belly, that can occur regularly
- Round ligament pain with cramping especially with or after exercise
- Preterm labour
- Irritable uterus (uterus cramps but does not change the cervix)
**Can I do anything to stop cramping?**

If the reason for cramping is benign, taking a hot bath, putting your feet up and taking 600 mg of liquid Calcium Magnesium can help. If the cramping is related to dehydration, IV fluids will help and IV fluids can sometimes avert preterm labour at least for a while, however if the cramping is caused by miscarriage there is little to be done to stop the cramping until the miscarriage is resolved. Sometimes women have to modify their activities especially if they are working, have small children and household duties.

**Bleeding and Cramping:**

**When should I contact the midwife?**

**NON-URGENT**
Does not need immediate assessment unless further symptoms develop:

- Brown or pink spotting with no cramping as an isolated incident, especially within 24 hours of sex
- Small amount of fresh red spotting, only with wiping or a small spot on your underwear (i.e. a toonie size or less). This may be followed by some brown spotting later.

**MORE SERIOUS**
Your midwives should be aware of these symptoms – please call our office Monday to Thursday, otherwise page the midwife on call. Further assessment may or may not be necessary.

- Brown or pink spotting that persists over a period of days, with or without cramping
- Red bleeding, more than 1 tablespoon (i.e. more than a panty liner)
- Vaginal discharge that has noticeably increased recently, has a bad smell, or is causing itchiness/irritation.
- Rh negative blood type with ongoing spotting or bleeding

**URGENT**
Page the midwife on-call right away. Further assessment will likely be necessary.

1. **Spotting or bleeding with any of the following:**
   - Fully soaking a large maxi-pad, front to back and through, in 20-30 minutes or two pads per hour for more than 4 hours
   - Nausea or vomiting
   - Fever > 38 degrees C
   - Shock symptoms ... cold, clammy, shivery, dizziness, mental fog
   - Severe abdominal pain ( despite painkillers and hot-water bottles etc)
   - Pain during intercourse, especially if <9 weeks pregnant
   - Pain during urination
   - Foul smelling discharge
   - Known placenta previa (when the placenta is over the cervix)

2. **Preterm labour symptoms**
   - Contractions increasing in intensity, frequency and duration (early labour contractions feel like menstrual cramps)
   - Gush of fluid from vagina
   - Lower back pain, especially if rhythmic and progressive
   - Noticeable increase in pelvic pressure (vaginal and rectal)
MANAGING A MISCARRIAGE

Miscarriage is a natural process and usually not complicated or dangerous. Remember about one out of every three pregnant women miscarry. Most spontaneous miscarriages will start with a small amount of bleeding followed by some lower abdominal cramps, like menstrual cramps. The bleeding will get heavier than a period and the cramps may become quite severe. Depending on how many weeks pregnant you were, you may or may not see pregnancy tissue (called the products of conception) which is pink or grayish, and sometimes a gestational sac.

If the pregnancy has stopped growing but does not miscarry it is called a missed abortion. Most of the time, a missed abortion can be managed medically, i.e. with medication and is preferable to surgery, i.e. a D & C. The medication called misoprostol is usually inserted high into the vagina, (and you can often do this yourself if you wish) and the dose is repeated once or twice. There are different dose regimes. Your midwife or physician can explain them to you. The most effective are 800 mcg x 2 doses 12 hours apart or 600 mcg x 2–3 doses 6 hours apart. The side effects apart from bleeding and cramps can include nausea, vomiting, diarrhoea, chills and a low grade fever.

Comfort measures such as a hot water bottle and1000mg acetaminophen (2 extra–strength Tylenol) with 600 mg ibuprofen (Advil) every 4 to 6 hours should help. If the cramps are really severe you can combine the acetaminophen and the ibuprofen. Sometimes Tylenol with codeine is necessary. You can also take Gravol, 50 mg, if you feel nauseous. The bleeding may include dark red clots (golf ball sized). Once the pregnancy tissue has passed the cramps will subside, the bleeding will lessen and become like a normal period. Your next period may be a little later than usual. If your bleeding persists over a longer than normal time (greater than 2 weeks) we will book an ultrasound or order some blood work to ensure the miscarriage is complete.

Treatment with misoprostol will help women having a miscarriage avoid surgery about 90% of the time. However, if the bleeding is too heavy or prolonged some women may need to go to the hospital and have the miscarriage completed with a D &C. Occasionally the misoprostol will fail to cause the miscarriage and rarely an infection may occur.

You should call your midwife if:
- the bleeding is too heavy i.e. fully soaking a large maxi-pad, front to back and through, in 20–30 minutes or two pads per hour for more than 4 hours
- If you have a fever of > 38°C degrees (or 101º F) for more than 3 hours
- If your pain cannot be controlled with the medication you have at home

You should feel physically better quite quickly but you may have lingering emotional feelings. Sometimes it is hard to talk about your pregnancy loss but it will be helpful to discuss it with someone you trust or talk with your midwife. It is reasonable to be feeling what you are feeling. It may take a while to resolve your grief. A lot of things changed in your world once you knew you were pregnant and it does not change back in an instant. Be kind and patient with yourself and take time to recover.