Bleeding During Pregnancy Treatment

The treatment options for vaginal bleeding during pregnancy depend on the diagnosis and the certainty of that diagnosis.

Self-Care at Home

If you begin to bleed during early pregnancy, until your doctor has seen you and given different instructions, you should take it easy. Rest and relax and no heavy lifting, strenuous exercise, sex, tampons, or douching. Drink plenty of water and try to guard against dehydration. Remember to keep track of the number of pads used and if the bleeding is increasing or decreasing. There is no home care for late-pregnancy bleeding. You must see a health care professional immediately.

Medical Treatment

Early pregnancy bleeding

- Ectopic pregnancy: If you have been diagnosed with an ectopic pregnancy by ultrasound, you may be given medication to end the pregnancy or taken into surgery to remove the fetus.
  - Medical management is with methotrexate, a drug that kills rapidly developing tissue.
  - Surgery is reserved for those women who do not meet certain criteria for receiving medical treatment with methotrexate, and for those who are too sick to wait for the methotrexate to work. Also, if you choose not to have methotrexate therapy, then surgery would be the only other option. Surgery is usually a laparoscopic procedure (small incisions in your abdomen for tiny instruments) into the fallopian tube and removal of the ectopic pregnancy, while attempting to save as much of the tube as possible. This may not be possible, however, if there has been much damage to the tube by the ectopic pregnancy itself or from significant bleeding.
- Threatened miscarriage: If you are diagnosed with a threatened miscarriage, your health care provider will give you instructions about...
activities, what to watch for, and when to return for follow-up. Home care for threatened miscarriages: Rest until any pain or bleeding stops. Avoid sexual intercourse for 3 weeks. Do not douche or use tampons.

- Incomplete/inevitable abortion: You will be admitted to the hospital for a procedure to remove any remaining fetal tissue in your uterus. This is called uterine evacuation (D&C) to prevent any further complications such as hemorrhage or infection.
- Missed abortion: In this case, you may either be admitted to the hospital for uterine evacuation (D&C) or monitored at home with the possibility of passing the tissue without surgery. This decision is made by you and your doctor after a discussion of the risks and benefits of both choices. The age and size of the fetus may be important when deciding which course of action to pursue.
- Complete abortion: You may be sent home after complete passage of fetal tissue is ensured or if an ultrasound shows no remaining tissue.
- Molar pregnancy: Immediate uterine evacuation (D&C) is necessary. Follow-up blood B-hCG levels should be obtained to check for chorionic carcinoma (a type of cancer).

**Late pregnancy bleeding**

With late-pregnancy bleeding, you will be monitored for blood loss and signs of shock. You will receive IV fluids and possibly blood. Your baby will be monitored closely for signs of distress. Your treatment will be guided by the cause of your bleeding, your condition, and the age of the baby.

- Placenta previa
  - Cesarean delivery (the baby is delivered surgically) is the preferred route of delivery.
  - If you or your baby is in danger from severe bleeding, you will have an emergency Cesarean delivery.
  - If you are having contractions, you may get IV medicine to slow them or stop them.
  - If your pregnancy is fewer than 36 weeks and your bleeding is not severe, you will be admitted to the hospital for observation, monitoring of your baby’s heart rate, and repeated blood counts to check for anemia. You will get a medicine to help your baby’s lungs mature. When you are 36 weeks pregnant, the doctor will check your baby’s lungs, and, if they are mature, you will have a Cesarean delivery.
  - Almost all deliveries will be cesarean deliveries because of the high risk of severe bleeding and danger to the baby by a vaginal delivery. In very rare cases, when the placenta is next to but not covering the cervix, a vaginal delivery may be attempted.
  - Even with a cesarean deliveries, you can lose up to 3 pints of blood.
• Placental abruption
  o Vaginal delivery is the preferred delivery. Cesarean delivery is reserved for emergencies.
  o If you have massive bleeding and you or your baby is in danger, then an emergency Cesarean delivery will be performed.
  o If your baby is more than 36 weeks, you will have a rapid but controlled vaginal delivery. You may be given some IV medication to make your contractions more effective.
  o If your pregnancy is fewer than 36 weeks and your bleeding is not severe, you will be admitted to the hospital for observation, monitoring of your baby’s heart rate, and repeated blood counts to check for anemia. You will get a medicine to help your baby’s lungs mature. When you are 36 weeks pregnant, the doctor will check your baby’s lungs, and, if they are mature, you will have a cesarean delivery.
• Uterine rupture
  o If there is a high suspicion for rupture of the uterus, you will have an immediate Cesarean delivery.
  o Your uterus may have to be removed.
  o If you are stable and want to have more children, the surgeon may be able to repair your uterus.
  o You will probably need to be transfused with several units of blood.
• Fetal bleeding is treated by performing an immediate Cesarean delivery.

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