

# Threatened miscarriage

Information and advice for patients

## *Early Pregnancy Assessment Unit*

### **What is a threatened miscarriage?**

A threatened miscarriage is where there is vaginal bleeding during pregnancy. It does not always mean that you will go on to have a miscarriage; there is an 83% chance of your pregnancy continuing.

If the pregnancy continues the bleeding will not cause any harm to the baby, even if the bleeding is heavy.

### **What are the symptoms of a threatened miscarriage?**

The symptoms of a threatened miscarriage are:

- Vaginal bleeding – this could be light spotting or a gush of bleeding with clots.
- Mild period-type pain (not always present).

You may notice the bleeding when going to the toilet as a smear of pink, brown or red loss on the toilet paper.

After lying down for periods of time you may have increased bleeding when you get up; this is because the blood pools in the vagina when you are lying down.

### **How is a threatened miscarriage diagnosed?**

A threatened miscarriage is diagnosed by ultrasound scan. This involves a probe being passed over your tummy or into your vagina. The scan will show an image of your baby and will detect the baby's heartbeat. If there is a heartbeat, it is a threatened miscarriage; if there is no heartbeat, then this will confirm a miscarriage.

### **What causes a threatened miscarriage?**

In many cases there is no known cause for the bleeding but likely causes may be:

- The placenta trying to burrow itself into the lining of the womb, causing some blood vessels to bleed.
- Damage to the cervix. Even slight damage can cause bleeding because during pregnancy the tissues become softer and have a richer blood supply.
- A vaginal infection.
- Small blood clot around the amniotic sac.

### **How is a threatened miscarriage treated?**

There is no specific treatment to stop the bleeding but it is advisable to take time off from work and rest. If you need a sick certificate, your GP will be able to issue one.

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### Returning to normal activities

It is advisable to avoid sex until the bleeding has completely stopped, to avoid developing an infection. It is also advisable to avoid sex until the bleeding has completely stopped.

### What happens next?

When the cause of the bleeding is not known you will continue with regular pregnancy care from your GP and midwife, however you can contact the Early Pregnancy Assessment Unit if you have any questions or concerns.

If a collection of blood around the amniotic sac is seen during your ultrasound scan, you will be given an appointment to have another scan in 1-2 weeks. Alternatively, this may be done during your dating scan in the antenatal clinic at around 11-13 weeks of pregnancy.

### Symptoms to report

If the bleeding becomes bright red or heavier please contact the Early Pregnancy Assessment Unit for advice.

### Contact details

Early Pregnancy Assessment Unit  
Sandwell Hospital: 0121 507 3794  
City Hospital: 0121 507 5329

### Sources used for the information in this leaflet

- British Medical Journal, 'Threatened miscarriage: evaluation and management', July 2004
- Clinical Knowledge Summaries, 'Miscarriage', July 2013
- National Institute of Health and Care Excellence, CG154, 'Ectopic pregnancy and miscarriage', December 2012

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5495 or email: [swb-tr.swbh-gm-patient-information@nhs.net](mailto:swb-tr.swbh-gm-patient-information@nhs.net)



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