CONDITION

Miscarriage - threatened

A threatened miscarriage is bleeding in early pregnancy while the pregnancy may still continue normally.

WHAT IT IS
Early-pregnancy bleeding while the pregnancy remains potentially viable

BODY SYSTEM
Reproductive system

MAIN SYMPTOMS
Vaginal bleeding, spotting, mild cramps, lower back discomfort

WHAT CAUSES IT
Often unknown; sometimes bleeding around the pregnancy

HOW IT IS DIAGNOSED
Ultrasound showing an ongoing pregnancy and closed cervix

MAIN TREATMENT
Monitoring, symptom support, and progesterone for some people

CAN IT BE CURED?
Sometimes - bleeding resolves without pregnancy loss

IS IT AN EMERGENCY?
Sometimes - heavy bleeding, severe pain, fainting, or fever

LONG-TERM OUTLOOK
Many pregnancies continue, but miscarriage risk is higher

Overview

A threatened miscarriage means there is vaginal bleeding during early pregnancy, but the pregnancy has not been lost. The cervix, which is the opening to the womb, remains closed. An ultrasound may show that the pregnancy is developing and, when far enough along, that there is a heartbeat.

The word "threatened" describes the uncertainty at that moment. It does not mean that a miscarriage will definitely happen. Many pregnancies continue after early bleeding, although bleeding does raise the chance of miscarriage compared with a pregnancy without bleeding.

Bleeding in pregnancy has several possible causes. Some are minor, while others need prompt assessment. In particular, clinicians may need to rule out an ectopic pregnancy, where a pregnancy develops outside the womb.

Contact a healthcare service about any bleeding during pregnancy, even if it is light. Assessment is especially important if you have not yet had an ultrasound confirming that the pregnancy is inside the womb.

Symptoms

The main symptom is bleeding from the vagina during the first part of pregnancy. It may appear as pink, red, or brown blood. Brown blood is usually older blood, but its colour alone cannot show whether the pregnancy is healthy.

The bleeding may be light spotting or more like a menstrual period. It may happen once, come and go, or continue for several days.

Other possible symptoms include:

Pregnancy symptoms such as nausea or breast tenderness may continue, lessen, or change from day to day. A change in these symptoms does not reliably show whether a miscarriage is happening.

Heavy bleeding, severe or one-sided pain, shoulder-tip pain, dizziness, or fainting are not symptoms to monitor at home. They need urgent medical assessment.

- Mild lower abdominal cramps
- A feeling of pressure in the pelvis
- Lower back discomfort
- Passing small blood clots

Causes and risk factors

Often, no clear cause for threatened miscarriage is found. It is rarely caused by something you did.

Bleeding may come from the area where the pregnancy is attached to the womb. An ultrasound may show a subchorionic haematoma, which is a collection of blood between the pregnancy membranes and the wall of the womb. Many of these collections become smaller without treatment, although their size and location can affect the outlook.

The cervix becomes softer and receives more blood during pregnancy. It may bleed after sex, a pelvic examination, or without an obvious trigger. Cervical inflammation, a cervical polyp, or a vaginal infection can also cause bleeding.

If bleeding is followed by miscarriage, the most common underlying reason is a problem with the embryo's chromosomes. Chromosomes carry genetic information. These problems usually happen by chance and are not caused by ordinary activity, exercise, work, travel, or sex.

Factors linked with a higher overall risk of miscarriage include increasing parental age, previous miscarriages, smoking, poorly controlled long-term health conditions, and certain differences in the shape of the womb. Having a risk factor does not mean that a miscarriage is inevitable.

Diagnosis

Assessment usually begins with questions about the bleeding, pain, pregnancy dates, previous pregnancies, and medical history. A clinician may examine your abdomen. A speculum examination, which uses an instrument to look inside the vagina, may help identify where the bleeding is coming from and whether the cervix is open or closed.

Ultrasound is the main test. A transvaginal ultrasound uses a narrow probe placed inside the vagina and often gives the clearest view in early pregnancy. It is not known to increase the risk of miscarriage.

The scan looks for:

A single scan may not give a definite answer if the pregnancy is earlier than expected. Ovulation and implantation do not always happen on the assumed dates. A repeat ultrasound after an appropriate interval may be needed before conclusions can be drawn.

Blood tests may measure human chorionic gonadotropin, or hCG, a hormone made during pregnancy. Tests taken about 48 hours apart can help assess an uncertain early pregnancy, but hCG results cannot confirm viability on their own. A blood count may be used if bleeding is significant, and your blood group may also be checked.

If a pregnancy test is positive but no pregnancy is visible on ultrasound, this is called a pregnancy of unknown location. Follow-up is important because the pregnancy may be too early to see, may have ended, or may be ectopic. It should not yet be assumed to be a threatened miscarriage.

- Whether the pregnancy is inside the womb
- Whether its size matches the estimated pregnancy dates
- Whether a heartbeat is visible when expected
- Bleeding or another finding around the pregnancy

Treatment and management

There is no treatment that can guarantee an early pregnancy will continue. Management focuses on checking that you are medically stable, clarifying what is happening, and supporting you while symptoms are monitored.

If the scan confirms an ongoing pregnancy and the bleeding is not heavy, you may be able to recover at home with planned follow-up. A repeat scan may be arranged if the first result was uncertain or if symptoms continue.

Bed rest has not been shown to prevent miscarriage. You can usually follow your normal daily routine within your comfort level, unless your healthcare team advises otherwise for a specific reason. Using sanitary pads rather than trying to estimate blood loss from clothing can make it easier to monitor bleeding.

For pain, ask a pharmacist, midwife, or clinician which medicine is suitable during pregnancy. Do not begin or stop a prescribed medicine solely because of bleeding without getting advice.

Progesterone is a hormone that helps support the lining of the womb. Some clinical guidelines recommend vaginal progesterone for people who have early-pregnancy bleeding, a pregnancy confirmed inside the womb, and at least one previous miscarriage. It does not help every situation, and recommendations differ between health systems. A clinician can determine whether it applies to you.

Anti-D immunoglobulin may be considered for some people with RhD-negative blood, depending on pregnancy stage, the amount of bleeding, whether a procedure is needed, and local guidance.

Antibiotics like amoxicillin or doxycycline are only used when there is evidence of infection. Treatments intended to stop bleeding do not correct chromosome problems or guarantee that a pregnancy will remain viable.

Complications

The main possible complication is miscarriage. The chance is influenced by the scan findings, the amount of bleeding, pain, pregnancy stage, and other health factors. A visible heartbeat is reassuring, but no test can promise the outcome.

Heavy or prolonged bleeding can occasionally cause anaemia, meaning there are too few healthy red blood cells to carry oxygen effectively. This may cause unusual tiredness, weakness, breathlessness, or dizziness.

Bleeding can also have an emotional effect. Waiting for repeat tests may be stressful, even

when the pregnancy continues. Feelings of fear, sadness, anger, or guilt are common. The bleeding is unlikely to have been caused by normal day-to-day actions.

An ectopic pregnancy is not a complication of threatened miscarriage, but it can initially cause similar symptoms. It remains a concern until an ultrasound confirms that the pregnancy is in the womb or follow-up establishes another outcome.

Prevention

Threatened miscarriage often cannot be prevented. There is usually no action that could have stopped the bleeding, and ordinary movement, work, exercise, or sex is not generally responsible.

General pregnancy care can support your health but cannot prevent every miscarriage. This includes avoiding smoking and recreational drugs, avoiding alcohol, attending antenatal appointments, and getting help to manage existing medical conditions. Take medicines and supplements according to advice from a qualified healthcare professional.

If bleeding follows sex or exercise, that does not prove the activity harmed the pregnancy. Ask your healthcare team whether temporary changes are appropriate while you are bleeding, particularly if you have pain or a known collection of blood around the pregnancy.

Living with it and what to expect

For many people, the bleeding settles over several days or weeks and the pregnancy continues. Some have occasional spotting for longer. Follow-up may include another ultrasound, especially when the pregnancy was too early to assess fully at the first visit.

If the pregnancy continues to develop normally, care usually returns to the standard antenatal schedule. A past episode of threatened miscarriage does not by itself mean that you will need treatment throughout pregnancy. A subchorionic haematoma may be checked again, but many gradually disappear.

Bleeding can recur, so make sure you know which service to contact. Keep note of whether the bleeding is becoming heavier, whether pain is developing, and whether you feel faint or unwell. Routine follow-up is appropriate for stable light bleeding after you have been assessed and given a plan.

If a miscarriage is confirmed, your healthcare team should explain the available management options and what physical recovery may involve. One miscarriage usually does not prevent a future healthy pregnancy. Further investigation is more likely to be considered after repeated

pregnancy losses or when there are other clinical concerns.

Uncertainty can make it difficult to feel reassured, even after a positive scan. Consider telling someone you trust what is happening. Your maternity team, primary care service, or a pregnancy-loss support organisation may also provide emotional support.

When to get medical help

Contact a maternity, early-pregnancy, or urgent healthcare service promptly about any new bleeding in pregnancy. This is particularly important if the pregnancy has not yet been confirmed inside the womb.

Seek urgent medical assessment if:

Call emergency services if you faint, have severe abdominal pain, become confused, or have heavy bleeding with signs of collapse. These symptoms can occur with major blood loss or a ruptured ectopic pregnancy.

For light bleeding without severe symptoms, follow the assessment and repeat-testing plan given to you. Seek further advice sooner if the pattern changes.

- Bleeding becomes heavy or repeatedly soaks through sanitary pads
- Pain is severe, worsening, or mainly on one side
- You pass large clots or pregnancy tissue
- You have shoulder-tip pain
- You develop fever, chills, or unpleasant-smelling discharge
- You feel very weak, dizzy, short of breath, or generally unwell

Common questions

Does threatened miscarriage mean I will lose the pregnancy?

No. It means there has been bleeding but the pregnancy may still continue. Many pregnancies do continue, especially when an ultrasound shows development appropriate for the pregnancy stage. The risk of miscarriage is still higher than it is without bleeding.

Can a threatened miscarriage be stopped?

There is no treatment that can guarantee this. Bleeding often settles on its own. Progesterone may improve the chance of a live birth for some people with early bleeding and previous miscarriage, but it is not suitable or beneficial in every case.

Did sex, exercise, lifting, or stress cause the bleeding?

Usually not. Normal activity does not generally cause miscarriage. The cervix can bleed more easily during pregnancy, so spotting may sometimes appear after sex without indicating damage to the pregnancy.

Can I still have a healthy baby after a threatened miscarriage?

Yes. Many people go on to have an otherwise uncomplicated pregnancy. Your individual outlook is better judged from ultrasound findings, symptoms, pregnancy stage, and follow-up results than from bleeding alone.

What if the ultrasound does not show a heartbeat?

It may be too early. Pregnancy dates based on the last menstrual period can be inaccurate, especially with irregular cycles. A repeat scan is often needed unless the measurements already meet accepted criteria for pregnancy loss.

How long can the bleeding last?

It may last a few hours, several days, or come and go for weeks. Duration alone cannot confirm the outcome. Bleeding that becomes heavy, painful, or is accompanied by dizziness or fever needs prompt reassessment.

Sources

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