SYMPTOM

Vaginal bleeding in pregnancy

Vaginal bleeding in pregnancy is blood seen from the vagina at any stage of pregnancy.

WHAT IT FEELS LIKE
Spotting or a flow of blood, sometimes with cramps

WHERE IT IS FELT
Vagina, sometimes with lower abdominal or pelvic pain

MOST COMMON CAUSES
Cervical changes, small bleeds near the pregnancy, labour-related changes

WHEN IT IS URGENT
Heavy bleeding, severe pain, fainting, or reduced baby movement

USUALLY LASTS
Hours to days, based on the underlying cause

SEE A DOCTOR IF
Any spotting or bleeding during pregnancy

Overview

Vaginal bleeding in pregnancy means blood coming from the vagina at any stage of pregnancy. It can range from a few spots on toilet paper to a flow similar to or heavier than a period.

Bleeding does not always mean that the pregnancy is ending. Changes to the cervix, which is the opening to the uterus, can cause harmless spotting. However, bleeding can also be linked to a pregnancy complication. The possible causes and level of urgency depend partly on how many weeks pregnant you are.

Contact your maternity team, doctor, or early pregnancy service about any bleeding. They can tell you whether you need immediate assessment or routine follow-up.

What it may feel or look like

Blood may be pink, red, dark red, or brown. Brown blood is usually older blood, but colour alone cannot show whether the cause is serious.

You may notice:

Bleeding may be painless. Sometimes blood thought to be vaginal comes from the urine or

rectum instead. A clinician can help identify the source.

- Spots on underwear or toilet paper
- A light or period-like flow
- Blood mixed with mucus
- Small clots or pregnancy tissue
- Lower abdominal cramps, pelvic pressure, or back pain
- Contractions, fluid leaking, or reduced baby movement later in pregnancy

Common causes

In early pregnancy, the cervix becomes softer and develops a richer blood supply. This can cause light spotting, including after sex or a pelvic examination.

A small collection of blood can also form between the pregnancy sac or placenta and the wall of the uterus. This is called a subchorionic bleed. Many resolve, although follow-up may be recommended.

Early pregnancy loss can cause bleeding, cramps, clots, or tissue. These symptoms can also occur for other reasons, so bleeding alone cannot confirm a loss.

Less common early causes include an infection, a cervical polyp, or an ectopic pregnancy. An ectopic pregnancy develops outside the uterus, usually in a fallopian tube, and needs prompt medical care.

Later in pregnancy, light bleeding can still come from the cervix. Near the end of pregnancy, blood-streaked mucus may be a "show," which happens as the cervix prepares for labour.

More urgent causes later in pregnancy include:

These conditions cannot be identified from the appearance of the blood alone.

- Placenta previa: the placenta lies low and partly or fully covers the cervix
- Placental abruption: the placenta begins separating from the uterus before birth
- Preterm labour: labour beginning before 37 weeks

When to seek medical care

Seek emergency care now if bleeding is heavy, rapidly soaks a pad, or will not stop. Call emergency services if you feel faint, collapse, become short of breath, or are too unwell to

travel safely.

You also need urgent assessment for bleeding with:

If you are more than 12 weeks pregnant, contact your maternity unit promptly about fresh bleeding, even when it is light or painless. In early pregnancy, call the same day for red bleeding, repeated spotting, or bleeding with cramps.

A single tiny spot that stops and is not accompanied by pain may not require emergency care. You should still inform your pregnancy care team and follow its advice. Routine follow-up is appropriate only if the bleeding has settled, you feel well, and a clinician has confirmed that waiting is safe.

- Severe or worsening abdominal or pelvic pain
- Shoulder-tip pain, dizziness, weakness, or faintness
- Regular contractions or significant pelvic pressure
- Fever or feeling seriously unwell
- Fluid leaking from the vagina
- Reduced or absent baby movement once movements are established

How the cause is found

A clinician will ask how many weeks pregnant you are, when the bleeding began, how much blood you have seen, and whether you have pain or other symptoms. They may also ask about previous pregnancies and your blood group.

Assessment may include:

A vaginal ultrasound uses a narrow probe placed gently inside the vagina. It provides clearer images in early pregnancy and does not cause miscarriage.

Very early scans may not give a definite answer. Repeat blood tests or another ultrasound may be needed after an appropriate interval.

- Checking your pulse, blood pressure, temperature, and abdomen
- An ultrasound through the abdomen or vagina
- A speculum examination to look at the vagina and cervix
- Blood tests for anaemia, blood group, or pregnancy hormone levels
- Monitoring the baby's heartbeat later in pregnancy

Treatment and self-care

Treatment depends on the cause, the amount of bleeding, your symptoms, and the stage of pregnancy. Some light bleeding needs only observation and follow-up.

Other causes may require hospital monitoring, medicine, a procedure, or delivery of the baby. If early pregnancy loss is confirmed, options may include waiting for the pregnancy tissue to pass, taking medicine, or having a procedure. Ectopic pregnancy may be treated with medicine or surgery.

If you have Rh-negative blood, your care team will decide whether you need anti-D immunoglobulin. This helps prevent your immune system reacting to Rh-positive blood from the pregnancy.

While waiting for advice, use a sanitary pad rather than a tampon or menstrual cup. Note the blood's colour, whether there are clots, and how quickly the pad fills. Avoid driving yourself if you feel dizzy or the bleeding is heavy.

Strict bed rest has not been shown to prevent pregnancy loss. Follow any activity or sex advice given for your specific situation.

What to expect

Light spotting from the cervix may settle within hours or days. Bleeding from other causes can continue or return, so duration alone does not reveal the cause.

Many pregnancies continue normally after an episode of bleeding. At the same time, you may need repeat scans, blood tests, or extra pregnancy monitoring. Keep the follow-up plan even if the bleeding stops.

Uncertainty while waiting for results can be difficult. Ask your care team whom to contact if symptoms change and when you should expect a clearer answer.

Common questions

Does bleeding always mean miscarriage?

No. Cervical changes and small bleeds around the pregnancy can also cause bleeding. An examination or ultrasound may be needed to understand what is happening.

Is brown discharge safer than red blood?

Brown blood is usually older, while bright red blood is fresher. Neither colour can reliably show

the cause or level of risk.

Can sex cause spotting?

Yes. The cervix can bleed more easily during pregnancy, particularly after sex. Report the bleeding, especially if it continues, becomes heavier, or occurs with pain.

Should I bring a passed clot or tissue to hospital?

If your care team asks you to, place it in a clean container. Do not delay urgent care to collect it.

Can I wait until my next prenatal appointment?

Do not wait without first seeking advice. Contact your maternity team or doctor about any bleeding so they can set the right level of follow-up.

Sources

- American College of Obstetricians and Gynecologists: Bleeding During Pregnancy
- NHS: Vaginal bleeding in pregnancy
- Royal College of Obstetricians and Gynaecologists: Bleeding and/or pain in early pregnancy
- NICE guideline NG126: Ectopic pregnancy and miscarriage-diagnosis and initial management
- Royal College of Obstetricians and Gynaecologists, Green-top Guideline No. 63: Antepartum Haemorrhage