Handout on Bleeding in Pregnancy

**Vaginal Bleeding**

1st trimester indicative

* Miscarriage – spontaneous, threatened
* Molar pregnancy, or
* Ectopic pregnancy

2nd and 3rd trimester may indicate

* Placenta previa
* Placenta abruption
* Rupture cervical polyp
* Other cause

*Contact midwife/Dr at once*

3rd trimester bleeding

Placenta previa

Plactenta abruption

Causes – Toxemia, Malnutrition, hypertension, short cord, external trauma, or substance abuse

*Contact midwife/dr immediately*

Relating to bleeding in pregnancy

*Contact midwife/dr – to determine cause*

Try not to worry

Get off your feet

Rest

Have highly nutrition diet

Taking red raspberry tea

Heavy bleeding go to nearest ER

Color of blood, amount and onset

2nd trimester bleeding

Cervix inflammation

Placenta Abruption

Minor – take 2000 IU vitamin E and 1000 mg of vitamin C for 1-2 weeks

Moderate to heavy – *contact midwife/dr and seek emergency care*

Severe abdominal or pelvic pain

1st trimester – may indicate

* Tubal pregnancy

3rd trimester – may indicate

* Placental abruption

*Both are emergencies call PCP immediately*

Differential Diagnosis

Implantation bleeding –spotting, painless and lasting a few days

Cervical bleeding – softening, stimulation with sexual activity or infection (speculum exam to determine cause)

Maternal breakthrough – watch

False pregnancy- body response like pregnant but without fertilization.

Delayed Menses

1st trimester bleeding

Spotting – missed period

Threatened miscarriage

Heavy bleeding and pain – consult Medical attention

Implantation bleeding

Ectopic pregnancy

Cervical erosion, injury or cancer

Vaginal infection

Polys or fibroids

Hydatidiform mole

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Eating a nutrition rich diet of whole foods will be the greatest deterrent to pregnancy complications you can do, while including adequate protein and sufficient water to drink. Avoid drugs, alcohol and tobacco products.

# References:

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Varney, H. K. (2004). *Varney's Midwifery* (4th ed.). Sudbury, MA: Jones and Bartlett Publishers.

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