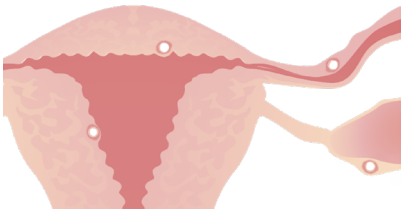
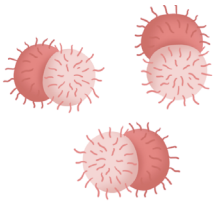
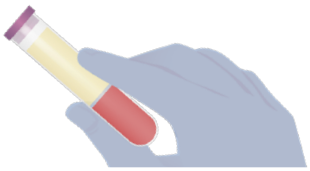
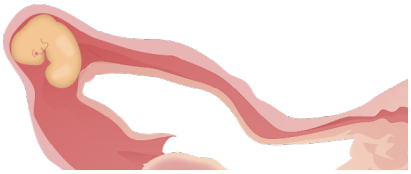
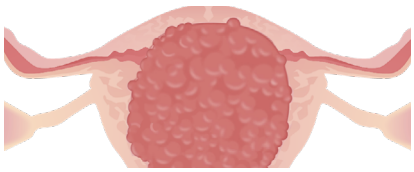
EARLY PREGNANCY BLEEDING

WATCH VIDEO!

Vaginal bleeding occurs in ~25% of pregnancies during the first trimester. Any bleeding during pregnancy should be evaluated by a provider.

Always assess a client's blood type after report of bleeding. RH-negative clients may require Rho (D) immune globulin within 72 hours of bleeding onset.

Causes of early pregnancy bleeding

Less concerning causes	Implantation	Infections	Cervical or vaginal factors
			
	Bleeding can occur when fertilized egg attaches to the uterus.	STIs, bacterial imbalances, lesions, and warts may cause bleeding.	Irritation from intercourse or pelvic exams, ectropion, or polyps may cause bleeding.
More concerning causes (can be life-threatening)	Spontaneous abortion	Ectopic pregnancy	Gestational trophoblastic disease (GTD)
			
	Occurs in 10–15% of confirmed pregnancies	Occurs in 0.5–2% of pregnancies	Occurs in less than 0.5% of pregnancies

Nursing assessment and client education

- Timing of when bleeding began
- Any vaginal symptoms (discharge, odor, burning)
- Pain location, quality (including shoulder pain)
- Amount of bleeding, color
- LMP or due date if client has been seen by MD
- Presence of clots
- Presence of pregnancy symptoms
- Signs of infection
- Signs of shock, hypovolemia
- Anticipate labs, ultrasound, pelvic examination

Education

Educate client on when to call provider, including signs of an ectopic pregnancy.

Provide appropriate education and empathy; bleeding can be emotionally distressing to clients.

Reinforce importance of follow-up care for clients experiencing miscarriage, ectopic pregnancy, or GTD.