

Second and Third Trimester Bleeding

By Emily L. Balanky, MD

There are a variety of reasons for bleeding during the second and third trimesters of pregnancy, some of which are relatively harmless, and some with more serious implications to mom and baby. Any bleeding should be addressed with your obstetrician.

One of the more benign reasons for bleeding at any time during pregnancy is minor trauma to the cervix or vagina, typically manifesting in painless spotting without heavy bleeding. This occurs because the cervical and vaginal tissues tend to be more sensitive during pregnancy, and small tears of the tissue can happen after such things as intercourse, vaginal ultrasounds, or cervical exams. If it is a small amount and self-limited, it is rarely a cause for concern. Your physician may recommend that you avoid intercourse or placing anything in the vagina for several days until the spotting stops.

When spotting or bleeding is accompanied by contractions or cramping, it can be an indication of cervical dilation and labor. While this can be normal at term, you should notify your practitioner as soon as possible if contractions are persistent and frequent or you have more than spotting, as you may be progressing in your labor. If you are preterm, your OB will evaluate you for signs of preterm labor, which may include checking for cervical dilation or shortening of the cervix, and monitoring for uterine contractions. You may also have a test called a fetal fibronectin test, which helps to evaluate your risk for a preterm delivery.

Two of the more concerning reasons for bleeding in the second and third trimesters are placenta previa and placental abruption. Placenta previa is a complication of pregnancy in which the placenta lies over the cervix, instead of along one of the uterine walls. It is often diagnosed during a routine ultrasound, but may also present with vaginal bleeding. This bleeding may be painless or accompanied by cramps, and can be light or heavy. If vaginal bleeding is heavy or you know that you have a placenta previa, you should notify your doctor or go to an emergency room immediately. One of the first things your doctor will do is confirm where the placenta is based on a prior ultrasound, or do an ultrasound at that time to evaluate the placenta. If you have a placenta previa, your doctor will likely advise you to abstain from intercourse or placing anything in the vagina, and may also recommend against heavy lifting or intense exercise or activity. Women with placenta previa that does not resolve by time for delivery will deliver by C-section.

Placental abruption occurs when the placenta begins to separate from the wall of the uterus prematurely (prior to delivery of the baby). This can cause bleeding as well as severe abdominal pain or prolonged contractions, and can necessitate immediate delivery, depending on the amount of separation. If your doctor is concerned about an abruption, he or she will want to evaluate your baby's heart rate, your contractions, and

the amount of bleeding you are having as soon as possible. If you are experiencing severe abdominal pain with or without bleeding, you should seek medical attention immediately.

In addition to vaginal bleeding, bleeding during pregnancy can also come from the urinary tract, such as with urinary tract infections or kidney stones, or the GI tract, due to conditions such as hemorrhoids. This type of bleeding should also be discussed with your practitioner, who may refer you to a different specialist for further evaluation.

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