

Threatened Miscarriage and Early Pregnancy Bleeding

When bleeding or other signs raise concerns about viability early in pregnancy, here's what may happen:

Labwork:

- We verify your blood type. Women who are Rh negative usually receive a RhoGAM injection when they have bleeding during pregnancy.
- We often draw blood for a quantitative beta HCG. The first draw gives us general information about whether the amount of HCG in your blood is reasonable for your gestational weeks. Then, we often order repeat blood draws at 48 hour intervals to determine whether the number rises appropriately. It is often reassuring when the beta level rises 66% in 48 hours. However, there is still clinical judgment needed to look at the whole picture and the rise (or not) of beta levels is not always an infallible indicator of pregnancy well-being.
- We often draw a progesterone level. As with beta HCG levels, there is still a great deal of clinical judgment needed to interpret progesterone levels. In general, however, a progesterone level of 12 or higher is considered normal.

Ultrasound/ sonograms: Please be aware that we usually do not order an ultrasound until about 6 weeks since the last menstrual period. Before that time, the embryonic structures are too small to be measured or to be helpful in determining the health of the pregnancy.

When to seek help: Please page the midwife on call and go to the Emergency Room if:

- You are bleeding heavily (soaking a pad in less than an hour for 2 hours in a row).
- You are having painful cramping, pelvic or back pain that you are not able to manage.
- You have any one-sided pelvic pain.
- You have a fever of 100.4 or higher.

We know this can be a difficult time for you so please don't hesitate to call us if you have questions or concerns.