

FIRST TRIMESTER BLEEDING

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Bleeding during the first trimester of pregnancy (up to thirteen weeks from your period) is very common and does not mean there is problem. In fact, four of every ten women bleed in the first trimester. Occasionally, however, bleeding can be a sign of a miscarriage or an ectopic pregnancy.

Miscarriages are a loss of a pregnancy that is nonviable (meaning it can not progress to a normal pregnancy) that has implanted (attached) inside the uterus (womb).

An ectopic pregnancy is when pregnancy tissue implants outside of the uterus. Most often it implants in the fallopian tube and is called a tubal pregnancy. An ectopic or tubal pregnancy is nonviable.

Unfortunately, these abnormal pregnancies can be very dangerous by growing in the tube and can lead to **bleeding, pain, infertility and even death.**

Symptoms of abnormal early pregnancies include pain, cramping, bleeding and occasionally shoulder pain or dizziness. It is very important for us to determine if your pregnancy is abnormal. To do this we check pregnancy hormone levels (Beta-HCG). Beta-HCG levels double every 48 hours in early pregnancy. When the levels reach two thousand, we will order an ultrasound to make sure the pregnancy is in the uterus and if far enough along to see if the pregnancy is viable (has a heart beat).

If the ultrasound reveals a miscarriage, we may recommend a procedure called a D and C. This involves removing the abnormal tissue under anesthesia. If ectopic pregnancy is discovered, we may recommend surgery or treatment with medicines.

It is very important that you follow our recommendations for blood work (for Beta-HCG) and ultrasounds in a timely fashion. As is stated above, these conditions are life threatening.

Please contact our office if you have any questions.