If you are bleeding early in your pregnancy your General Practitioner or Early Pregnancy Assessment Service is likely to suggest a number of tests which may include an internal examination, an ultrasound or blood tests.

This fact sheet aims to help you understand the results of those tests.

See also the fact sheet Pain and Bleeding in early Pregnancy.

Pregnancy hormone levels

The level of pregnancy hormone in your blood will change depending on the number of weeks you have been pregnant. When a miscarriage is about to happen, hormone levels will drop. The following explains what the different levels might mean.

1. The pregnancy hormone levels are normal
   It is reassuring that your pregnancy hormone level is normal, but it does not confirm that your pregnancy is developing normally.
   Your pregnancy hormone level will be considered together with your symptoms to help us decide when we should do an ultrasound. If the ultrasound is done too early in the pregnancy we may not be able to see enough to reach any conclusions about the pregnancy.

2. The pregnancy hormone is lower than expected
   This can mean two things:
   • you may not be as many weeks pregnant as you thought; or
   • the pregnancy is not growing normally.
   Usually a repeat blood test will be needed after two days.

3. The pregnancy hormone is rising slower than usual
   This may mean that the pregnancy is not growing normally, either because you are miscarrying or because the pregnancy is ectopic. Sometimes though, it can be due to unusual hormonal patterns in an otherwise normal pregnancy.

4. Pregnancy hormone is falling
   This usually means that the pregnancy is ending.

Ultrasound examination

1. Normal ultrasound with heartbeat
   This is good news. A miscarriage is uncommon after this; less than one in twenty. You can continue with normal pregnancy care.
   A Pap test is recommended if you are due for one or if your bleeding persists.

2. Ultrasound shows a definite miscarriage
   There are a number of signs, which can be seen on ultrasound, that tell us that the pregnancy has stopped growing. These include the size of the pregnancy sac, the size of the embryo and the lack of a heartbeat. Sometimes we can see that a miscarriage has already begun and that some of the pregnancy tissue has been passed out of the uterus. You may need to consider treatment options that will ensure that all of the pregnancy tissue has passed but this is usually not urgent.

3. Ultrasound shows a small pregnancy sac but no embryo or heartbeat.
   A small sac can mean either:
   • it is still too early in the pregnancy for the embryo to be seen; or
   • the pregnancy is not developing properly.
   If the pregnancy sac is the size we would expect for this stage in your pregnancy and it matches your pregnancy hormone levels, you can continue with normal pregnancy care.
   If the pregnancy sac is not the right size, it may simply be because you are not as pregnant as we thought. The only way that this can be confirmed is to allow a period of time to pass and to repeat the ultrasound. The second ultrasound is usually done in about ten days and will confirm whether the pregnancy is developing or not.
   Unfortunately there is no faster way of finding out what may or may not happen with your pregnancy. Sometimes further bleeding or a miscarriage will happen during the time that you are waiting for the second ultrasound.
4. Ultrasound shows the uterus is empty
This can mean:
- it is still too early for the pregnancy to be seen
- a complete miscarriage has occurred and all the pregnancy tissue has passed (especially if there has been heavy bleeding)
- the pregnancy might be “ectopic”, growing outside the uterus. An ectopic pregnancy cannot continue to grow normally and can result in serious internal bleeding if not treated.

If the uterus is empty, further tests will be needed until we can be sure that the pregnancy is not ectopic or a miscarriage can be confirmed. You will usually need to have another blood test to measure any changes in your pregnancy hormone levels. Your blood tests will be considered together with any changes in pain and bleeding to decide if and when treatment is needed or whether a further ultrasound will be helpful.

5. Ultrasound shows an ectopic pregnancy
If an ectopic pregnancy is found you may need urgent treatment to prevent complications. There are two treatment options depending on the nature of the ectopic pregnancy. Surgery may be necessary to remove the ectopic pregnancy or sometimes it can be treated with medicine to make it shrink.

For information
The Women’s Health Information Centre
- Telephone (03) 8345 3045 or toll-free 1800 442 007 (regional areas) 9.00am to 5.00pm Monday to Friday.
- Experienced midwives can talk with you about any concerns you may have and help you to find quality information.

For emotional support or someone to talk to about how you are feeling
- The Women’s Social Support Services
  Telephone: (03) 8345 3050 (office hours)
- Pastoral Care and Spirituality Services
  Telephone (03) 8345 3016 (office hours)
- After hours call the hospital switchboard on (03) 8345 2000 and ask to speak to someone from Social Support Services or Pastoral Care.

If you are undecided about being pregnant
- Telephone the Pregnancy Advisory Service (PAS) on (03) 8345 3061 or ask one of our staff to refer you.
- PAS can offer you counselling and support; they can also talk through your options with you and make sure you are referred to appropriate services, whatever you decide.

References