

Unprovoked Vaginal Bleeding in the Second Trimester and Pregnancy Outcomes

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Introduction

Unprovoked vaginal bleeding (UVB) in the 2nd trimester of pregnancy is a recognised risk factor for late miscarriage, preterm pre labour rupture of fetal membranes (PPROM) and preterm birth (PTB). These complications have adverse clinical, economical and psychological maternal implications, in addition to prematurity. The current management is expectant without an agreed standard of care.

Objective

Ascertain the percentage of women presenting with UVB in the 2nd trimester and determine their profile and outcomes of their pregnancies.

Methods

Retrospective analysis of electronic patient records between January 2019 and December 2020 was performed. Women from 12+6 weeks to 23+6 weeks presenting with UVB were included. Using statistical analysis, we determined whether there were any significant associations between PTB and each of the following factors: previous miscarriage, previous cervical surgery, caesarean section at full dilatation, subchorionic haematomas and congenital uterine abnormalities.

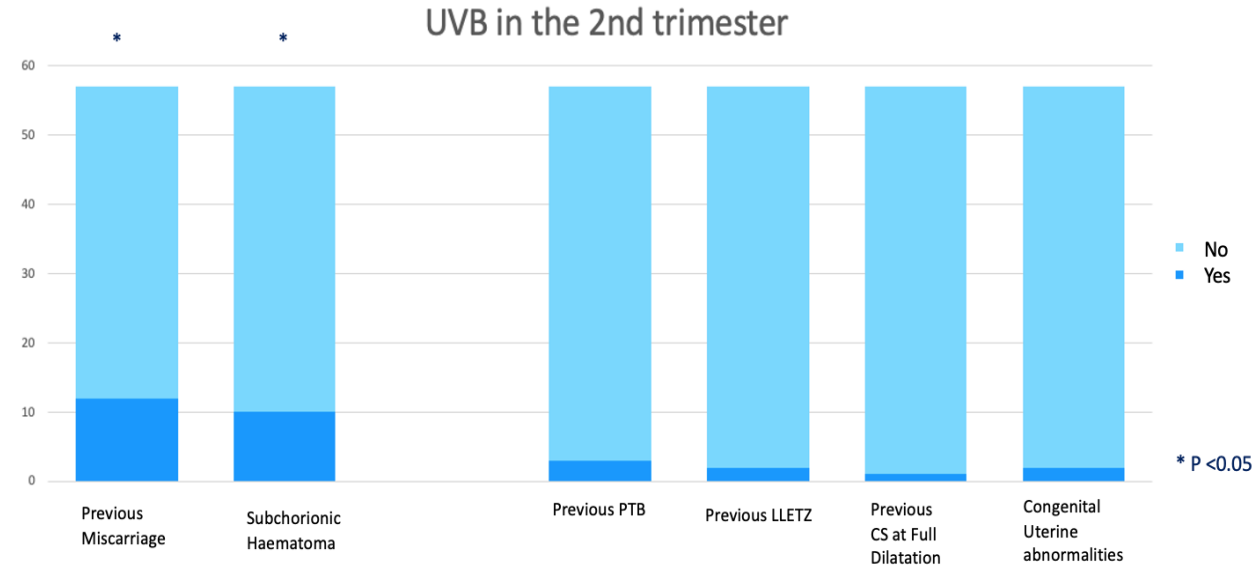
Results

In total, 574 women attended the hospital with UVB, of which 57 (10%) satisfied the inclusion criteria. The PTB rate was 33.3% (19/57), with 7% (4/57) of pregnancies ending in miscarriage.

History of previous PTB and the presence of subchorionic haematoma was significantly associated with UVB in current pregnancy in the 2nd trimester ($p < 0.05$ for both risk factors). However, we could not demonstrate an association between history of previous miscarriage, previous cervical surgery, caesarean section at full dilatation and congenital uterine abnormality with incidence of UVB.

Patients' notes also highlighted that more than 95% of patients in the study group reported raised anxiety levels.

Results



Limitations

- Retrospective study
- Small symptomatic population
- Absence of national guidance and consensus leads to deviations in practice

Conclusion

UVB in the 2nd trimester is a significant risk factor for PTB and late miscarriage.

Well-powered multi-centre prospective studies are needed to accumulate evidence to inform any changes in clinical practice.